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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

Open to Public

	rtha	2015 00	endar year, or tax year beginni	ng 01-01-2015 , and ending 12-31-201	5			
		applicable	C Name of organization		•	D Emplo	yer id	entification number
Add			PIONEER ELECTRIC COOPERATIVE	TINC		48-04	19344	4 4
— Nan	ne cha	ange	% CHANTRY C SCOTT Doing business as					
Initi	al retu	ım				E Telepho	one nu	mber
_ Fina	ıl ırn/ten	mınated	Number and street (or P O box if r 1850 W OKLAHOMA	mail is not delivered to street address) Room/suit	e	(620)		
_		return	City or town state or province cou	Intry, and ZIP or foreign postal code		(020)	330	7111
		n pending	ULYSSES, KS 67880	mitry, and 211 or foreign postar code		G Gross r	eceipts	s \$ 89,779,303
			F Name and address of pri	ncıpal officer	H(a) Is th	∎ Is a group	retur	n for
			STEPHEN J EPPERSON 1850 W OKLAHOMA		subo	rdinates?		□Yes 🔽 No
			ULYSSES,KS 67880		H(b) Are a	all subordı ded?	nates	S
		nnt status		• • • • • • • • • • • • • • • • • • • •	If"N	o," attach	a list	t (see instructions)
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J W	ebsite	e:► WW	W PIONEERELECTRIC COOP					
		_	Corporation Trust Association	on Other 🕨	L Year of fo	rmation 19	44	M State of legal domicile KS
Pai	rt I	Sum	mary					
			cribe the organization's missio ELECTRICITY TO MEMBERS	n or most significant activities				
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≣ ∣	2 (Check th	s box ► If the organization di	scontinued its operations or disposed of	more than 2	5% of its	net a	ssets
Governance	- `	eneck th	is box F If the organization an	sections of disposed of	more enum z	3 70 01 163	nec a	33003
	3 1	Number	of voting members of the govern	ing body (Part VI, line 1a)		•	3	9
<u>အ</u>	4 1	Number	f independent voting members	of the governing body (Part VI, line 1b)			4	9
Activities &	5 7	Total nun	nber of individuals employed in	calendar year 2015 (Part V, line 2a) .			5	83
달	6 7	Total nun	nber of volunteers (estimate if r	necessary)			6	0
				art VIII, column (C), line 12			7a	0
	b N	let unrela	ted business taxable income fr	om Form 990-T, line 34			7b	0
	_				Pric	or Year	_	Current Year
<u>o</u>	8			ine 1h)		106 002	0	0 500 633
= '					106,083,	88,580,633		
ē	9		m service revenue (Part VIII, I				-	002 204
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LITTLE ROCK, AR 722033667 May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

. ✓ Yes ☐ No

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$

including grants of \$) (Revenue \$

Form 990 (2015)
Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
	Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2013)					Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
					Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	68			
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?		dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	83			
b	If at least one is reported on line 2a, did the organization file all required federal employers. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year [?]	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation $I(S) = I(S) + I(S)$	on in S	Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities acaccount)? \cdot .			4a		No
Ь	If "Yes," enter the name of the foreign country ►_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	k and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$1			5c 6a		Νο
b	organization solicit any contributions that were not tax deductible as charitable contributions, and the organization include with every solicitation an express statement the second solution and the deductible 2.	hatsu	ch contributions or gifts	6b		
7	were not tax deductible?			OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribute services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to			
d	file Form 8282?	7d	 	7 c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	persor	nal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal control of the organization, during the year, pay premiums, directly or indirectly, on a personal control of the organization, during the year, pay premiums, directly or indirectly, on a personal control of the organization, during the year, pay premiums, directly or indirectly, on a personal control of the organization of the year, pay premiums, directly or indirectly, on a personal control of the organization of the year, pay premiums, directly or indirectly, on a personal control of the year, pay premiums, directly or indirectly, on a personal control of the year, pay premiums, directly or indirectly, on a personal control of the year, pay premiums, directly or indirectly, on the year, and year,	onal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organized?		zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?		the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess buduring the year?	sınes	s holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966	? .		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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					
а	Gross income from members or shareholders	11a	88,580,633			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	1,198,670			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	lote. S	See the instructions for	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states	40'				
c	In which the organization is licensed to issue qualified health plans	13b 13c				
	Did the organization receive any payments for indoor tanning services during the tax		?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana			14a 14b		140

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
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		Νo
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
<u> </u>	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records INCHANTRY C SCOTT 1850 W OKLAHOMA ULYSSES, KS 67880 (620) 356-4111 Part VII

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	more pers and	than on is a dir	one bot ecto	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	CEI	emplo)ee	Highest compensated employee	mer			organizations
(1) ALFRED ALEXANDER	2 0	х						20,300	1,550	0
TRUSTEE	10									
(2) FRED CLAASSEN TRUSTEE	7 0	х						30,860	2,950	0
(3) JAMES BELL	6 0	х						31,418	4,000	0
TRUSTEE	2 0							,	.,	_
(4) JOHN JURY TRUSTEE	2 0	х						19,900	1,200	0
(5) MARTIE FLOYD	2 0	х						20,400	1,000	0
TRUSTEE	1 0									
(6) MELVIN WINGER TRUSTEE	0 7	×						20,113	1,100	0
(7) CHARLES MILBURN TRUSTEE	2 0	х						20,800	1,550	0
(8) PERRY RUBART TRUSTEE	8 0	х						32,114	3,750	0
(9) MIKE BREWER TRUSTEE	1 0	х						26,538	4,150	0
(10) CHANTRY SCOTT CHIEF FINANCIAL OFFICER	42 39			х				177,900	0	82,448
(11) STEPHEN EPPERSON CHIEF EXECUTIVE OFFICER	40 96			х				372,672	0	195,861
(12) RANDALL MAGNISON EXECUTIVE VP & ASSISTANT CEO	51 15				х			232,465	0	116,763
(13) GEORGE BUSHNELL VP OF OPER & ENGINEERING	40 5				х			230,246	0	86,626
(14) LINDSAY SHEPARD EXECUTIVE VP & GENERAL COUNSEL	46 69				х			224,137	0	42,912
	1 00	<u> </u>			<u> </u>			ı		Form 990 (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar	chunicae Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		nstee	Trustee		,ee	mpensated				
(15) MICHAEL HANEY MANAGER OF OPER & ENGINEERING	42 25 0 0					х		151,59	8	0 182,077
(16) ANITA WENDT VP OF ENERGY SERVICES	42 81					х		140,32	9	0 78,927
(17) ROSS RILEY OPERATIONS SUPERVISOR	44 8					х		129,25	9	0 99,996
(18) SHERRY EASTON MANAGER OF ACCOUNTING	48 74					х		131,41	9	0 55,463
(19) CLINTON MEIER APPARATUS & METER COORDINATOR	45 04 0 0					х		119,08	5	0 63,337
1b Sub-Total	VII, Section A				* *			2,131,553	21,250	1,004,410

