## DLN: 93493319109526

OMB No 1545-0047

Open to Public Inspection

Department of the Departure Treasury

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

**Return of Organization Exempt From Income Tax** 

▶ 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/foim990</u>

intern	ai Revenue S	service						
		5 calendar year, or tax year be	eginning 01-01-2015 , and ending 12-31	-2015	D Empl			
_	eck if applica ddress changi	WHEATLAND ELECTRIC COO	OPERATIVE INC			-	ntification number	
	ame change					532188	3	
☐ Ir	nitial return	Doing business as						
F return	ınal /termınated		box if mail is not delivered to street address) Roo	m/suite	E Teleph	none num	ber	
_	nended returr	PO BOX 230			(620	)872-5	885	
☐ Ap	plication pen	ding City or town, state or provir SCOTT CITY, KS 67871	nce, country, and ZIP or foreign postal code					
		·					\$ 106,048,313	
		<b>F</b> Name and address of BRUCE W MUELLER	principal officer		s this a grou subordinates	•		
		PO BOX 230 SCOTT CITY, KS 6787	7.1		No		☐ Yes 🗸	
Tā	ıx-exempt sta	-4	(12) ◀ (insert no ) 4947(a)(1) or 5		Are all subord ncluded?	dinates	□Yes □ No	
	lahaita. b		(12) (Insert no )   4947(a)(1) or   5			h a lıst	(see instructions)	
	ebsite: F	WWW WECI NET			Group exemp		nber ▶	
<b>K</b> For	m of organiza	ation 🗸 Corporation 🗌 Trust	Association  ○ Other ►	L Year	of formation 1	.948 <b>M</b>	State of legal domicile K	
Pa	irt I S	ummary						
	<b>1</b> Briefly	describe the organization's n	mission or most significant activities					
	TO PR	OVIDE QUALITY AND RELI	IABLE ELECTRIC SERVICE TO MEMBER	SATCOST	ON A COOP	ERATIV	E BASIS	
Governance								
Вa								
ove	2 Chec	k this box ▶ ☐ if the organiza	ation discontinued its operations or dispo	sed of more th	nan 25% of it	s net as	sets	
Š	3 Numb	ner of voting members of the c	governing body (Part VI, line 1a)			3	12	
Activities &			mbers of the governing body (Part VI, line			4	12	
¥		•	yed in calendar year 2015 (Part V, line 2a	•		5	149	
<b>≯</b> cti	6 Total	number of volunteers (estima	ate if necessary)			6	0	
•	<b>7a</b> Total	unrelated business revenue			7a	0		
	<b>b</b> Netun	related business taxable inco	ome from Form 990-T, line 34	<u> </u>		7b	(	
					Prior Year		Current Year	
۵i			VIII, line 1h)		117,994	0	102.426.274	
Ravenue		=	m service revenue (Part VIII, line 2g)				103,426,271	
ç		,	mn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,322	,687	1,364,472	
			ugh 11 (must equal Part VIII, column (A)		121,833		105,463,084	
	12	·						
		•	d (Part IX, column (A), lines 1-3)			,656	43,325	
		•	(Part IX, column (A), line 4) employee benefits (Part IX, column (A), lir		3,904		1,777,369	
8		10)	imployee beliefies (Fare 1x, column (x), in		8,970	,980	11,093,398	
Expenses	<b>16a</b> Pr	ofessional fundraising fees (P	Part IX, column (A), line 11e)			0		
ă		tal fundraising expenses (Part IX, co		_				
			nn (A), lines 11a-11d, 11f-24e)		98,096		88,364,888	
		·	17 (must equal Part IX, column (A), line 2	•	111,004		101,278,980	
× %	13 Ke	venue less expenses Subtra	ct line 18 from line 12		10,829		4,184,104	
ance.				Beginn	ing of Current	Year	End of Year	
Net Assets or Fund Balances					340,094	,980	351,171,704	
E P			)		252,595		257,751,845	
		et assets or fund balances Su ignature Block	ubtract line 21 from line 20	•	87,499	,269	93,419,859	
Unde my k	er penalties nowledge a	of perjury, I declare that I hand belief, it is true, correct, a	ave examined this return, including accon and complete Declaration of preparer (oth					
prep	arer has an	y knowledge						
		*** ** *			2016-11-10			
Sign	ון ו	Signature of officer			Date			
Her		BRUCE MUELLER GENERAL MANAGE Type or print name and title	R					
	<u>                                      </u>	Print/Type preparer's name	Preparer's signature	Date	Τ _	PTIN		
Pai	d	WILLIAM M MILLER	WILLIAM M MILLER	2016-11-10	Check ✓ if self-employed	P00439	1459	
	parer	Firm's name ► BOLINGER SEG	GARS GILBERT AND MOSS LLP		Fırm's EIN ▶	_	37	
	Only	Firm's address ► 8215 NASHVILL	ırm's address ► 8215 NASHVILLE AVENUE Phone no (806) 747-3806					

LUBBOCK, TX 79423

. ✓Yes No

Par	t 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, VII, VIII, IX, or X as applicable			
	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
	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 2	<b>11</b> c	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 3	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	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? If "Yes," complete Schedule G, Part II	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
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

'	/			
IV	Checklist of I	Required	Schedules	(continued)

instructions for applicable filing thresholds, conditions, and exceptions)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

29

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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?

