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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

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.

	rnal Revenu	e Service	▶ Information about Form 990 and its instructions is at www.	.irs.gov/form99	0	Inspecti	on		
Α	For the	2015 cale	ndar year, or tax year beginning , 2015, and en			, 20			
В	Check if a	pplicable	C Name of organization WOODBURY COUNTY RURAL ELECTRIC COOPERA	ATIVE	D Employ	er identification nu	mber		
	Address o		Doing business as			42-0608219			
	Name cha	inge	Number and street (or P.O box if mail is not delivered to street address) Room	/suite	E Telepho	ne number	<u> </u>		
	Initial retu	-	PO BOX 566		712-873-3125				
		/terminated	City or town, state or province, country, and ZIP or foreign postal code						
\equiv	Amended		MOVILLE, IA 51039-0566		G Gross receipts \$				
$\bar{\Box}$			F Name and address of principal officer	H(a) Is this a o	a group return for subordinates? Yes No				
			KENT J AMUNDSON, PO BOX 566 MOVILLE, IA 51039			s included? Yes	_		
_	Tax-exem		□ 501(c)(3)			list (see instruction			
J	Website:		DDBURYREC.COM		exemption				
<u></u> -			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form			of legal domicile	IA		
	art I	Summ		1556	1 0				
			scribe the organization's mission or most significant activities:						
ø		•	PERATIVE STRIVES TO DELIVER SAFE, RELIABLE AND ENVIRONMENT	ALLV DESDON	ISIRI F				
anc			CAL POWER USING SOUND ECONOMIC PRACTICES TO IT'S MEMBER-0		1211111				
Ë			s box ▶ ☐ if the organization discontinued its operations or dispose		25% of	its net assets			
Š			of voting members of the governing body (Part VI, line 1a)	0 01 111010 11101	3		7		
<u>ح</u>			of independent voting members of the governing body (Part VI, line 1	b)	4		7		
es			nber of individuals employed in calendar year 2015 (Part V, line 2a)	-,	5	·	19		
₹			nber of volunteers (estimate if necessary)		6		- 13		
Activities & Governance			elated business revenue from Part VIII, column (6), line 12		7a		<u></u>		
_			ated business taxable income from Form 990-T, line 34	 	7b		- 0		
	 	101 011101		Prior Y		Current Ye			
	8	Contribut	ions and grants (Part VIII, line 1h) . service revenue (Part VIII, line 2g)						
Ę			ions and grants (Part VIII, line 1h) . service revenue (Part VIII, line 2g)	<u>'</u>	9,751,862		,274,931		
Revenue	1	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)	} 					
8			enue (Part VIII, column (A), lines 5, 6d, 8c, 90, 100 and 110).	 	14,405		13,311		
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	J ├──	0.700.007		200 242		
			nd similar amounts paid (Part IX, column (A), lines 1-3)	1	9,766,267	3	,288,242		
	1		paid to or for members (Part IX, column (A), line 4)		E04 44E		E22 420		
	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)		584,445 1 272 726		523,429		
Expenses	1		anal fundraising fees (Part IX, column (A), line 11e)		<u>1,373,736</u>	<u> </u>	<u>,414,363</u>		
en Se			draising expenses (Part IX, column (D), line 25) ▶				i		
찣			penses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	7 411 510		047 003		
	1		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,411,518		,947,983		
		-	less expenses. Subtract line 18 from line 12	<u> </u>	9,369,699 396,568		402,467		
- g	_	revenue	less expenses. Gustract line to normaine 12	Beginning of Co		End of Yea			
sets or	20	Total acc	ets (Part X, line 16)		3,611,681				
Asse	21		ilities (Part X, line 26)				5,723,959 547,655		
Net Asse	22		ts or fund balances. Subtract line 21 from line 20		0,212,748	· · · · ·	,517,655		
	art II		ture Block	<u>L</u>	3,398,933	14	,206,304		
_			ry, I declare that I have examined this return, including accompanying schedules and st	tatements, and to	the best of	my knowledge, and	haliaf it is		
			ete Declaration of preparer (other than officer) is based on all information of which prep			iny knowledge and	Dener, it is		
_					East	-2016			
Si	gn	Sign	ature of officer		ate	7010			
	ere	\ ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
		Type	e or print name and title						
_		'	pe preparer's name Preparer's signature	Date	T	C . PTIN			
	aid			1	Check self-em	□ " {			
	repare	1		<u> </u>		F7			
U	se Only				m's EIN ▶				
M	av the ID		address ► s this return with the preparer shown above? (see instructions)	j Ph	one no	□ Vac	No		
. 410	wy with its	u.scus	o and rotain wan the preparer shown above: (see instructions)			🗀 163			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2015)