\$100,000 of reportable compensation from the organization > 18

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

Section B. Independent Contractors

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
J J POWERLINE CONTR INC, PO BOX 861 DODGE CITY, KS 67801	CONTRACT LINE LABOR	737,483
BRINK CONSTRUCTION INC, PO BOX 842596 DALLAS, TX 75284	CONTRACT CONSTRUC	383,263
NISC, PO BOX 1147 MANDAN, ND 58554	CONTRACT COMPUTER	337,297
ATWELL, TWO TOWNE AQUARE SUITE 700 SOUTHFIELD, MI 48076	CONTRACT CONSTRUC	196,048
OSMOSE UTILITIES SERVICES INC, DEPT NO 560 PO BOX 8000 BUFFALO, NY 14267	CONTRACT POLE TEST	211,387

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization $ilde{\blacktriangleright}$ 8

Part V	/##	Statement o		aca ar nata ta any lu	no in this Dort VIII			_
			ule O contains a respor	ise or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
के ह	1a	Federated cam						
Grants mounts	Ь	Membership du	es 1b					
٦	С	Fundraising eve	ents 1c					
Giffts, iilar Ai	d	Related organiz	zations 1d					
ons, Gifts, Grants Similar Amounts	e	Government grant	s (contributions) 1e					
ig iz	f		ons, gifts, grants, and 1f					
tributio Other	_	similar amounts no	ot included above ons included in lines					
Contributions, and Other Sim	g	1a-1f \$	ons meladed in inies					
Cont	h	Total. Add lines	s 1 a - 1 f	· · · · •	0			
<u>9</u>				Business Code				
eg.	2a	SALES OF ELECTRI	СІТҮ	221000	81,353,086	81,353,086		
æ	b	CAPITAL CREDITS		900099	7,137,031	7,137,031		
ه ده	C	SERVICE REVENUE		900099	68,364	68,364		
Ř	d	MERCHANDISING I	REVENUE	900099	22,152	22,152		
Program Service Revenue	e	All other programme	am corueo reversa					
řog	f	All other progra	am service revenue					
	g		s 2a-2f		88,580,633			
	3		ome (including dividen ar amounts)		955,896	О	C	955,896
	4		stment of tax-exempt bond		0			
	5	Royalties		•	0			
		6	(ı) Real	(11) Personal 50,864				
	6a	Gross rents		30,804				
	ь	Less rental expenses						
	c	Rental income or (loss)	0	50,864				
	d	• •	me or (loss)		50,864	0	(50,864
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		26,308				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)		26,308				
	d	Net gain or (los	1		26,308	0	(26,308
Other Revenue	8a	Gross income f events (not inc \$ of contributions						
Ā Ā		See Part IV, lir						
₹	b		penses b					
	C		(loss) from fundraising	events 🛌	0			
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19					
			a					
	b		penses b					
			(loss) from gaming acti	vities	0			
	109	Gross sales of returns and allo						
			a					
	b	_	oods sold b					
	С	Net income or i	(loss) from sales of inve	entory	0			
	11a	MISCELLANEO		900099	165,602			165,602
	ь	MISCELLANEC	JOS REVENUE		-,			.,
	c							
	d	All other reven	ue		165,602			165,602
	е		s 11a-11d		165 602			
	12	Total revenue.	See Instructions .	🕨	165,602	22		
]			•	89,779,303	88,580,633	C	1,198,670