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

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Νo

24c

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Yes

Form 990 (2015)

	Chacklist of Baguired Schodules (continued)	
rm 990 (2	2015)	

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance		\/			
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>	• •	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	l 85		163	NO
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		ne organization comply with backup withholding rules for reportable payments to					
·		ng (gambling) winnings to prize winners?			<b>1</b> c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2-	140			
	•	s return	2a	149	2b	Yes	
D		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			20	1 65	
За		ne organization have unrelated business gross income of \$1,000 or more during			3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	-	•	3b		
		y 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 acc			_		
	accou	ınt) <sup>7</sup>			4a		No
Ь		s," enter the name of the foreign country 🕨					
	See ir	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
F-3	•	he organization a party to a prohibited tax shelter transaction at any time during	a the	tay year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t	-	•			No
			.ax 51	ieitei tialisactioiii	5b		NO
С	If"Ye	rs," to line 5a or 5b, did the organization file Form 8886-T?			5c		
62	Does	the organization have annual gross receipts that are normally greater than \$10	00 00	O and did the	6a		No
-		ization solicit any contributions that were not tax deductible as charitable cont			-		110
b		s," did the organization include with every solicitation an express statement th	at su	ch contributions or gifts			
_		not tax deductible?			6b		
	_	nizations that may receive deductible contributions under section 170(c).		d	7-		NI -
а		ne organization receive a payment in excess of \$75 made partly as a contributions provided to the payor?		a partly for goods and	7a		No
b	If"Ye	es," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7b		
c		ne organization sell, exchange, or otherwise dispose of tangible personal proper	ty for	which it was required to			
		orm 8282?			<b>7</b> c		No
a	IT "Ye	es," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?			
					7e		
		ne organization, during the year, pay premiums, directly or indirectly, on a perso			7f		
g	If the requir	organization received a contribution of qualified intellectual property, did the o	rganı	zation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	· · ·	the organization file a	- 5		
		1098-C?	· •		7h		
8	-	soring organizations maintaining donor advised funds.	cinac	a haldings at any time			
		donor advised fund maintained by the sponsoring organization have excess but g the year?		s nordings at any time	8		
02	Did th	ne sponsoring organization make any taxable distributions under section 4966	)		9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela		ere on?	9b		
LO		on 501(c)(7) organizations. Enter	α μ		7.0		
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	, , , , , , , , , , , , , , , , , , ,					
		on 501(c)(12) organizations. Enter		ı			
		s income from members or shareholders	11a	97,165,359			
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b	4,359,654			
	-						
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	in lie	eu or Form 1041?	12a		
D	If "Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
L3	•	on 501(c)(29) qualified nonprofit health insurance issuers.		•			
а		e organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
h		the amount of reserves the organization is required to maintain by the states			a		
-		ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand $\ldots \ldots \ldots \ldots$	<b>13</b> c				
L4a	Did th	ne organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ii	n Schedule O	14b		

orm	990 (2015)			Page
Pai	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection 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 12			
	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 12			
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
		1		

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Νo 13 13 Νo Did the organization have a written document retention and destruction policy? . . . 14 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? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes 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 **16**a Yes **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

# Section C. Disclosure 7 List the States with which a copy of this Form 990 is required to be filed▶

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.)

organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

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

Nο

16b

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 no	r any related or	ganıza	tion	com	pen	sated	any	current officer, o	lirector, or truste	e	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) WESLEY CAMPBELL	10 00	×		×				39,400	0	0	
PRESIDENT								33,100			
(2) DAVID LOWE VICE PRESIDENT	12 50	x		×				27,761	0	0	
(3) PATRICK RILEY SECRETARY	8 00	х		х				37,313	0	0	
(4) DAN BONINE TREASURER	5 00	х		x				27,322	0	0	
(5) RONALD DAVIS TRUSTEE	5 00	х						23,875	0	0	
(6) CHARLES AYERS TRUSTEE	5 00	х						17,408	0	0	
(7) KATHLEEN EISENHOUR TREASURER	6 00	х						23,782	0	0	
(8) VICTOR CASE TRUSTEE	9 50	х						22,283	0	0	
(9) LAWERENCE HOUSTON TRUSTEE	5 00	х						17,932	0	0	
(10) ROE JOHNSON TRUSTEE	4 00	х						21,517	0	0	
(11) ROBERT HISS TRUSTEE	4 00	х						31,765	0	0	
(12) WILLIAM BARNES TRUSTEE	8 80	х						36,181	0	0	
(13) BRUCE MUELLER GENERAL MANAGER	55 00			x				345,838	0	189,696	
(14) MARY LOONEY FORMER ASST GENERAL MANAGER	45 00			x				200,611	0	55,795	
										Form <b>990</b> (2015)	