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		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		1
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		1
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		1
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		√
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		✓
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.			
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	√	
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		√
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	1	
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
	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	✓	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	<u> </u>	1
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		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
_	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		1
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		▼
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'''		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1

Part I	Checklist of Required Schedules (Continued)			
00	Did the exemplation ensures and as many booking facilities? If "Vee " complete Schoolule H	000	Yeş	No ✓
2∪a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		<u> </u>
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		√
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	✓	<u>, </u>
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		1
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 2 5a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		√
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		√
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
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-charatable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	ļ	/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		 •
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18			.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4		لـــا
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	نــــــ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		•	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		√
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		
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		✓
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).			ı
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
p -	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?			
ь	and services provided to the payor?	7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
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		<u> </u>
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		
9	Sponsoring organizations maintaining donor advised funds.	9a		l
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		├──
10	Section 501(c)(7) organizations. Enter:	35		
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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			ا۔
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		$\vdash \vdash \vdash$
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Fon	n ササリ	(2015)

Form 99	90 (2015)	•	1	age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	truct	ions.
Casti	Check if Schedule O contains a response or note to any line in this Part VI	• •		
Secu	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.	7	47.	
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 6 7a	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? 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?	4 5 6 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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
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>	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy?	14	√ _	
а	The organization's CEO, Executive Director, or top management official	15a	✓	
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		_	
b	with a taxable entity during the year?			✓
0	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.	on 501	(c)(3)s	only)
19	Own website Another's website V Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of ir financial statements available to the public during the tax year.	nterest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecords	:▶	

Form	990	(2015)

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

Check if Schedule O contains a response or note to an	y line in this Part VII						<u>. </u>	ᅟ

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

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

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

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

Check this box if fieldler the organization not	any relate	0.019		(0	C)	ompe	1130	Co any current	Tomoor, director	, 01 11 00100.
(A) Name and Title	(B) Average hours per week (list any	box, office	ot ch unles er and	eck s pe l a d	rson irect	e than o is both or/trust	an tee)	<u> </u>	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization—and related organizations
(1) CHARLES WIDMAN - DIRECTOR	1.4	✓		1				2,225	0	0
(2) RONALD STEINHOFF - DIRECTOR	3.2	1		✓	į			5,825	0	0
(3) RONALD BOHLE - DIRECTOR	2.9	1		√				5,150	0	0
(4) CHRIS COUNTRYMAN - DIRECTOR	2.5	1		\				4,250	0	0
(5) KEVIN REINKING - DIRECTOR	2.8	1						5,825	0	C
(6) BRUCE SADLER - DIRECTOR	2.8	1						5,600	0	٥
(7) WAYNE RIECKMANN - DIRECTOR	2.9	1						5,600	0	0
(8) KENT AMUNDSON - CEO	43.8			1			į	118,411	. 0	, 48,694
(9)								,		
(10)										
(11)		•								
(12)	ļ									
(13)								<u> </u>		
(14)					Γ					

