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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Form **990**

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

1. The OOO and its instructions is at www IRS gov/form99

2015

DLN: 93493315010366 OMB No 1545-0047

Treas	,		► Information about	Form 990 and its instructions is at \underline{w}	•	•		Open to Publi Inspection	С						
		2015 cal	^e endar year, or tax year beginnin	g 01-01-2015 , and ending 12-31-20	15										
		pplicable	C Name of organization	· · · · · · · · · · · · · · · · · · ·	13	D Empl	oyer	identification number							
_		change	FLORIDA KEYS ELECTRIC COOPERAT ASSOCIATION INC	IVE		59-0	247	095							
	ame ch	•	Doing business as												
Ir	nitial ret inal	turn				E Teleph	none r	 number							
return	/termin		Number and street (or P O box if m 91630 OVERSEAS HWY	all is not delivered to street address) Room/si	uite	·		2-2431							
	nended oblicatio	return n pending	City or town, state or province, coun	try, and ZIP or foreign postal code		(303) 03.	2-2431							
1 14	plicatio	ii pelialing	TAVERNIER, FL 330700377			G Gross	recei	pts \$ 87,328,014							
			F Name and address of princip	al officer	H(a)]	Is this a grou	p ret	urn for							
			SCOTT NEWBERRY 91630 OVERSEAS HWY			subordinates? No	>	Yes	√						
			TAVERNIER,FL 330700377			Are all subord	linati	es	Nο						
I 10	ix-exem	npt status	501(c)(3) 3 501(c) (12)	(insert no) 4947(a)(1) or 527	1	ıncluded? If "No." attac	h a lı	ist (see instructions)							
J W	ebsite	e:▶ WW	W FKEC COM			Group exemp		, ,							
K For	m of or	ganızatıon	▼ Corporation	tion		r of formation 1		M State of legal domicile	FL						
		C													
Pe		Sum	mary cribe the organization's mission	or most significant activities											
				ELECTRIC SERVICE TO MEMBERS C	FTHEC	OOPERATIV	E								
ıce	_														
na E															
ove	2 (Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets													
Activities & Governance	3 1	Number o	of voting members of the governi	ng body (Part VI, line 1a)			з	9							
es.			-	f the governing body (Part VI, line 1b)			4	-							
₹	5	Total nun	nber of individuals employed in c	alendar year 2015 (Part V , line 2a)			5	124							
Act	6	Total nun	nber of volunteers (estimate if ne	ecessary)			6	0							
				rt VIII, column (C), line 12			7a	<u>'</u>							
	b N	et unrela	ted business taxable income fro	m Form 990-T, line 34			7t		885						
	8	Contri	butions and grants (Part VIII, lir	20 1h)		Prior Year	0	Current Year							
Ġ	9		m service revenue (Part VIII, III	85,447,029		-									
enueve	10	_	ment income (Part VIII, column		,831										
æ	11	Other	revenue (Part VIII, column (A),	710	,708	738,9	966								
	12	Totalı 12)	evenue—add lines 8 through 11	(must equal Part VIII, column (A), lin	ie	86,256	,568	87,282,3	388						
	13	<u> </u>	and similar amounts paid (Part	IX, column (A), lines 1-3)		29	,390	40,0	 042						
	14			X, column (A), line 4)		4,310									
ú	15			e benefits (Part IX, column (A), lines		10,828	,249	10,874,7	— 741						
Expenses	160	5-10)		column (A) line (11e)			0		0						
e di	16a b		ndraising expenses (Part IX, column (D)	column (A), line 11e)	•			<u>' </u>							
Δ	17		- , , , , ,	ines 11a-11d, 11f-24e)	_	71,088	.108	70,549,6	 512						
	18			st equal Part IX, column (A), line 25)		86,256									
	19	Reven	ue less expenses Subtract line	18 from line 12			0)	0						
CeS					Beginn	ing of Current	Year	r End of Year							
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)			145,765	,294	147,053,1							
A As	21		iabilities (Part X, line 26)			89,723									
ş <u>ş</u>	22	Netas	sets or fund balances Subtract	line 21 from line 20		56,041	,349	59,582,4	102						
	rt II		ature Block						_						
my k	nowle		pelief, it is true, correct, and com	mined this return, including accompai plete Declaration of preparer (other t		r) is based or			ог						
Sigi	1	Signa	ture of officer			2016-11-09 Date									
Her			BEATY CHIEF FINANCIAL OFFICER												
		17	or print name and title				T ===								
De:	ل		nnt/Type preparer's name AL BRANTLEY CPA		Date 2016-11-09	Check If self-employed	PTI PO	IN 0636393							
Pai Pro	a ·pare	ar F	ırm's name ► NICHOLS CAULEY & AS:	SOCIATES LLC		Firm's EIN >		75857							
	pare On	I F	ırm's address ▶ 1300 BELLEVUE AVENUE	:		Phone no (47	8) 27	··· '5-1163							
		٠,	DUBLIN, GA 31021415	2											
Мау	the IR	RS discus	s this return with the preparer sh	nown above? (see instructions)				. √Yes No							