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization	
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,		and related organizations	
(15) RADONA SMYTHE DIRECTOR OF ACCOUNTING	60 00			х				160,263		0 67,584	
(16) JOEL BRYAN FORMER DIRECTOR OF ACCOUNTING	40 00			х				91,615		0 2,311	
(17) PHILLIP SHELLEY DIRECTOR OF OPERATIONS	60 00				х			230,234		0 178,014	
(18) LYNN FREESE DIRECTOR OF MEMBER SERVICE	50 00				х			195,277		0 116,196	
(19) VINCENT STRICKLER DIRECTOR OF ADMIN & HR	40 00				х			179,638		0 128,900	
(20) JEVIN KASSELMAN	40 00					х		145,305		0 60,360	
DIRECTOR OF IT/BROADBAND (21) RICK KLAUS	40 00					х		126,301		0 116,469	
AREA OPERATIONS MANAGER (22) ROBERT BRANDL	50 00					x		124,980		0 56,797	
AREA SUPERVISOR (23) CHRIS HUBER	40 00					х		125,573		0 64,926	
DISTRICT MANAGER (24) MARK LADNER	48 00					Х		115,256		0 88,189	
AREA SUPERVISOR (25) STEVE WILSON	40 00					x		119,695		0 69,247	
1b Sub-Total				<u> </u>						L	
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A .			<b>&gt;</b>			2,48	37,125	0	1,194,484	

\$100,000 of reportable compensation from the organization ▶ 29

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

# Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100.000 of

compensation from the organization. Report compensation for the calendar year ending		s tax year
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
KRIZ-DAVIS CO	CONSTRUCTION	1,119,920
PO BOX 310353 DES MOINES, IA 50331		
LEE CONSTRUCTION	CONSTRUCTION	483,137
413 CAMPUS DR ST 101 GARDEN CITY, KS 67846		
JJ POWERLINE	CONSTRUCTION	467,131
PO BOX 861 DODGE CITY, KS 67801		
SOLIDA AND SONS TREE SERVICE	LANDSCAPING	463,639
PO BOX 421 PHILLIPSBURG, KS 67661		
COMMERCE CONSTRUCTION SERVICES	CONSTRUCTION	417,029
2225 SOUTHWEST BLVD WICHITA, KS 67213		

Yes

No

Form 99								Page <b>9</b>
Part V	1 1 1	Statement o						_
		Check if Schedi	ule O contains a respor	nse or note to any li	ne in this Part VIII  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ies <b>1b</b>					
Gra mo	С	Fundraising ev	ents 1c					
fts. ⊏ A	d	-	zations 1d					
ig ig	e	Government grant						
ns, Sin		_						
utic 18 r	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
	g	Noncash contributi 1a-1f \$	ons included in lines					
Cont and	h	Total. Add lines	s 1a-1f					
				Business Code				
Program Service Revenue	2a	SALE OF ELECTRIC	ΣΠΥ	221000	90,166,977	90,166,977		
.¥.	ь	PATRONAGE DIVID	ENDS	221000	5,079,936	5,079,936		
٠ ا	С	WATER CONTRACT	TS	221000	4,897,125	4,897,125		
Ę.	d	WIRELESS INTERN	ET .	517000	2,922,523	2,922,523		
S	е	OTHER PROGRAM	REVENUE	221000	359,710	359,710		
grai	f	All other progra	am service revenue					
ĕ	g	Total. Add lines	s 2a-2f	▶	103,426,271			
	3		ome (including dividen		754,602			754,602
	4		ar amounts)	F	754,002			734,002
	5	Royalties .	· · · · · · · · · · · · · · · · · · ·	proceeds ▶				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	8,400	1,144,898				
	ь	Less rental	0	19,081				
	c	expenses Rental income	8,400	1,125,817				
	d	or (loss)	me or (loss)		1,134,217			1,134,217
	"	Net rental inco	(i) Securities	(II) O ther	_,			
	7a	Gross amount from sales of assets other than inventory	· ·	94,302				
	ь	Less cost or other basis and sales expenses		176,563				
	С	Gain or (loss)		-82,261	02.261			02.264
a	d 8a	Net gain or (los Gross income f events (not inc			-82,261			-82,261
Other Revenue		\$	s reported on line 1c)					
er			а					
<b>₽</b>	С		penses <b>b</b> (loss) from fundraising	events				
		Gross income f	rom gaming activities ne 19					
			a penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	owances .	<b>&gt;</b>				
	b c	-	a oods sold b (loss) from sales of inv	218,335 389,585	-171,250	-171,250		
	<u> </u>	Miscellaneou	` '	Business Code	- , 2,230	,		
	11a	OTHER PASST INVESTMENT		221000	312,195	312,195		
	Ь	POLE ATTACH	HMENT INCOME	221000	89,310			89,310
	С							
	d	All other reven  Total. Add lines						
	е			•	401,505			
	12	iotal revenue.	See Instructions .	· · · · •	105,463,084	103,567,216	0	1,895,868

	990 (2015)				Page <b>10</b>
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	42,175			
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,150			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,130			
4	Benefits paid to or for members	1,777,369			
5	Compensation of current officers, directors, trustees, and key employees	2,468,511			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,244,788			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	739,723			
9	Other employee benefits	2,145,253			
10	Payroll taxes	495,123			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,915,742			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,269,287			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PURCHASED POWER	58,544,892			
b	ADMIN AND GENERAL	4,010,438			
c	DISTRIBUTION EXPENSE	3,322,462			
d	CUSTOMER SERVICE	1,106,967			
e	All other expenses	4,195,100			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	101,278,980			
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)				