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, a	nd H	lighe	st C	Compensated E	mployees (continu	ıed)	•
	· · ·				•	C)							
	(A)	(B)	(do n	ot ch		nori:	e than c	one	(D)	(E)		(F))
	Name and title	Average	box,	unles	ss pe	erson	ıs both	an	Reportable	Reportab		Estima	
		hours per week (list any		_	-	т	or/trust	-	compensation	compensation related		amour oth	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	em High	Former	the	organizatio	ons	compen	
		related organizations	re à	Ş	ĕ	83	loye	ᄛ	organization (W-2/1099-MISC)	(W-2/1099-M	AISC)	from organiz	
		below dotted	[호텔	ona	i	몽	1 g S		(***-271099-141100)	·		and re	
		line)	l st	2		8] p					organiza	ations
			8	stee			Highest compensated employee				-		
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(15)		ļ									İ		
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(25)		 	ł			1							
41-	O.L. L.L.I										-+		
	Sub-total			•	•	•	•		152,886		\rightarrow		48,694
C	Total from continuation sheets to Part					•			450,000		\longrightarrow		40.00
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	152,886				48,694
2	Total number of individuals (including burreportable compensation from the organ		to tr	iose	e IISI	tea	apove	e) W	no receivea m	ore than \$1	00,000) OT	
	reportable compensation from the organ	Zation										Τ,	
3	Did the organization list any former of	fficer direc	tor c	or tr	niet	00	kev d	əmr	olovee or high	est compe	neater		Yes No
Ū	employee on line 1a? If "Yes," complete											3	√
4	For any individual listed on line 1a, is the												
7	organization and related organizations												
	individual										, 300		√
5	Did any person listed on line 1a receive of									zation or inc	ividus		<u> </u>
3	for services rendered to the organization											5	
Soction	on B. Independent Contractors	, , , , ,			-	700		-	buon porcon		$\dot{-}\dot{-}$		
1	Complete this table for your five highest	component	od in	don	ond	lont	contr	201	ore that receiv	ed more tha	n \$10	0.000 of	
•	compensation from the organization. Rep												ı's tax
	year.	port compe		J	٠. ·.		, a.o. i.e		your origing wi	0		garnzanor	· O tabt
	<u> </u>							П	(B)			(C)	
	(A) Name and business add	dress							(B) Description of s	services		Compensat	tion
1006	BROCK DIGGING SERVICE INC - 221 W 4TH		SMOD	F M	IN F	615	5	ים	GGING/TRENCI				
				E, IV	IIV 3	013	<u>. </u>	T					275,220
<u> </u>	RNE BACKHOE - 3750 210TH STREET ANTH	ION, IA SIUC	<u> </u>			_		101	GGING/TRENCI				112,462
								\vdash		-			_
								t			\vdash		
2	Total number of independent contracte	ors (ıncludi	na bi	ut n	ot	lımi	ted to	o ti	hose listed ab	ove) who			
	received more than \$100,000 of compens							•	2	,			

Form **990** (2015)

Part VIII		Statement of Revenue											
		Check if Schedule O contains a res	ponse or note to										
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections, 512-514						
nts	1a	Federated campaigns 1a					-						
Grants nounts	ь	Membership dues 1b											
ts, (Am	С	Fundraising events 1c											
GĦ	ď	Related organizations 1d											
ns, Sim	e	Government grants (contributions)											
utio	f	All other contributions, gifts, grants, and similar amounts not included above											
Ġ Ħ	_	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	l										
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a–1f											
9		Total. Add lines 1a-11	Business Code										
enn	2a	DISTRIBUTION OF ELECTRICITY	221000	8,963,567									
Rev	b	PATRONAGE CAPITAL	221000	311,364									
ice	С												
Ser	d												
E	е												
Program Service Revenue	f	All other program service revenue.											
٦	g	Total. Add lines 2a-2f	<u> ▶</u>	9,274,931		1							
	3	Investment income (including divid											
		•	•	13,311									
	_ 4 5	Income from investment of tax-exempt be Royalties				· · · · · · · ·							
	3	Royalties	(iı) Personal		···								
	6a	Gross rents	(,			1							
	b	Less: rental expenses		İ			'						
	C	Rental income or (loss)											
	d	Net rental income or (loss)	▶										
	7a	Gross amount from sales of (i) Securities	(ii) Other										
		assets other than inventory											
	ь	Less: cost or other basis	ļ										
		and sales expenses .											
	C	Gain or (loss)											
	d	Net gain or (loss)	▶										
venue	8a	Gross income from fundraising events (not including \$											
Other Re		of contributions reported on line 1c). See Part IV, line 18 a											
돭	b	Less: direct expenses b	1										
		Net income or (loss) from fundraising	events . ▶										
	9a	Gross income from gaming activities. See Part IV, line 19 a	J										
		Less: direct expenses b				ļ							
		Net income or (loss) from gaming act	ıvities ▶										
		Gross sales of inventory, less returns and allowances a	` 										
		Less: cost of goods sold b											
	С	Net income or (loss) from sales of inv											
	-	Miscellaneous Revenue	Business Code	 			ł						
	11a	•											
	b		-	 		 							
	d	All other revenue		 		1							
	e	Total. Add lines 11a-11d					-						
	12	Total revenue. See instructions.		9 288 242		†							