	: IX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	nplete column (A)	
	Check if Schedule O contains a response or note to any line in th				
	ot include amounts reported on lines 6b, o, 9b, 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 and domestic governments See Part IV, line 21	6,050			
2	Grants and other assistance to domestic individuals See Part IV, line 22	33,188			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,056,802			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,801,103			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,758,786			
9	Other employee benefits	1,191,629			
10	Payroll taxes	539,735			
11	Fees for services (non-employees)	333,733			
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	27,043			
13	Office expenses	233,346			
14	Information technology	86,862			
15	Royalties	0			
16	Occupancy	375,689			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	106,651			
20	Interest	4,212,886			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,676,863			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PURCHASED POWER	59,801,081			
b		0			
c		0			
d		0			
e	All other expenses	1,062,116			
25	Total functional expenses. Add lines 1 through 24e	79,969,830			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any	lina in	this Part Y			_	
		Check it Schedule O contains a response or note to any	iiie in	uns rail A	(A)	• •	(B)	
					Beginning of year		End of year	
	1	Cash-non-interest-bearing			448,787	1	1,188,799	
	2	Savings and temporary cash investments			0	2	0	
	3	Pledges and grants receivable, net	0	3	0			
	4	Accounts receivable, net	9,082,364	4	7,888,885			
	5	Loans and other receivables from current and former of key employees, and highest compensated employees Schedule L	0	5	0			
Assets	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 495 contributing employers and sponsoring organizations o voluntary employees' beneficiary organizations (see in II of Schedule L	8(c)(3 f secti)(B), and on 501(c)(9)	0			
Š	_	Nakaa and laana waassada nak			0		0	
⋖	7	Notes and loans receivable, net						
	8	Inventories for sale or use			1,204,552 7,817,248		1,447,255 7,165,327	
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis			1,011,240	9	1,100,327	
	10a	Complete Part VI of Schedule D	10a	148,273,085				
	ь	Less accumulated depreciation	10b	30,353,393	113,529,902	10 c	117,919,692	
	11	Investments—publicly traded securities			0	11	0	
	12	Investments—other securities See Part IV, line 11 .			0	12	0	
	13	Investments—program-related See Part IV, line 11			80,602,560	13	88,394,526	
	14	Intangible assets	0	14	0			
	15	Other assets See Part IV, line 11			0	15	0	
	16	Total assets.Add lines 1 through 15 (must equal line 3	4) .		212,685,413	16	224,004,484	
	17	Accounts payable and accrued expenses			15,204,966	17	10,963,812	
	18	Grants payable			0	18	0	
	19	Deferred revenue			0	19	0	
	20	Tax-exempt bond liabilities	Tax-exempt bond liabilities					
	21	Escrow or custodial account liability Complete Part IV	0	21	0			
Liabilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and						
Æ		persons Complete Part II of Schedule L			0	22	0	
ï	23	Secured mortgages and notes payable to unrelated thir	d partı	ies	70,895,263	23	75,435,590	
	24	Unsecured notes and loans payable to unrelated third p	arties		0	24	0	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	lated third parties,	0	25	0		
	26	Total liabilities. Add lines 17 through 25			86,100,229	26	86,399,402	
<u></u>		Organizations that follow SFAS 117 (ASC 958), check I						
ė.		lines 27 through 29, and lines 33 and 34.		•				
lan	27	Unrestricted net assets				27		
Ba	28	Temporarily restricted net assets	•			28		
Fund Balance	29	Permanently restricted net assets				29		
or Fu		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check	here ► 🔽 and				
8	30	Capital stock or trust principal, or current funds			0	30	0	
Assets	31	Paid-in or capital surplus, or land, building or equipmen	t fund		0	31	0	
	32	Retained earnings, endowment, accumulated income, o	r other	r funds	126,585,184	32	137,605,082	
Net	33	Total net assets or fund balances			126,585,184	33	137,605,082	
_	34	Total liabilities and net assets/fund balances			212,685,413	34	224,004,484	
							Form 990 (2015)	

Pai	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		89,	779,30:
2	Total expenses (must equal Part IX, column (A), line 25)	2		79,9	969,830
3	Revenue less expenses Subtract line 2 from line 1	3		9,8	309,47
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		126,!	585,184
5	Net unrealized gains (losses) on investments	5			,
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1.:	210,42
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		·	505,082
Par	rt XIII Financial Statements and Reporting				· ·
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u> </u>	<u>. ୮</u>
				Yes	No
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	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rea separate basis, consolidated basis, or both	viewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both	eparate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accounta		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, expla Schedule O	ın ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	ı the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		

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DLN: 93493251009506

OMB No 1545-0047

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.

Open to Public

rnal	Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ii</u>	rs.gov/form990.	Inspection
	me of the organi			Employer identif	ication number
- 10	MER ELECTRIC CO	OFERALIVE INC		48-0493444	
Pa			Advised Funds or Other Similar F		nts.
	Comple	ete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.		
	Tatal numba	arat and af year	(a) Donor advised funds	(b) Funds and o	ther accounts
		er at end of year			
	Aggregate v year)	alue of contributions to (during			
	, ,	alue of grants from (during year)			
	Aggregate v	alue at end of year			
	_		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advised	┌ Yes ┌ No
	used only for c		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for a		□Yes □ No
al		•	ete if the organization answered "Yes"	on Form 990 Par	
<u>11</u>			ne organization (check all that apply)	on Form 550, Far	CIV, IIIC / I
		on of land for public use (e g , recre		n historically import	ant land area
	□ Protection	of natural habitat	· · · · · · · · · · · · · · · · · · ·	certified historic st	
	☐ Preservation	on of open space			
			held a qualified conservation contribution in	the form of a conse	vation
	easement on th	ne last day of the tax year			
	Tatal number o	£		 	the End of the Year
1)		of conservation easements restricted by conservation easeme	ante	2a	
		servation easements on a certified		2b 2c	
ı			c) acquired after 8/17/06, and not on a	20	
ı		ure listed in the National Register	ty dequired after 0/17/00, and not on a	2d	
	Number of cons	servation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the organizati	on during the
	tax year ►				
	Number of stat	es where property subject to cons	ervation easement is located ►		
		nization have a written policy regar enforcement of the conservation of	ding the periodic monitoring, inspection, hareasements it holds?		Yes No
	year	teer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing conservation ea	sements during the
	<u> </u>				
	·	enses incurred in monitoring, inspe	ecting, handling of violations, and enforcing (conservation easem	ents during the year
	► \$. ,==	
	(B)(ı) and secti	ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes No
	balance sheet,		ts conservation easements in its revenue ar of the footnote to the organization's financia isements	•	,
Τ			tions of Art, Historical Treasures,	or Other Simila	r Assets.
			ed "Yes" on Form 990, Part IV, line 8.	nuo etetamenta. I	halanee sheet
3	works of art, hi	storical treasures, or other similar	FAS 116 (ASC 958), not to report in its reverses assets held for public exhibition, education note to its financial statements that describ	, or research in furth	
b	works of art, hi		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education these items		
(i) Revenue inclu	uded on Form 990, Part VIII, line :	1	► \$	
		ed in Form 990, Part X		<u></u>	
•	If the organizat	tion received or held works of art, I	nistorical treasures, or other similar assets SFAS 116 (ASC 958) relating to these items		ovide the
a	-	ded on Form 990, Part VIII, line 1	,	► \$	
				· · · —	