(B)

End of year

2,305,105

4,711,647

7,739,661

3,567,164

5,469,766

217,700,802

72,657,021

27,635,399

9,385,139

351,171,704

11,339,358

243.105.666

3.306.821

0

93,419,859

93,419,859

351,171,704 Form 990 (2015)

257,751,845

(A)

Beginning of year

1,764,665

5,630,634

8,566,928

3,337,053

5,485,981

209,594,639

69.583.354

27,935,243

8,196,483

340,094,980

10,935,559

237.748.994

3.911.158

252,595,711

310,866,963

93,166,161

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10c

11 12

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87,499,269

87.499.269

340.094.980

Form 990 (2015) Part X O contains a response or note to any line in this Part X . . . .

10a

10h

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Bal	lar	C	S	h	e	е	t
Che	ck	ıf S	Sch	ec	lu	lε	٠

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Net Assets or Fund Balances

Schedule L .

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D . .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 
☐ and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

**Total liabilities.**Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Pledges and grants receivable, net .

Accounts receivable, net . .

1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,4	63,084
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,2	78,980
3	Revenue less expenses Subtract line 2 from line 1	3	4,1	84,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,4	99,269
5	Net unrealized gains (losses) on investments	5	·	<u>.</u>
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	1,7	36,486
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	93,4	19,859
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	. 🔽
	·		Yes	No
1	Accounting method used to prepare the Form 990	_		

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))			1,7	36,486
10				93,419,85	
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗸
				Yes	No
1	Accounting method used to prepare the Form 990				
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 reviewed a separate basis, consolidated basis, or both	d on			

Separate basis Consolidated basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ✓ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Nο Single Audit Act and OMB Circular A-133? 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

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**SCHEDULE D** 

# **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.

Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

OMB No 1545-0047

Name of the	ora
Internal Revenue	Serv
Treasury	

(Form 990)

Department of the ► Attach to Form 990. Open to Public **Inspection** 

DLN: 93493319109526

	IEATLAND ELECTRIC COOPERATIVE INC			Empi	byer identificat	ion numbe	<b>31</b>
					532188		
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Ot ed "Yes" on Form 990, Pa	<b>her Similar Fu</b> art IV, line 6.	nds o	or Accounts.	•	
		(a) Donor advised funds		(b)	Funds and othe	raccounts	5
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	_		r advıs	ed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				purpose	┌ Yes	┌ No
Pa	rt II Conservation Easements. Comple	te if the organization an	swered "Yes" or	Form	n 990, Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by th	e organization (check all tha	at apply)				
	Preservation of land for public use (e g , recre		_				
	education)	<u>-</u>	Preservation of an				
	Protection of natural habitat		Preservation of a c	ertifie	a nistoric struc	ture	
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	neld a qualified conservation	n contribution in th	e form	of a conservat	ion	
	,,,,,,,		Γ		Held at the	End of the	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easeme	nts	Ī	2b			
c	Number of conservation easements on a certified	historic structure included	ın (a)	<b>2</b> c			
d	Number of conservation easements included in (o historic structure listed in the National Register	) acquired after 8/17/06, ai	nd not on a	2d			
3	Number of conservation easements modified, tran	ısferred, released, extinguis	hed, or terminated	by the	e organization o	during the	
	tax year <b>&gt;</b>						
4	Number of states where property subject to cons	ervation easement is locate	d <b>▶</b>	_			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	<i>y</i> .	, inspection, handl	ing of	_ Y€	es N	0
6	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of viola	tions, and enforcin	g cons	ervation easer	nents durii	ng the
	<b>&gt;</b>						
7	A mount of expenses incurred in monitoring, inspe	cting, handling of violations	, and enforcing coi	nserva	tion easements	during th	e year
	<b>&gt;</b> \$						
8	Does each conservation easement reported on lin (B)(i) and section $170(h)(4)(B)(ii)$ ?	ie 2(d) above satisfy the rec	quirements of sect	on 17	0(h)(4)	es N	o
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organ					
Pai	t III Organizations Maintaining Collec			r Oth	er Similar A	Assets.	
	Complete if the organization answere  If the organization elected, as permitted under SF			10 6121	oment and half	nco choot	,
1a	works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	assets held for public exhib	oition, education, o	r resea	rch in furthera		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhib					lıc
1	(i) Revenue included on Form 990, Part VIII, line 1		,	<b>\$</b>			
(	ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, he following amounts required to be reported under S		sımılar assets for				
а	Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$		