Page 10 Form 990 (2015) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (B) Program service expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) Management and general expenses (D) Fundraising 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 523,429 Compensation of current officers, directors, trustees, and key employees 175,116 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 736,023 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 158,261 Other employee benefits 9 283,879 Payroll taxes 10 61,084 11 Fees for services (non-employees): Management 4,825 Accounting . . . 11,300 Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 15 12 Advertising and promotion 12,295 Office expenses 13 46,030 14 Information technology . 64,480 Royalties 15 16 Occupancy 110,954 Travel 17 12,347 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 35,311 20 515,966 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 673,159 23 11,962 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.) **ELECTRICITY** 5,039,359 **EQUIPMENT RENTAL & MAINTENANCE** 139,326 SUPPLIES/TRENCHING/MATERIALS 184,317 DUES/FEES/PERMITS/TESTING 86,204 All other expenses 133 25 Total functional expenses. Add lines 1 through 24e 8,885,775 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 following SOP 98-2 (ASC 958-720) if

Р	art X	Balance Sheet					
		Check if Schedule O contains a response or	note	to any line in this Par	t X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			149,823	1	135,318
	2	Savings and temporary cash investments			29,546		457,396
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			993,701	4	906,027
	5	Loans and other receivables from current and trustees, key employees, and highest co-Complete Part II of Schedule L		5			
S.	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	ributing employers and mployees' beneficiary		6		
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			129,271	8	316,039
	9	Prepaid expenses and deferred charges			425,806	9	374,319
	10a	Land, buildings, and equipment: cost or	1 1	Ī	•		
		other basis. Complete Part VI of Schedule D	10a	30,495,376			j
	b	Less: accumulated depreciation	10b	9,688,208	19,615,236	10c	20,807,168
	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 .		2,268,298	13	2,727,692
	14	Intangible assets				14	<u></u>
	_15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			23,611,681	16	<u> 25,723,959</u>
	17	Accounts payable and accrued expenses		_	871,628		842,105
	18	Grants payable			18		
	19	Deferred revenue		T-		19	
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and for					
Ĕ		trustees, key employees, highest comper disqualified persons. Complete Part II of Schedu		employees, and		22	
Liabilities		•		⊢		23	40.000.500
_	23	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			9,293,557	24	10,633,523
	24	Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on line					
		of Schedule D			47,563	25	42.027
	26	Total liabilities. Add lines 17 through 25		L-	10,212,748		11,517,655
_		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ □ and	10,212,140		11,011,000
ë		complete lines 27 through 29, and lines 33 an					
an G	27	Unrestricted net assets				27	
ä	28	Temporarily restricted net assets				28	
Þ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.	58), ch	eck here ► 🔲 and			
ts C	30	Capital stock or trust principal, or current funds				30	·
Se	31	Paid-in or capital surplus, or land, building, or e		-		31	
As	32	Retained earnings, endowment, accumulated in	come,	or other funds .	13,398,933	32	14,206,304
ş	33	Total net assets or fund balances		[13,398,933		14,206,304
_	34	Total liabilities and net assets/fund balances .	<u> </u>		23,611,681	34	25,723,959
							Form 990 (2015)

orm 99	0 (2015)		Pa	ge 12
Part	XI Reconciliation of Net Assets		-	
	Check if Schedule O contains a response or note to any line in this Part XI			V
1	Total revenue (must equal Part VIII, column (A), line 12)		9,28	38,242
2	Total expenses (must equal Part IX, column (A), line 25)		8,88	35,775
3	Revenue less expenses. Subtract line 2 from line 1	-	40	2,467
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			8,933
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)		40	04.904
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-,
	33, column (B))		14.20	06,304
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	2a		✓
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
	Were the organization's financial statements audited by an independent accountant?	2b	1	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ĺ
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	