b Assets included in Form 990, Part X

Part	Ш	Organizations Maintaining (continued)	Collections of Ar	t, His	stori	cal T	reasures,	or Ot	her Similar A	ssets
		the organization's acquisition, acce ion items (check all that apply)	ession, and other reco	ds, cl	heck a					e of its
а	Г Ри	iblic exhibition		d	ı	Loar	or exchange	progra	ıms	
b	Г so	holarly research		e	Γ	Othe	er			
c	┌ Pr	eservation for future generations								
4	Provide Part X1	e a description of the organization's	s collections and expla	ain ho	w they	y furth	er the organi	zatıon's	s exempt purpose	ın
		the year, did the organization solid to be sold to raise funds rather tha								┌ No
Pari		Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990,	Part	IV, line 9, c	or repo	orted an amoun	t on Form 990
		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other interm	ediary	y for c	ontrıb	utions or othe	erasse	rts not Yes	Г No
b	If"Y	es," explain the arrangement in Pa	art XIII and complete	the fo	llowin	g tabl	e		Ame	ount
С	Begi	nning balance						1c		
d	A dd	itions during the year						1d		
e		ributions during the year						1e		
f		ng balance						1f		
2a		e organization include an amount oi	Form 990 Part Y lin	21 م	for ac	crow	or custodial a		t liability2 F Vec	□ No
Za	Dia tile	organization include an amount of	11 01111 9 90, Fait A, IIII	C 21,	101 65	SCIOW	or custourar a	iccoun	chability , res	, 140
		," explain the arrangement in Part								<u></u> Г
Par	t V	Endowment Funds. Comple	te if the organizatio		rior yea				d)Three years back	(e)Four years bac
1a	Rogins	ning of year balance	(a)Current year	(D)PI	пог уеа	31	b (C) I WO years	Dack (d)Three years back	(e)rour years bac
_	_									
Ь	· ·	butions 								
c	Net in losses	vestment earnings, gains, and								
d	Grants	or scholarships								
e		expenditures for facilities ograms 								
f	A dmın	istrative expenses								
g		year balance								
_		' e the estimated percentage of the o	current vear end balan	ce (lır	ne 1a.	. colur	nn (a)) held a	 S		
		designated or quasi-endowment 🕨	,	(5,	,	(4)/ 4	_		
b		-								
		nent endowment ►								
	•	rarily restricted endowment Freentages on lines 2a, 2b, and 2c	should equal 100%							
	organız	ere endowment funds not in the pos zation by elated organizations	_	ation	that a	are he	ld and admını	stered		Yes No
		•		•		• •			3a	(i)
b		ated organizations " on 3a(ii), are the related organiza								b
4		be in Part XIII the intended uses of								- 1 1
Part		Land, Buildings, and Equip								
		Complete if the organization a		rm 9	90, F	Part I	V, line 11a.	See Fo		, lıne 10.
		Description of property			(a st or ot (invest	her ba	sis Cost or oth (othe	er basıs	Accumulated (c)depreciation	(d)Book value
1 a ∟	and .							475,395	;	475,3
b B	uilding	s								
							8,	226,043	2,536,747	5,689,2
c L	easeho	old improvements								
		ent					135,	902,608	27,816,646	108,085,9
e 0	ther									2.552.5
							3,	669,039	' I	3,669,0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

117,919,692

Part VII	Investments—Other Securities. Con See Form 990, Part X, line 12.	nplete if the org	anızatıon answered 'Ye	s' on For	m 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		(c)Method of valuation or end-of-year market value
(1) Fınancıa	l derivatives				
	held equity interests				
(3) 0 ther					
				+	
				-	
	nn (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>			
Part VIII	Investments—Program Related. Complete if the organization answered	'Yes' on Form 9	90 Part IV line 11c c.	0	200 B- LV L 42
		163 011101111 3			990, Part X, line 13. c) Method of valuation
	(a) Description of investment		(b) Book value		or end-of-year market value
(1)INVEST	IN ASSOC ORGS-PATR CAP		64,149,477		С
(2)INVEST	IN ASSOC ORGS-OTHER GEN		1,676,070		С
	MENT IN SUBSIDIARY		6,931,470	1	<u>C</u>
	IN ASSOC ORGS-NONGEN		963,831	†	C
	IN ECON DEV PROJECTS INVESTMENTS		529,982 1,505,998	+	C C
(7)SPECIA			12,170,651		C
	FILITY PROPERTY		467,047	 	С
	(1) (5 000 0 1) (40) (40)	*	00 204 526		
Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization		88,394,526		orm 000 Part V line 15
IUICIA	(a) Descri		in Form 550, Farciv, fine	I I u See I	(b) Book value
	mn (b) must equal Form 990, Part X, col.(B) line 1.	•		F	44 446
Part X	Other Liabilities. Complete if the organise See Form 990, Part X, line 25.	iiiizatioii aliswer	ed tes on rotti 990,	Part IV, I	ine Tie or III.
1.	(a) Description of liability	(b) Book valu	ıe		
Federal inco	ome taxes				
		1			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	•			
	for uncertain tax positions In Part XIII, provide	e the text of the fo	otnote to the organization'	s financial	statements that reports the
	n's liability for uncertain tax positions under FI				

	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	91,821,820
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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	2,042,517
3	Subtract line 2e from line 1	3	89,779,303
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
с 5	Add lines 4a and 4b	4c 5	89,779,303
5		5	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	
5 Pari	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return.
5 Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return.
5 Part 1 2	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return.
5 Part 1 2 a	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return.
Part 1 2 a b	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return.
Part 1 2 a b c	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return.
Pari 1 2 a b c d	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return.
Pari 1 2 a b c d e	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return. 79,969,830
5 Part 1 2 a b c d e 3	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return. 79,969,830
5 Part 1 2 a b c d e 3 4	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return. 79,969,830
5 Pari 1 2 a b c d e 3 4 a	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 s per F	Return. 79,969,830