Assets included in Form 990, Part X

	dule D	(Form 990) 2015  Organizations Maintaining	Collections of A	Art, His	torical	Tre	asures, o	r Ot	her Similar A	ssets	Page <b>2</b>
		(continued)									
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other rec	cords,ch	neck any o	of the	e following th	nat an	e a significant us	e of its	
а		Public exhibition		d	☐ Loa	an o	r exchange p	orogra	ams		
b		Scholarly research		е	┌ ot	her					
c	_	Preservation for future generations									
4	•	de a description of the organization	's collections and ex	plain hov	w they furt	her	the organiza	tıon's	exempt purpose	ın	
5		g the year, did the organization soli	cit or receive donati	ons of ar	t. historica	al tr	easures or o	thers	sımılar		
	asset	s to be sold to raise funds rather th	nan to be maintained						☐ Ye	s [	No
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form	990, Part	t IV	, line 9, or	repo	orted an amour	nt on Fo	rm 990,
1a		e organization an agent, trustee, cu led on Form 990, Part X?	stodian or other intei	rmediary	for contro	butio	ons or other	asse	ts not <b>Ye</b>	s	No
ь	If"	Yes," explain the arrangement in P	art XIII and complet	te the fol	lowing tab	le			Am	ount	
c	Beg	ginning balance						<b>1</b> c			
d	Add	ditions during the year						<b>1</b> d			
e	Dis	tributions during the year						1e			
f		ding balance						1f			
<b>2</b> a	Did th	ne organization include an amount o	on Form 990, Part X,	line 21,	for escrow	vor	custodial ac	count	liability?   Ye	s ∏1	No
b	If"Ye <b>rt V</b>	s," explain the arrangement in Part Endowment Funds. Comple									
1.0		Endownient i anasi compie	(a)Current year		or year	_	c)Two years ba		d)Three years back		years back
<b>1</b> a	Begir	nning of year balance									
b	C onti	ributions • • • • • • •									
c	Net II losse	nvestment earnings, gains, and is									
d	Grant	ts or scholarships									
е		r expenditures for facilities irograms									
f	• A dmi	nistrative expenses									
g		of year balance									
2	Provid	de the estimated percentage of the	current year end bal	ance (lın	ie 1g, colu	ımn	(a)) held as				
а	Board	designated or quasi-endowment <b>&gt;</b>	,	•	-		. ,,				
ь		anent endowment ▶									
c	Temp	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%								
За		nere endowment funds not in the po	·		that are he	eld a	ınd admınıst	ered	for the		
•	organ	ization by			2 311	_				Yes	S No
	• •	related organizations		• •		•				a(i)	
b		lated organizations s" on 3a(ii), are the related organiz		ured on S	 Schedule F	R?				i(ii)   Bb	<del>                                     </del>
4		ribe in Part XIII the intended uses	•								
Par	t VI	Land, Buildings, and Equip		- 0	00 5 1			_	000 5		
		Complete if the organization  Description of property	answered 'Yes' to	Form 9	90, Part . (a)	<u>IV,</u>	(b)		Accumulated		ok value
		,			st or other ba (investment)		Cost or other (other)	basis	(c)depreciation		
<b>1</b> a	Land						1,91	13,423			1,913,423
b	Buildin	gs					6 23	7 902	4 992 25		1 455 451
c I	 Leaseh	old improvements					0,33	37,803	4,882,35		1,455,451
		nent			7,600,	,317	243,47	71,226	88,283,80	9 1	.62,787,734
	Other				, -,			-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Tata		unos 1 a through 1 a /C-luna / / /	st agual Form 000 B	rt V a=l···	mn (D) 1:	0.10		14,194		<del> </del>	51,544,194
iota	ı. Auu I	ines 1a through 1e (Column (d) mu	эс сциагтогт ЭЭО, PAI	ic A, COIUI	uni (D), IIN	c 10	(-// • •	•			990) 2015