If the organization changed either its oversight process or selection process during the tax year, explain in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form **990** (2015)

За

3b

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

Employer Identification number Name of the organization WOODBURY COUNTY RURAL ELECTRIC COOPERATIVE 42-0608219 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X

Part	III Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of the	e follow	ing that are a	significant use of its
а	☐ Public exhibition		d [Loan	or exchang	e progr	ams	
b	☐ Scholarly research							
	☐ Preservation for future generations	;						
4	Provide a description of the organizat XIII.	ion's collections a	and expla	in how th	ney further t	the orga	anization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part								
	Complete if the organization	answered "Yes"	" on Forr	m 990, F	Part IV, line	9, or r	eported an a	mount on Form
	990, Part X, line 21.							
	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fol	llowing ta	able:			
								Amount
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e	-	
f	Ending balance					1f	<u> </u>	
	Did the organization include an amoun							
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	planation	n has been	provide	d on Part XIII	<u> U</u>
Part				000 5	34 N/ E	. 10		
	Complete if the organization				(c) Two years		(d) Three years ba	ck (e) Four years back
	.	(a) Current year	(b) Prio	or year	(c) Two years	SDACK	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					+		
b	Contributions					-		
	Net investment earnings, gains, and losses				<u>.</u>			
	Grants or scholarships		-					
е	Other expenditures for facilities and programs	-						
f	Administrative expenses							
g	End of year balance		L					
2	Provide the estimated percentage of t			e (line 1g	, column (a))) held a	ıs:	
а	Board designated or quasi-endowmer		%					
þ	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
_	The percentages on lines za, zb, and	ze should equal 1			_4 _ _		!!	46
3a	Are there endowment funds not in the	e possession of tr	ne organiz	zation tha	at are neid	and adi	ministered for	
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses							. 3b
Pari			3 Gride					
ı aı	Complete if the organization		" on For	m 990 I	Part IV line	e 11a !	See Form 990). Part X. line 10
-	Description of property	(a) Cost or of			or other basis		Accumulated	(d) Book value
	Description of property	(investm		1	other)		epreciation	(.,
1a	Land				9,888			9,888
b	Buildings				478,871		312,262	166,609
С	Leasehold improvements							
d	Equipment				29,999,036		9,368,365	20,630,671
е	Other				7,581		7,581	0
Total	Add lines 1a through 1e. (Column (d) r.	nust equal Form 9	90, Part)	X, columi	n (B), line 10)c.)	<u>.</u> . •	20,807,168