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
FORM 990, SCHEDULE D, PART XI, LINE 2D	INCOME IN EQUITY INVESTMENTS FROM SPEC \$2,042,517

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493251009506

OMB No 1545-0047

Open to Public **Inspection**

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

Department of the Treasury Internal Revenue Service

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

ame of the organization	ATIVE INC						Employer identifica	ation number
IONEER ELECTRIC COOPERA	ATIVETING						48-0493444	
Part I General Inform	ation on Grants	and Assistance				•		
Does the organization main the selection criteria used Describe in Part IV the org	to award the grants	orassistance?				issistanc	e, and	ר Yes Γ
			omestic Governments. (dditional space is needd		ızatıon answered "Yes" (on Form 9	990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of ash assistance	(h) Purpose of grant or assistance
(1) CITY OF ULYSSES 115 WEST GRANT ULYSSES,KS 67880	48-6009871	501(C)(1)	6,050		N/A	N/A		HOLIDAY LIGHTS DONATION
2 Enter total number of sect	on 501(c)(3) and go	vernment organization	s listed in the line 1 tab	ole			▶	

Enter total number of other organizations listed in the line 1 table

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

(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
18	14,000		N/A	N/A
4	8,631		N/A	N/A
13	10,557		N/A	N/A
	_			
	recipients 18 4	recipients cash grant 18 14,000 4 8,631	recipients cash grant non-cash assistance 18 14,000 4 8,631	recipients cash grant non-cash assistance FMV, appraisal, other) 18 14,000 N/A 4 8,631 N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
· · · · · · · · · · · · · · · · ·	SCHOLARSHIPS ARE PROVIDED FOR THE FIRST SEMESTER ONLY AND ARE PAID DIRECTLY TO THE STUDENTS' CHOICE OF COLLEGE OR SECONDARY EDUCATION THERE ARE NO ADDITIONAL DOLLARS PROVIDED YOUTH TOUR DOLLARS ARE PAID DIRECTLY TO THE YOUTH TOUR PROGRAM, NOT TO THE INDIVIDUAL OTHER ASSISTANCE IS TYPICALLY A ONE-TIME OCCURRENCE AND OF A MINIMAL DOLLAR AMOUNT

Schedule I (Form 990) 2015

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DLN: 93493251009506

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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 Inspection

Internal Revenue Service Name of the organization

PIONEER ELECTRIC COOPERATIVE INC

Employer identification number

				48-0493444			
Pa	rt I	Questions Regarding Compensation					
						Yes	No
.a				ny of the following to or for a person listed on Form vide any relevant information regarding these items			
	Γ	First-class or charter travel	Γ	ag aaa. or reconstruction personal acc			
	굣	Travel for companions		Payments for business use of personal residence			
		Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Г	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		ny of the boxes in line 1a are checked, did the org nbursement or provision of all of the expenses des			1b	Yes	
2		the organization require substantiation prior to re ectors, trustees, officers, including the CEO/Execu			2	Yes	
3	orga	icate which, if any, of the following the filing organi anization's CEO/Executive Director Check all tha d by a related organization to establish compensa	it appl				
	Г	Compensation committee	Г	Written employment contract			
		Independent compensation consultant	<u> </u>	Compensation survey or study			
	Г	Form 990 of other organizations	굣	Approval by the board or compensation committee			
ŀ		ing the year, did any person listed on Form 990, P i related organization	art VI	II, Section A, line 1a with respect to the filing organization			
а	Rec	eive a severance payment or change-of-control p	aymer	nt?	4a		Νo
b	Par	ticipate in, or receive payment from, a supplement	al nor	nqualified retirement plan?	4b		Νo
c	Par	ticipate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If"	Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Onl	y 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons m	ust complete lines 5-9.			
•		persons listed on Form 990, Part VII, Section A, npensation contingent on the revenues of	line 1	a, did the organization pay or accrue any			
а	The	organization?			5a		
b	Any	related organization?			5b		
	If"	Yes," on line 5a or 5b, describe in Part III					
•		persons listed on Form 990, Part VII, Section A, npensation contingent on the net earnings of	line 1	a, did the organization pay or accrue any			
а	The	organization?			6a		
b	Any	related organization?			6b		
	If"۱	Yes," on line 6a or 6b, describe in Part III					
•	For	persons listed on Form 990, Part VII, Section A, ments not described in lines 5 and 6? If "Yes," de			7		
}	sub	re any amounts reported on Form 990, Part VII, p ject to the initial contract exception described in art III		accured pursuant to a contract that was ations section 53 4958-4(a)(3)? If "Yes," describe	8		
)	If"\	Yes" on line 8, did the organization also follow the	rebuti	table presumption procedure described in Regulations	ا ا		

section 53 4958-6(c)?

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	` '	(E) Total of columns	• •
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

Part IIII Supplemental Information	Part III	Supplemental	Information
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Return Reference

SCHEDULE J, PART I, LINE 1A

COMPANION TRAVEL EXPENSES FOR ALL OFFICERS, DIRECTORS, KEY EMPLOYEES THESE EXPENSES ARE ALL TREATED AS TAXABLE TO THE OFFICERS, DIRECTORS AND/OR KEY EMPLOYEES