(a) Description of security or catego (including name of security)	гу	(b)Book value	(c)Method of valuation Cost or end-of-year market val
(1)Financial derivatives			,
(2)Closely-held equity interests (3)O ther			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
art VIII Investments—Program Related. Complete if the organization answer	ed 'Yes' on Form 990,	Part IV, line 11c. Se	e Form 990 Part X line 13
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
ee Additional Data Table			Cost of end-of-year market val
_			
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	72,657,021 orm 990, Part IV, line :	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo		11d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo		11d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo		11d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo		11d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo		11d See Form 990, Part X, line 15
Other Assets. Complete if the organizal  (a) Des  (a) Des  otal. (Column (b) must equal Form 990, Part X, col (B) line	tion answered 'Yes' on Foscription	orm 990, Part IV, line	I 1d See Form 990, Part X, line 15  (b) Book value
Other Assets. Complete if the organization (a) Des (a)	e 15 )	orm 990, Part IV, line	I 1d See Form 990, Part X, line 15  (b) Book value
Other Assets. Complete if the organization (a) Des (a)	tion answered 'Yes' on Foscription	orm 990, Part IV, line	I 1d See Form 990, Part X, line 15  (b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (a) Description of liability	e 15 )	orm 990, Part IV, line	I 1d See Form 990, Part X, line 15  (b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (Column (b) must equal Form 990, Part X, col (B) limits (B) and (B) limits (B) and (B) are seen as a see Form 990, Part X, line 25.  (a) Description of liability (B) and (B) are seen as a seed as	e 15 )	Yes' on Form 990, I	11d See Form 990, Part X, line 15  (b) Book value
Other Assets. Complete if the organization (a) Description of liability  Otal. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the organization of liability  ederal income taxes  EFERRED CREDITS	e 15 )	Yes' on Form 990, I	11d See Form 990, Part X, line 15  (b) Book value
Other Assets. Complete if the organization (a) Description of Liability  Other Liabilities. Complete if the organization of Liability  ederal income taxes  EFERRED CREDITS  ONSUMER DEPOSITS AND PREPAYMENTS	e 15 )	Yes' on Form 990, I	11d See Form 990, Part X, line 15  (b) Book value
Other Assets. Complete if the organization (a) Description of liability  Other Liabilities. Complete if the organization (Column (b) must equal Form 990, Part X, col (B) limits (B) Description of liability  Other Liabilities. Complete if the organization (B) limits (B) Description of liability  ederal income taxes  EFERRED CREDITS  ONSUMER DEPOSITS AND PREPAYMENTS	e 15 ) rganization answered  (b) Book value  1,174,6  563,8	Yes' on Form 990, I	11d See Form 990, Part X, line 15  (b) Book value
Other Assets. Complete if the organizal  (a) Des  Otal. (Column (b) must equal Form 990, Part X, col (B) liminary  Part X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability  ederal income taxes  DEFERRED CREDITS  CONSUMER DEPOSITS AND PREPAYMENTS	e 15 ) rganization answered  (b) Book value  1,174,6  563,8	Yes' on Form 990, I	11d See Form 990, Part X, line 15  (b) Book value
Other Assets. Complete if the organizal  (a) Des  Otal. (Column (b) must equal Form 990, Part X, col (B) liminary  Part X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability  ederal income taxes  DEFERRED CREDITS  CONSUMER DEPOSITS AND PREPAYMENTS	e 15 ) rganization answered  (b) Book value  1,174,6  563,8	Yes' on Form 990, I	11d See Form 990, Part X, line 15  (b) Book value
CONSUMER DEPOSITS AND PREPAYMENTS  (a) Description of the organization (b) Description of the organization (a) Description of the organization (b) Description of the organization (b) Description (b) Description of the organization (c) Description (c) Description of the organization (c) Description	e 15 ) rganization answered  (b) Book value  1,174,6  563,8	Yes' on Form 990, I	11d See Form 990, Part X, line 15  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim.  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  L. (a) Description of liability  Federal income taxes  DEFERRED CREDITS  CONSUMER DEPOSITS AND PREPAYMENTS	e 15 ) rganization answered  (b) Book value  1,174,6  563,8	Yes' on Form 990, I	11d See Form 990, Part X, line 15  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim.  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  L. (a) Description of liability  Federal income taxes  DEFERRED CREDITS  CONSUMER DEPOSITS AND PREPAYMENTS	e 15 ) rganization answered  (b) Book value  1,174,6  563,8	Yes' on Form 990, I	11d See Form 990, Part X, line 15  (b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15 ) rganization answered  (b) Book value  1,174,6  563,8	Yes' on Form 990, I	11d See Form 990, Part X, line 15  (b) Book value

Schedule D (Form 990) 2015

1

2

a b

c d

3

information

PART X, LINE 2

Return Reference

104,250,737

104,250,737

1

2e 3

b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,212,34
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	105,463,08
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	98,289,26
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	98,289,26
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 )		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	2,989,71
5	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18)	5	101,278,98

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

Explanation

THE COOPERATIVE FOLLOWS THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

SETTLEMENT WITH TAXING AUTHORITIES

2a

2b

**2**c

2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Schedule D (Form 990) 2015	Page <b>5</b>
Part XIIII Supplemental	Information (continued)
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PATRONAGE CAPITAL ASSIGNABLE 1,777,369 INCOME RECLASSED AS EXPENSES ON FORM 990 1,212,347
SCHEDULE D	PART IX THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BEEN LEFT BLANK

### **Additional Data**

Software ID: Software Version:

**EIN:** 48-0532188

Name: WHEATLAND ELECTRIC COOPERATIVE INC

(c) Method of valuation

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

(2) 20011 14140	Cost or end-of-year market value
49	С
56,910,594	С
3,323,376	С
171,617	С
481,379	С
31,116	С
67,646	С
165,577	С
4,553,200	С
6,952,467	С
	49 56,910,594 3,323,376 171,617 481,379 31,116 67,646 165,577 4,553,200

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319109526 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number WHEATLAND ELECTRIC COOPERATIVE INC 48-0532188 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (e) A mount of non- (f) Method of valuation **(b)** EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) SCOTT COMMUNITY 48-0995697 501(C)(3) 5,750 DONATION -(1) FOUNDATION SHARING SUCCESS 303 COURT STREET FUND/WALK-RUN-SCOTT CITY, KS 67871 ROLL Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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.