Part VII	Investments - Other Securities.		-			
	Complete if the organization answere	d "Yes" on For	rm 990,	Part IV, Im	e 11b. See F	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) B	ook value		c) Method of valuation. or end-of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)	***************************************					
(G)						
(H)						
Total. (Column (t	n) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments - Program Related.					
	Complete if the organization answere	d "Yes" on For	m 990,	Part IV, lin-	e 11c. See F	Form 990, Part X, line 13.
	(a) Description of investment			ook value	(0	c) Method of valuation or end-of-year market value
(1) DATRON	IAGE CAPITAL - SUPPLIERS			2,176,527		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	TERM CERTIFICATES			355,460		
	RSHIP IN COOPERATIVES	· · · · · ·			COST	
	MENTS IN ECONOMIC DEVELOPMENT PROJE	COTE		190,000		
(5)	WEINTS IN ECONOMIC DEVELOPMENT PROSE	2013		130,000	<u> </u>	
(6)						
_(7)					· · · · · · · · · · · · · · · · · · ·	
(8)					· -	
(9)						
Total. (Column (t	o) must equal Form 990, Part X, col. (B) line 13.) ▶		<u> </u>	2,727,792		
Part IX	Other Assets.			2,121,132		
	Complete if the organization answere	d "Yes" on For	m 990	Part IV line	e 11d See F	Form 990 Part X line 15
	(a) Desc		,			(b) Book value
(1)		···				,,,
(2)	· · · · · · · · · · · · · · · · · · ·					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	mn (b) must equal Form 990, Part X, col. (B	line 15			-	. ▶
Part X	Other Liabilities.	<i>y iii le 13.y</i>	· · ·		· · · ·	
raitA		d "Voo" on Eo	·~ 000	Dort IV lin	a 11a ar 11f	Soo Form 000 Dort V
	Complete if the organization answere line 25.	iu ies ulirui	, טפפ וווו	r art IV, IIII		. Jee Fulli 330, Fait X,
1.	(a) Description of liability	(b) Book value	- -			
(1) Federal ır		(b) Book value				***
						,
	RTIZED GAIN - RUS		42,027			% 20
(3)						™ ~*
(4)						
(5)						
(6)		 -—				
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		42,027	_		
	r uncertain tax positions. In Part XIII, provide th					
organization'	s liability for uncertain tax positions under FIN	48 (ASC 740). Che	eck here i	f the text of t	he footnote ha	s been provided in Part XIII

Par			per Return.	,
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but 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	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i	. 30	-
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
5	Add lines 4a and 4b		. 4c	
Part				
Part	•		s per Keturn.	
	Complete if the organization answered "Yes" on Form 990,		1 . 1	
1			. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Part		,		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b an	nd 2b; Part V, line 4; Pa	ırt X, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	nal information.	
DADT	X - LINE 2			
LONI	A - LINE Z			
BAABIA	GEMENT ANNUALLY MAKES AN APPROPRIATE EVALUATION OF ANY UNCE	DTAIN INCOME TAY DO	CITIONIC DACED	
IVIAIVA	GEWIENT ANNUALLY WAKES AN APPROPRIATE EVALUATION OF ANY UNCE	RIAIN INCOME TAX PO	SITIONS DASED	
LIDON	CURRENT STATUES IN COMPLETING THESE SMANGIAL STATEMENTS AND	THE NOTES TO THE EIN	MANCIAL CTATEMENTS	
UPON	CURRENT STATUES IN COMPLETING THESE FINANCIAL STATEMENTS AND	THE NOTES TO THE FIN	VANCIAL STATEMENTS	
	NE DO COLE MANAGEMENT DEL LEVES THAT THERE WERE NO UNICEDIANI	LOOME TAY DOCUTIONS		
AI JU	NE 30, 2015 MANAGEMENT BELIEVES THAT THERE WERE NO UNCERTAIN IN	NCOME TAX POSITIONS.		
				·

SCHEDULE J (Form 990)

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.