Form	990 (2015)			Page 3
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)? <i>If "Yes,"</i> 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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			

Yes

Yes

Yes

Yes

Nο

Nο

Νo

Νo

Νo

Nο

Νo

Nο

Νo

Νo

Nο

Νo

Νo

Form 990 (2015)

11a

11b

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11d

11e

11f

12a

12b

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14a

14b

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20b

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

If "Yes," complete Schedule D, Parts XI and XII 💆

If "Yes," complete Schedule D, Part X 🕏

16

17

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

ıts total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

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

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,

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

Νo

Νo

Nο

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Nο

Νo

Νo

Νo

Nο

Νo

Νo

24d

25a

25b

26

27

28a

28b

34

35a

35b

36

37

38

Yes

Form 990 (2015)

28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

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

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

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

orm	990 (2015)			Page !
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	· ·	Yes	. No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 13		163	NO
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
۵-		5c		NI -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
۵-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	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			
11	facilities Section 501(c)(12) organizations. Enter	ı		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
_	additional information the organization must report on Schedule O	13 a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

year by the following The governing body? .

Section C. Disclosure

0 (2015)	
Governance, Management, and Disclosure	

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Yes No

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 1a 9

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 Enter the number of voting members included in line 1a, above, who are ındependent

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates? .

Did the organization make any significant changes to its governing documents since the prior Form 990 was

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Each committee with authority to act on behalf of the governing body? 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

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

►CRIS BEATY 91630 OVERSEAS HIGHWAY TAVERNIER, FL 33070 (305) 852-2431

f b Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$

List the States with which a copy of this Form 990 is required to be filed▶

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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 B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the

Did the organization become aware during the year of a significant diversion of the organization's assets?

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

1 h

9 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?

2 3

4

5

7a

10a

10b

11a

12a

12h

12c

13

14

15a

15b

16a

16b

Νo Νo Νo

Yes	
Yes	
Yes	

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Νo

Form 990 (2015)

Nο

No Νo

GENERAL MANAGER/CEO

CHIEF FINANCIAL OFFICER

(11) CHRIS BEATY

(12) JOHN STUART

(13) DENNIS MINTON

SUPPLY & DELIVERY

(14) DARRELL DAVIS

CREW LEADER

C00

. 🔽

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
- ullet 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	ısated	lany	current officer, of	director, or truste	e	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	(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) JAMES BOILINI PRESIDENT	7 80	х		×				31,550	0	C	
(2) GRETCHEN HOLLAND VICE PRESIDENT	4 80	х		×				29,200	0	(
(3) MICHAEL PUTO SECRETARY	23 90	х		×				24,200	0	(
(4) FRANK HAWKINS JR TREASURER	3 70	х		×				24,650	0	(
(5) DAVID RITZ DIRECTOR	5 70	х						26,450	0	(
(6) CRAIG BELCHER DIRECTOR	6 10	х						29,550	0	ı	
(7) GEORGE HERTEL DIRECTOR	6 80	х						27,200	0	-	
(8) KARL WAGNER DIRECTOR	7 60	х						27,450	0		
(9) CALE SMITH DIRECTOR	5 70	х						29,200	0		
(10) SCOTT NEWBERRY	40 00			×				249,141	0	77,32	

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40.00

40 00

40 00

40 00

58.547

74,709

56,572

49,914

0

0

0

178,316

176,766

157,611

153,532

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	m unles	ore t ss pe	han erso cer tor/t	not one n is and rus		an	(D) Reportable compensation from the organization (W- 2/1099-	(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
(15) RUDY VEGA JOURNEYMAN LINEMAN	40 00					х		141,263	0	26,423
(16) JUAN CASTANO JOURNEYMAN LINEMAN	40 00					х		134,068	0	27,342
(17) NICOLE KRAUS DIRECTOR OF HUMAN RESOURCES	40 00					x		133,238	0	32,004
1b Sub-Total			•	* * *			1 5	73,385	0	402,838