DLN: 93493319109526

OMB No 1545-0047

2015

Tre

Schedule J (Form 990)

Treasury Internal Revenue Service				o Pul ectio			
Na	me of the organı	zation	Emp	ployer identificati	on nui	nber	
WH	EATLAND ELECTRIC	COOPERATIVE INC	48.	-0532188			
Pa	rt I Quest	ions Regarding Compensation		0332100			
		<u> </u>				Yes	No
<b>1</b> a			rided any of the following to or for a person liste to provide any relevant information regarding th				
	First-clas	ss or charter travel	Housing allowance or residence for per	rsonal use			
	Travel for	r companions	Payments for business use of personal	l residence			
	┌ ⊤axıdem	inification and gross-up payments	∀ Health or social club dues or initiation	fees			
	Discretio	nary spending account	Personal services (e g , maid, chauffeu	ır, chef)	 	 	 
b 2	reimbursemen	t or provision of all of the expenses de	ganization follow a written policy regarding paym scribed above? If "No," complete Part III to ex eimbursing or allowing expenses incurred by all		1b		No
	directors, trus	tees, officers, including the CEO/Exec	utive Director, regarding the items checked in I	ine 1a?	2		No
3	organızatıon's	CEO/Executive Director Check all the	ization used to establish the compensation of the at apply Do not check any boxes for methods ation of the CEO/Executive Director, but explain				
	Compens	ation committee	Written employment contract				
	☐ Independ	lent compensation consultant	Compensation survey or study				
	Form 990	of other organizations	■ Approval by the board or compensation	n committee			 
4	During the yea or a related or		Part VII, Section A, line 1a with respect to the i	filing organization			
а	Receive a seve	erance payment or change-of-control p	payment?		4a		Νo
b	Participate in,	or receive payment from, a supplemen	tal nonqualified retirement plan?		4b	Yes	
c	Participate in,	or receive payment from, an equity-ba	sed compensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Pa	art III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organizat	ions must complete lines 5-9.				
5	•	sted on Form 990, Part VII, Section A, contingent on the revenues of	line 1a, did the organization pay or accrue any				
а	The organizati	on?			5a		
b	Any related or	ganızatıon?			5b		
	If "Yes," on lin	ne 5a or 5b, describe in Part III					
6	•	sted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a, did the organization pay or accrue any				
а	The organizati	on?			6a		
b	Any related or	ganızatıon?			6b		
	If "Yes," on lin	ne 6a or 6b, describe in Part III					
7		sted on Form 990, Part VII, Section A, described in lines 5 and 67 If "Yes," do	, line 1a, did the organization provide any non-fi escribe in Part III	xed	7		
8			oald or accured pursuant to a contract that was Regulations section 53 4958-4(a)(3)? If "Yes,	," describe	R		

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

t age Z					
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 of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in

### other deferred benefits (B)(ı)-(D) column(B) reported (ii) (iii) Base as deferred on prior Bonus & incentive Other reportable compensation (I) compensation compensation compensation Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Page 2

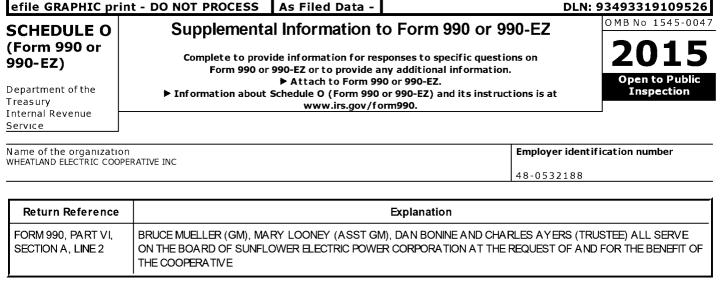
Schedule J (Form 990) 2015	Page 3		
Part III Supplemental Information			
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information			
Return Reference Explanation			
	'		

## Software ID: **Software Version:**

**EIN:** 48-0532188

Name: WHEATLAND ELECTRIC COOPERATIVE INC

(A) Name and Title		t II - Officers, Directors, Trustees, Key Employees, and (B) Breakdown of W-2 and/or 1099-MISC compensation						(E) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 BRUCE MUELLER GENERAL MANAGER	(1)	318,122	200	27,516	164,712	24,984	535,534	(
	(11)	0	0	0	0	- 0	- 0	(
1MARY LOONEY FORMER ASST GENERAL	(1)	199,647	200	764	34,112	21,683	256,406	(
MANAGER	(11)	0	0	0	0			(
2RADONA SMYTHE DIRECTOR OF ACCOUNTING	(1)	143,507	239	16,517	52,527	15,057	227,847	(
DIRECTOR OF ACCOUNTING	(11)	0	0	0	0			(
3PHILLIP SHELLEY DIRECTOR OF OPERATIONS	(1)	198,603	200	31,431	155,599	22,415	408,248	(
DIRECTOR OF OPERATIONS	(11)	0	0	0	0			(
4LYNN FREESE DIRECTOR OF MEMBER	(1)	179,782	236	15,259	93,416	22,780	311,473	(
SERVICE	(11)	0	0	0	0			(
5VINCENT STRICKLER DIRECTOR OF ADMIN & HR	(1)	151,161	236	28,241	112,440	16,460	308,538	(
DIRECTOR OF ADMIN & TIK	(11)	0	0	0	0			(
6JEVIN KASSELMAN DIRECTOR OF	(1)	128,591	236	16,478	37,193	23,167	205,665	(
IT/BROADBAND	(11)	0	0	0	0			(
<b>7</b> RICK KLAUS AREA OPERATIONS MANAGER	(1)	116,793	272	9,236	81,345	35,124	242,770	(
	(11)	0	0	0	0			(
8ROBERT BRANDL AREA SUPERVISOR	(1)	116,760	290	7,930	30,128	26,669	181,777	(
ANEA SOTEN SON	(11)	0	0	0	0			(
9CHRIS HUBER DISTRICT MANAGER	(1)	116,838	287	8,448	31,409	33,517	190,499	(
DISTRICT PHAYAGEN	(11)	0	0	0	0			(
10MARK LADNER AREA SUPERVISOR	(1)	108,662	362	6,232	60,499	27,690	203,445	(
WITH SOLFIVATOOV	(11)	0	0	0	0			(
11STEVE WILSON DISTRICT MANAGER	(1)	114,729	290	4,676	44,846	24,401	188,942	(
<del></del>	(11)	0	0	0	0		-	(