Open to Public

42-0608219

Department of the Treasury Internal Revenue Service Name of the organization

WOODBURY COUNTY RURAL ELECTRIC COOPERATIVE

Inspection

OMB No 1545-0047

2015

Fart	Questions Regarding Compensation				
10	Check the appropriate box(es) if the organization provided a	any of the following to or for a nomen listed on Form		Yes	No
14	990, Part VII, Section A, line 1a. Complete Part III to provide a				
	·	using allowance or residence for personal use			
		ments for business use of personal residence	- }		
		alth or social club dues or initiation fees			
		sonal services (e.g., maid, chauffeur, chef)	i		
			1		
b	······································		_		
	or reimbursement or provision of all of the expenses	described above? If "No," complete Part III to			
	explain	<u> 1</u>	b		
_			-		
2	Did the organization require substantiation prior to re			ŀ	
	directors, trustees, and officers, including the CEO/Executar?		\Box		
		· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the filing organizatio	n used to establish the compensation of the			
Ŭ	organization's CEO/Executive Director. Check all that appl			ŀ	
	related organization to establish compensation of the CEO				
	☐ Compensation committee ☐ Write	tten employment contract	-		
	· · · · · · · · · · · · · · · · · · ·	npensation survey or study			
	☐ Form 990 of other organizations	proval by the board or compensation committee	ļ		
			ŀ		
4	During the year, did any person listed on Form 990, Part VI	II, Section A, line 1a, with respect to the filing	- }		
	organization or a related organization:		_		
a	Receive a severance payment or change-of-control payme		а	_	<u>√</u>
b	Participate in, or receive payment from, a supplemental no		b	\dashv	<u>√</u>
С	Participate in, or receive payment from, an equity-based of "Yes" to any of lines 4a-c, list the persons and provide the	· · · · · · · · · · · · · · · · · · ·	c		···
	if fes to any of lines 4a–c, list the persons and provide the	te applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a				
	compensation contingent on the revenues of:				
а	The organization?		a		
b	Any related organization?		b		
	If "Yes" to line 5a or 5b, describe in Part III.				,
6	For persons listed on Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	1-			
а	•		a		
Ь	,		b		
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, lin	ne 1a. did the organization provide any non-fixed		—-	
•	payments not described on lines 5 and 6? If "Yes," describ		7		
8	Were any amounts reported on Form 990, Part VII, paid or		+		
•	to the initial contract exception described in Regulat				
	in Part III		в	_	
		Γ			
9	If "Yes" to line 8, did the organization also follow the				
	Regulations section 53.4958-6(c)?		9		

Schedule J (Form 990) 2015

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

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

Note: The sum of columns (b)(I) (iii) for each mater material mass edges in columns of the sum of the sum of W-2 and/or 1099-MISC compensation	10 Eac.	(R) Breakdown of	W-2 and/or 1099-MIS			יייייייייייייייייייייייייייייייייייייי	(a) and (=) and (a)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	ε	109,393	6,335	2,683	30,381	18,313	167,105	
1 KENT J AMUNDSON - CEO	€							
	8							
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	8							
m	€							
	8							
4	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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S.	€							
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	8						11 11 11 11 11 11 11 11 11 11 11 11 11	
80	8							
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6	€							
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10	€	5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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11	•							
	(1)							
12	€							
	8			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
13	€							
	€					11 11 11 11 11 11 11 11 11 11 11 11 11		
41	€							
	(1)							
15	≘							
	€							
16	<u>(ii)</u>							,
<u> </u>							Sch	Schedule J (Form 990) 2015

for any additional information. PART 1, LINE 3	
NRT 1, LINE 3	
THE STATE OF COMMISSION DAD TO THE STATE S	
SEE NOIES ON SCHEDULE OF ON TOWN 339, FOR THE SECTION OF THE SECTI	
	Schedule J (Form 990) 2015

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

Department of the Treasury Internal Revenue Service

► 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

Name of the organization	Employer identification number
WOODBURY COUNTY RURAL ELECTRIC COOPERATIVE	42-0608219
PART IV - LINE 12	
THE COOPERATIVE'S BOARD OF DIRECTORS HAS A FISCAL GAAP AUDIT COMPLETED AS OF JU	NE 30TH OF EACH YEAR. THE
FORM 990 IS COMPLETED USING THE CALENDAR YEAR. THEREFORE, THE RECONCILLIATION ST	ATEMENTS OF SCHEDULE D.
PARTS XI AND XII ARE NOT APPLICABLE.	
PART VI - LINE 2	
TWO OF THE COOPERATIVE'S DIRECTORS HAVE A FAMILY RELATIONSHIP BY MARRIAGE AND H	AVE NO BUSINESS RELATIONSHIPS.
PART VI - LINE 6	
THE COOPERATIVE IS A 501(C)(12) ORGANIZATION THAT PROVIDES ELECTRICITY TO ITS MEMBE	R-CONSUMERS. MEMBERS OF THE
COOPERATIVE ARE INDIVIDUALS OR ENTITIES THAT RECEIVE ELECTRICITY FROM THE COOPER	ATIVE.
PART VI - LINE 7a	
EACH MEMBER-CONSUMER OF THE COOPERATIVE VOTES TO ELECT SEVEN (7) PEOPLE TO SEE	RVE ON IT'S GOVERNING BOARD.
DART W. LINE 76	
PART VI - LINE 7b	
PERSUANT TO THE COOPERATIVE BYLAWS CERTAIN TRANSACTIONS AND ACTIONS HAVE TO E	BE CONFIRMED OR CONCEIVED BY
THE MEMBERSHIP. THOSE ACTIONS OR TRANSACTIONS ARE SUCH AS 1) REMOVAL OF BOARD	MEMBERS OR 2) DISPOSITION
OF A CURCUANTIAL PORTION OF THE COORERATIVE PROPERTY	
OF A SUBSTANTIAL PORTION OF THE COOPERATIVE PROPERTY.	
PART VI - LINE 11b	,
A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PR	OR TO ITS FILING ACTION IS
A COPT OF THE FORM 330 13 PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRO	
TAKEN FOR IT'S APPROVAL AND AUTHORIZATION TO FILE.	