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 48-0493444

Name: PIONEER ELECTRIC COOPERATIVE INC

(A) Name and Title		(B) Breakdown of	fW-2 and/or1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 CHANTRY SCOTT CHIEF FINANCIAL OFFICER	(1)	172,191	200	5,509	62,062	20,386	260,348	0
	(11)	-1			- 0	_ 0		- 0
1STEPHEN EPPERSON CHIEF EXECUTIVE OFFICER	(1)	359,200	2,300	11,172	173,040	22,821	568,533	0
	(11)	_!	-	-	-			- - 0
2MICHAEL HANEY MANAGER OF OPER &	(1)	146,220	200		158,356	23,721	333,675	0
ENGINEERING	(11)	,			_			
3ANITA WENDT	(1)	138,785	288	1,256	62,585	16,342	219,256	0
VP OF ENERGY SERVICES	(11)	 						
4ROSS RILEY	 (1)	125 250	0	0	0	0	0	0
OPERATIONS SUPERVISOR	(1)		440	3,569	76,975	23,021	229,255	0
r	(11)	0	0	0	0	0	0	0
5 SHERRY EASTON MANAGER OF ACCOUNTING	(1)	130,786	200	433	32,797	22,666	186,882	0
	(11)			-	-	-		-
6CLINTON MEIER APPARATUS & METER	(1)	118,597	200	288	42,016	21,321	182,422	0
COORDINATOR	(11)	,			-			
7RANDALL MAGNISON	(1)	220,963	200	11,302	101,608	15,155	349,228	0
EXECUTIVE VP & ASSISTANT CEO	(11)	 						
8GEORGE BUSHNELL	(1)	165,767	0,	01	70.101	0	0	0
VP OF OPER & ENGINEERING	(11)		200	64,279	70,101	16,525	316,872	
·		0	0	0	0	0	0	0
9LINDSAY SHEPARD EXECUTIVE VP & GENERAL	(1)	209,414	5,200	9,523	29,057	13,855	267,049	0
COUNSEL	(11)	-l 0	- 	_ 0	- 0	- 0	- 0	- 0

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DLN: 93493251009506

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization PIONEER ELECTRIC COOPERATIVE INC **Employer identification number**