Return Reference	Explanation
FORM 990,	THE FOLLOWING SECTION OF THE BY LAWS WAS AMENDED TO STATE ARTICLE 4, TRUSTEES, SECTION 2 ELECTION AND
PART VI,	TENURE OF OFFICE TRUSTEES SHALL BE ELECTED BY SECRET BALLOT AT EACH ANNUAL MEETING OF THE MEMBERS,
SECTION A,	AND SHALL BE ELECTED FOR A THREE YEAR TERM MEMBERS OF THE BOARD OF TRUSTEES SHALL NOT SERVE MORE
LINE 4	THAN SIX, THREE YEAR TERMS BEGINNING FROM AND AFTER ADOPTION OF THIS BY LAW BY THE MEMBERSHIP AT AN
	ANNUAL MEETING TRUSTEES SHALL BE ELECTED BY A PLUARLITY VOTE OF THOSE MEMBERS CASTING SECRET
	BALLOTS AT A DULY CONVENED ANNUAL MEETING OF MEMBERS IF AN ELECTION OF THE TRUSTEES SHALL NOT BE HELD
	ON THE DAY DESIGNATED HERIN FOR THE ANNUAL MEETING, OR ANY ADJOURNMENT THEREOF, A SPECIAL MEETING OF
	THE MEMBERS SHALL BE HELD FOR THE PURPOSE OF ELECTING TRUSTEES WITHIN A REASONABLE TIME THEREAFTER

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

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

Return Reference	Explanation
VI, SECTION A, LINE 7B	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE, 2 MERGER OR CONSOLIDATION WITH ANOTHER COOPERATIVE ORGANIZATION, 3 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVES ASSETS, AND 4 AMENDMENT TO THE ARTICLES OF INCORPORATION 5 AMENDMENT TO THE BY LAWS

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

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

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

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

Return Reference	Explanation
FORM 990,	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING
PART IX,	SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO TOTAL
LINES 5-7	WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$ 7,713,299 LESS DIRECTORS FEES REPORTED ON 1099-MISC
	(326,539) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (315,386) LESS KEY EMPLOYEE BENEFITS INCLUDED IN
	LINE 5 (423,110) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGINS 139,914 PLUS SALARIES AND
	WAGES CAPITALIZED DIRECTLY TO PLANT 3,025,348 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED IDIRECTLY
	THROUGH CLEARING & OTHER ACCOUNTS 2,094,498 TOTAL WAGES ACCRUED AND OR PAID \$11,908,024

Return Reference	Explanation
FORM 990, PART IX, LINE 24	ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING OFFICE AND SUPPLIES \$ 1,368,266 COMPUTER EXPENSE 1,121,440 OUTSIDE SERVICES EMPLOYED 612,857 OTHER INSURANCE 379,547 REGULATORY COMMISSION EXPENSE 19,671 DIRECTORS' FEES AND EXPENSE 84,524 MISCELLANEOUS GENERAL EXPENSE 134,477 MAINTENANCE OF GENERAL PLANT 289,656 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$ 4,010,438

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

Return Reference	Explanation
FORM 990, PART X, LINES 17 AND 25	THE COOPERATIVE PREVIOUSLY INCLUDED ACCRUED EXPENSES, COMPRISED OF (1) ACCRUED COMPENSATED ABSENCES AND (2) ACCRUED INTEREST, AS COMPONENTS OF OTHER LIABILITIES ON LINE 25 OF PART X HOWEVER, FOR THE 2015 CALENDAR YEAR, THE COOPERATIVE BEGAN REPORTING THESE AMOUNTS ON LINE 17 IN ACCORDANCE WITH FORM 990 INSTRUCTIONS TO INCREASE CONSISTENCY, THE TOTAL AMOUNT OF \$4,177,569 FOR THESE ACCRUED EXPENSES FOR THE 2014 CALENDAR YEAR HAVE BEEN RECLASSIFIED FROM LINE 25 TO LINE 17

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DONATED CAPITAL -2,137 PATRONAGE CAPITAL ASSIGNED 1,777,369 PATRONAGE CAPITAL RETIRED - 38,746

Return Reference	Explanation	
FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO OVERSEE THE FINANCIAL STATEMENT AUDIT AND SELECT THE INDEPENDENT FINANCIAL STATEMENT AUDITOR PROCEDURAL CHANGES DID NOT	
	OCCUR DURING THE YEAR	ı