Name of the organization	Employer identification number
WOODBURY COUNTY RURAL ELECTRIC COOPERATIVE	42-0608219
PART VI - LINE 12c	
EACH DIRECTOR AND OFFICER MUST REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A	N ANNUAL QUESTIONAIRE.
PART VI - LINE 15, 15a, AND 15b	
THE COMPENSATION PACKAGE OF THE TOP OFFICIAL OF THE COOPERATIVE IS AGREED TO AND SET	BY THE GOVERNING
INDEPENDENT BOARD OF THE COOPERATIVE. THE BOARD USES A COMBINATION OF COMPARABLE N	IATIONAL COMPENSATION
SURVEY FOR IT'S INDUSTRY ALONG WITH THE RESULTS OF LOCAL LABOR NEGOTIATIONS OF THE OT	HER PERSONNEL AT THE
COOPERATIVE. THE BOARD OF DIRECTORS USE THIS INFORMATION IN CONJUNCTION WITH SATISFAC	CTORY PERFORMANCE
COOPERATIVE. THE BOARD OF DIRECTORS OSE THIS IN ORMATICION CONSCIONS ATTEMPT OF THE PROPERTY O	
TO MAKE COMPENSATION DECISIONS INVOLVING THE OFFICER'S OF THE COOPERATIVE.	
DADT VILLING 10	
PART VI - LINE 19	
THE COOPERATIVE PROVIDES FINANCIAL INFORMATION ANNUALLY IN IT'S NEWSLETTER TO MEMBER	RS AND INTEREST PARTIES.
THE COOPERATIVE ALSO PROVIDES ACCESS TO GOVERNING DOCUMENTS, POLICIES, AND ADDITION	AL FINANCIAL INFORMATION
UDON DEQUEST AT ITIS HEADQUADTEDS	
UPON REQUEST AT IT'S HEADQUARTERS.	
PART XI - LINE 3	
	¢/0 700\
EDUCATION FUND RESERVE USED - IOWA CODE 499.30, PAR 3	\$(8,798)
APPROPRIATIONS ASSIGNED TO EDUCATION FUND RESERVE - IOWA CODE 499.30, PAR 3	9,347
APPROPRIATIONS ASSIGNED TO CONTINGENT LOSS FOR STORM DAMAGE - IOWA CODE 499.30, PAR	1 112,163
APPROPRIATIONS ASSIGNED TO STATATORY PROFINES. JOWA CORE 400.20. DAD 2	200.755
APPROPRIATIONS ASSIGNED TO STATATORY RESERVES - IOWA CODE 499.30, PAR 2	289,755
TOTAL FOR PART XI - LINE 3	402,467
DADT VI. LINE 0	
PART XI - LINE 9	
PARTONAGE DIVIDENDS RETIRED	\$(276,525)
USDA GRANT - REVOLVING LOAN FUND	158,000
PATRONAGE DIVIDENDS PAID/ASSIGNED (PART IX, LINE 4)	523,429
TOTAL FOR PART XI - LINE 9	404,904