48-0493444

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION A, LINE 2 ALL TRUSTESS, OFFICERS, AND KEY EMPLOYEES DUE TO THER POSITION BITHER AS A DRECTOR OFFICER OR KEY EMPLOYEES FOR SOUTHERN NOUNER COMPANY. A RELATED ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 6 FORM 990, PART VI, SECTION A, LINE 7 FORM 990, PART VI, SECTION B, LINE 15 FORM 990, PART VII, SECTION B, LINE 15 FORM 9	Return Reference	Explanation
RO OF TRUSTEES APPOINTS A NOMINATING COMMITTEE FORMED FROM PROMER IS THE POSITION TO THE MEMBER OWNERS AT THE ANNUAL MEETING. THE MEMBER OWNERS CAST THEIR BALLOTS TO ELECTTHE BOARD OF TRUSTEES FOR A THREE YEAR TERM AT THE ANNUAL MEMBERSHIP MEETING. FORM 990, PART VI, SECTION A, LINE 7A. FORM 990, PART VI, SECTION A, LINE 7A. FORM 990, PART VI, SECTION B, LINE 15B. FORM 990, PART VI, SECTION B, LINE 15C. FORM 990, PART VI, SECTION B, LINE	The state of the s	OFFICERS AND KEY EMPLOYEES DUE TO THEIR POSITION EITHER AS A DIRECTOR, OFFICER OR KEY EMPLOYEE
SECTION A, LINE 7A RO OF TRUSTEES APPOINTS A NOMINATING COMMITTEE FORMED FROM PONEER ELECTRICS MEMBER OWNERS S THE NOMINATING COMMITTEE PRESENTS THEM ROMINATIONS FOR TRUSTEE POSITIONS TO THE MEMBER OWNERS AT THE ANNUAL MEETING THE MEMBER OWNERS CAST THERE OST OF THE MEMBER OWNERS AT THE ANNUAL MEETING THE MEMBER OWNERS CAST THERE IS A VACANCY DUR ING A BOARD MEMBERS TERM, THE REMAINING BOARD WILL ELECT A REPLACEMENT TRUSTEE FROM THE V ACANT DISTRICT THIS TRUSTEE WILL HOLD THE POSITION UNTIL THE NEXT ANNUAL MEETING THE TRU STEE WILL BE NOMINATED FOR ELECTION TO SERVE THE REMAINDER OF THE TERM FORM 990, PART VI, SECTION A, LINE 7B FORM 990, PART VI, SECTION B, LINE 12C FORM 990, PART VI, SECTION B, LINE 12C FORM 990, PART VI, SECTION B, LINE 15A CEO (KEY EMPLOYEE), NITS ENTIRETY, APPROVED THE COUNSEL'S (KEY EMPLOYEE) SALARY THE NECCA COMPENSATION SURVEY IS USED TO PROVIDE COMPARABLE DATA. THE BOARD DISCUSSES THE SALARIES, AS PROPOSED, WITHOUT THE EMPLOYEES PRESENT THE BOARD OF TRUSTEES APPROVES THE EMPLOYEES COMPENS FORM 990, PART VI, SECTION B, LINE 15A FORM 990, PART VI, SECTION B, LINE 15B FORM 990,		RD OF TRUSTEES APPOINTS A NOMINATING COMMITTEE FORMED FROM PIONEER ELECTRIC'S MEMBER OWNER S THE NOMINATING COMMITTEE PRESENTS THEIR NOMINATIONS FOR TRUSTEE POSITIONS TO THE MEMBER OWNERS AT THE ANNUAL MEETING THE MEMBER OWNERS CAST THEIR BALLOTS TO ELECT THE BOARD OF
SECTION A, LINE 7B OF A SIGNIFICANT PORTION OF ASSETS AND/OR LIQUIDATION 3) CHANGES TO THE ARTICLES OF INCORP ORATION FORM 990, PART VI, SECTION B, LINE 12C FORM 990, PART VI, SECTION B, LINE 15A THE BOARD OF TRUSTEES, IN ITS ENTIRETY, APPROVES THE CEO (OFFICER), EXECUTIVE VP-ASSISTANT CEO (KEY EMPLOYEE), AND EXECUTIVE VP/ GENERAL COUNSEL'S (KEY EMPLOYEE) SALARY THE NRECA COMPENSATION SURVEY IS USED TO PROVIDE COMPARABLE DATA THE BOARD DISCUSSES THE SALARIES, AS PROPOSED, WITHOUT THE EMPLOYEES PRESENT THE BOARD'S APPROVAL OF THE EMPLOYEES COMPENSATION SURVEY WITH APPROVAL BY THE CEO THE BOARD OF TRUSTEES APPROVES THE OVERALL WAS GE INCREASE. FORM 990, PART VI, SECTION C, LINE 19 FORM 990, PART VII, SECTION C, LINE 19 FORM 990, PART VIII, PERSONAL PROPERTY RENTAL REVENUES REPORTED ARE RELATED TO POLE RENTAL INCOME. FORM 990, PART VIII, PERSONAL PROPERTY RENTAL REVENUES REPORTED ARE RELATED TO POLE RENTAL INCOME. FORM 990, PART XI, UTHER CHANGES IN NET ASSETS OR FUND BALANCES CAPITAL CREDIT RETIRMENT (\$1,800,000) INCOM EIN EQUITY INVESTMENTS FROM SPEC \$2,042,517 ESTATE RETIREMENTS (\$138,649) OCI - CHANGE IN DEFINED PENSION PLAN \$924,937 GAIN ON RETIREMENT \$50,905 UNCLAIMED PATRONAGE \$125,139	• • • • • • • • • • • • • • • • • • •	RD OF TRUSTEES APPOINTS A NOMINATING COMMITTEE FORMED FROM PIONEER ELECTRIC'S MEMBER OWNER S THE NOMINATING COMMITTEE PRESENTS THEIR NOMINATIONS FOR TRUSTEE POSITIONS TO THE MEMBER OWNERS AT THE ANNUAL MEETING THE MEMBER OWNERS CAST THEIR BALLOTS TO ELECT THE BOARD OF TRUSTEES FOR A THREE Y EAR TERM AT THE ANNUAL MEMBERSHIP MEETING IF THERE IS A VACANCY DUR ING A BOARD MEMBER'S TERM, THE REMAINING BOARD WILL ELECT A REPLACEMENT TRUSTEE FROM THE V ACANT DISTRICT THIS TRUSTEE WILL HOLD THE POSITION UNTIL THE NEXT ANNUAL MEETING THE TRU
SECTION B, LINE 12C THE 5 HIGHEST COMPENSATED EMPLOYEES COMPLETE A FORM 990 QUESTIONAIRE ANNUALLY CONFLICTS O F INTEREST CAN BE IDENTIFIED AS PART OF THIS QUESTIONAIRE REVIEW FORM 990, PART VI, SECTION B, LINE 15A THE BOARD OF TRUSTEES, IN ITS ENTIRETY, APPROVES THE CEO (OFFICER), EXECUTIVE VP-ASSISTANT CEO (KEY EMPLOYEE), AND EXECUTIVE VP/GENERAL COUNSEL'S (KEY EMPLOYEE) SALARY THE NRECA COMPENSATION SURVEY IS USED TO PROVIDE COMPARABLE DATA THE BOARD DISCUSSES THE SALARIES, AS PROPOSED, WITHOUT THE EMPLOYEES PRESENT THE BOARD'S APPROVAL OF THE EMPLOYEE'S COMPEN SATION IS RECORDED IN THE MINUTES OF THE MEETING FORM 990, PART VI, SECTION B, LINE 15B FORM 990, PART VI, SECTION C, LINE 19 THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS OF PIONEER ELECTRIC COOPERATIVE, INC. ARE AVAILABLE UPON REQUEST AT THE COMPANY HEADQUARTERS AT 1850 WEST OKLAHOMA, ULYSSES, KANSAS , 67880, DURING NORMAL BUSINESS HOURS FORM 990, PART VII, LINE 6A FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES CAPITAL CREDIT RETIRMENT (\$1,800,000) INCOM E IN EQUITY INVESTMENTS FROM SPEC \$2,042,517 ESTATE RETIRMENTS (\$133,649) OCI - CHANGE IN DEFINED PENSION PLAN \$924,937 GAIN ON RETIREMENT \$50,905 UNCLAIMED PATRONAGE \$125,139		OF A SIGNIFICANT PORTION OF ASSETS AND/OR LIQUIDATION 3) CHANGES TO THE ARTICLES OF INCORP
SECTION B, LINE 15A CEO (KEY EMPLOYEE), AND EXECUTIVE VP / GENERAL COUNSEL'S (KEY EMPLOYEE) SALARY THE NRECA COMPENSATION SURVEY IS USED TO PROVIDE COMPARABLE DATA THE BOARD DISCUSSES THE SALARIES, AS PROPOSED, WITHOUT THE EMPLOYEES PRESENT THE BOARD'S APPROVAL OF THE EMPLOYEE'S COMPEN SATION IS RECORDED IN THE MINUTES OF THE MEETING FORM 990, PART VI, SECTION B, LINE 15B THE WAGES OF ALL OTHER EMPLOYEES, INCLUDING THE CFO, IS BASED UPON A REVIEW OF THE NRECA COMPENSATION SURVEY WITH APPROVAL BY THE CEO THE BOARD OF TRUSTEES APPROVES THE OVERALL WARD GE INCREASE FORM 990, PART VI, SECTION C, LINE 19 THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS OF PIONEER ELECTRIC COOPERATIVE, INC. ARE AVAILABLE UPON REQUEST AT THE COMPANY HEADQUARTERS AT 1850 WEST OKLAHOMA, ULYSSES, KANSAS, 67880, DURING NORMAL BUSINESS HOURS FORM 990, PART VIII, LINE 6A FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES CAPITAL CREDIT RETIRMENT (\$1,800,000) INCOM E IN EQUITY INVESTMENTS FROM SPEC \$2,042,517 ESTATE RETIREMENTS (\$138,649) OCI - CHANGE IN DEFINED PENSION PLAN \$9924,937 GAIN ON RETIREMENT \$50,905 UNCLAIMED PATRONAGE \$125,139	•	THE 5 HIGHEST COMPENSATED EMPLOYEES COMPLETE A FORM 990 QUESTIONAIRE ANNUALLY CONFLICTS O
SECTION B, LINE 15B OMPENSATION SURVEY WITH APPROVAL BY THE CEO THE BOARD OF TRUSTEES APPROVES THE OVERALL WA GE INCREASE FORM 990, PART VI, SECTION C, LINE 19 THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS OF PIONEER ELECTRIC COOPERATIVE, INC. ARE AVAILABLE UPON REQUEST AT THE COMPANY HEADQUARTERS AT 1850 WEST OKLAHOMA, ULYSSES, KANSAS, 67880, DURING NORMAL BUSINESS HOURS FORM 990, PART VIII, LINE 6A FORM 990, PART XI, LINE 6A OTHER CHANGES IN NET ASSETS OR FUND BALANCES CAPITAL CREDIT RETIRMENT (\$1,800,000) INCOM E IN EQUITY INVESTMENTS FROM SPEC \$2,042,517 ESTATE RETIREMENTS (\$138,649) OCI - CHANGE IN DEFINED PENSION PLAN \$924,937 GAIN ON RETIREMENT \$50,905 UNCLAIMED PATRONAGE \$125,139	•	CEO (KEY EMPLOYEE), AND EXECUTIVE VP/GENERAL COUNSEL'S (KEY EMPLOYEE) SALARY THE NRECA COMPENSATION SURVEY IS USED TO PROVIDE COMPARABLE DATA THE BOARD DISCUSSES THE SALARIES, AS PROPOSED, WITHOUT THE EMPLOYEES PRESENT THE BOARD'S APPROVAL OF THE EMPLOYEE'S COMPEN
SECTION C, LINE 19 AVAILABLE UPON REQUEST AT THE COMPANY HEADQUARTERS AT 1850 WEST OKLAHOMA, ULYSSES, KANSAS, 67880, DURING NORMAL BUSINESS HOURS FORM 990, PART VIII, LINE 6A FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES CAPITAL CREDIT RETIRMENT (\$1,800,000) INCOM E IN EQUITY INVESTMENTS FROM SPEC \$2,042,517 ESTATE RETIREMENTS (\$138,649) OCI - CHANGE IN DEFINED PENSION PLAN \$924,937 GAIN ON RETIREMENT \$50,905 UNCLAIMED PATRONAGE \$125,139		OMPENSATION SURVEY WITH APPROVAL BY THE CEO THE BOARD OF TRUSTEES APPROVES THE OVERALL WA
LINE 6A FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES CAPITAL CREDIT RETIRMENT (\$1,800,000) INCOM E IN EQUITY INVESTMENTS FROM SPEC \$2,042,517 ESTATE RETIREMENTS (\$138,649) OCI - CHANGE IN DEFINED PENSION PLAN \$924,937 GAIN ON RETIREMENT \$50,905 UNCLAIMED PATRONAGE \$125,139	· · · · · · · · · · · · · · · · · · ·	AVAILABLE UPON REQUEST AT THE COMPANY HEADQUARTERS AT 1850 WEST OKLAHOMA, ULYSSES, KANSAS
LINE 9 E IN EQUITY INVESTMENTS FROM SPEC \$2,042,517 ESTATE RETIREMENTS (\$138,649) OCI - CHANGE IN DEFINED PENSION PLAN \$924,937 GAIN ON RETIREMENT \$50,905 UNCLAIMED PATRONAGE \$125,139	•	PERSONAL PROPERTY RENTAL REVENUES REPORTED ARE RELATED TO POLE RENTAL INCOME.
		E IN EQUITY INVESTMENTS FROM SPEC \$2,042,517 ESTATE RETIREMENTS (\$138,649) OCI - CHANGE IN DEFINED PENSION PLAN \$924,937 GAIN ON RETIREMENT \$50,905 UNCLAIMED PATRONAGE \$125,139

DLN: 93493251009506

2015

OMB No 1545-0047

Open to Public

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Inspection Internal Revenue Service **Employer identification number** Name of the organization PIONEER ELECTRIC COOPERATIVE INC 48-0493444 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (d) (c) (e) (g) Legal domicile (state Section 512(b) Primary activity Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No (1)PIONEER ELECTRIC AREA ROUNDUP INC PEC ELEC SALES KS 501(C)(3) 1850 W OKLAHOMA AVE ULYSSES, KS 67880 20-0157161

rt III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	Part IV, li	ne 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or nging	(k) Percentage ownership
						Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(-)	1 (1)	(-)	(1)	(-)	(0)	(-)	4.3	T	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i Section (b)(contro entr	n 512 13) olled ty?
								Yes	No
SOUTHERN PIONEER (1)ELECTRIC 1850 WEST OKLAHOMA ULYSSES, KS 67880 20-3898147	ELECTRICITY SALES	KS	PEC	C CORP	2,042,517	137,667,996	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization	n answered "Yes" on Form	990, Part IV, line	: 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				,	Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one o	r more related organizations li	sted in Parts II-IV?	,			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)			[1b		No
$oldsymbol{c}$ Gift, grant, or capital contribution from related organization(s)			[1c		No
d Loans or loan guarantees to or for related organization(s)			[1d \	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)			•	1 i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)			· · · · L	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s	5)			11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)			1m		No
$m{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .				1n '	Yes	
o Sharing of paid employees with related organization(s)				1o \	Yes	
p Reimbursement paid to related organization(s) for expenses				1p \	Yes	
q Reimbursement paid by related organization(s) for expenses				1q `	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)			-	1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must o	complete this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	unt inv	olved	
(1)SOUTHERN PIONEER ELECTRIC COMPANY	D	104,234,742	COST			
(2)SOUTHERN PIONEER ELECTRIC COMPANY	N	55,193	COST			
(3)SOUTHERN PIONEER ELECTRIC COMPANY	0	1,449,260	COST			
(4)SOUTHERN PIONEER ELECTRIC COMPANY	Р	66,121	COST			
(5)SOUTHERN PIONEER ELECTRIC COMPANY	Q	634,431	COST			

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	İ

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Explanation

Return Reference

Schedule R (Form 990) 2015