\$100,000 of reportable compensation from the organization \blacktriangleright 45

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

$Complete \ this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ solution \ for \ the \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ for \ your \ for \ for \ your \ for \$

\$100,000 of compensation from the organization \blacktriangleright 6

GETTYSBURG, PA 17325

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
	SUBSTATION UPGRADE HARDWARE/ INSTALLATIO	1,943,148
PO BOX 37904 DEPT 116	'	1
CHARLOTTE, NC 282370116	'	1
ASPULNDH TREE EXPERT CO	TREE TRIMMING	1,184,383
PO BOX 532729	1	1
ATLANTA, GA 303532729		<u> </u>
CAPUTO ELECTRIC INC	INSTALL UG CONDUIT/CONDUCTOR	274,330
98535 OVERSEAS HIGHWAY	1	[
KEY LARGO, FL 33037	1	[
OSMOS UTILITIES SERVICES INC	POLE INSPECTIONS	242,152
PO BOX 8800	'	
BUFFALO, NY 14267	'	1
HAVERFIELD CORPORATION	AERIAL LINE INSPECTIONS	134,292
1750 EMMITSBURG ROAD		1

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Yes

No

Form 99	•	•							Page
Part V	/++1	Statement o							-
		Check if Schedi	ule O contains a re	<u>s po</u> i	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
[∞] ₹	1a	Federated cam	paigns	1a					
ant	b	Membership du	ies	1 b					
G.	С	Fundraising ev	ents	1 c					
ifts. (ar Ar	d	Related organiz	zations	1 d					
æ.e	е	Government grant	s (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f		ons, gifts, grants, and	1f		i			
	_	similar amounts no	ot included above ons included in lines						
	g	1a-1f \$							
	h	Total. Add line	s 1a-1f	•	· · · ·				
i.			-		Business Code				
Program Service Revenue	2a	ELECTRICITY SALE		-	221000	80,327,539	80,327,539		
າ ຊ_	b c	PATRONAGE DIVID		-	221000 221000	5,291,649 570,725	5,291,649		
Š	d	SERVICE FEES	PENUS	-	221000	265,400	570,725 265,400		
፠	e			-	221000	203,400	203,400		
Jran	f	All other progra	am service revenue	- !					
Q	g	Total. Add line	s 2a-2f			86,455,313			
	3		ome (including div						
			ar amounts) stment of tax-exempt b		- F	88,109			88,10
	5			Jonu	proceeds				
		Royaldes 1	(ı) Real		(II) Personal				
	6a	Gross rents	81,26	5	644,417				
	ь	Less rental	13,380)	0				
	c	expenses Rental income	67,88	5	644,417				
	d	or (loss) Net rental inco	me or (loss)			712,302		67,885	644,41
			(ı) Securities		(II) O ther				
	7a	Gross amount from sales of assets other than inventory							
	ь	Less cost or other basis and sales expenses							
	C .	Gain or (loss)							
	d 8a		rom fundraising		· · · · •				
Other Revenue		events (not inc	luding s reported on line 1	c)					
ē				а					
o E	b		penses	b					
	9a	Gross income f	(loss) from fundrais rom gaming activit ne 19	ıes	events >				
	ь	Less direct ev	penses	a b					
	c		(loss) from gaming		vities				
	10a	Cross salas of	inventory lace		•				
	104	Gross sales of returns and allo							
				а	58,910				
	b c	_	oods sold (loss) from sales of	b Invi	32,246 entory >	26,664	26,664		
	<u> </u>	Miscellaneou	•	1110	Business Code	20,001	20,001		
	11a								
	b			-					
	С			_					
	d	All other reven							
	е	Total. Add lines	s 11a-11d	•	•				
	12	Total revenue.	See Instructions		.	87,282,388	86,481,977	67,885	732,52

orm	990 (2015)				Page 1 (
Part	Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiza	tions must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	this Part IX			
	▼		(B)	(6)	(D)
	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	40,042			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	5,817,993			
5	Compensation of current officers, directors, trustees, and key employees	1,064,256			
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	6,220,279			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,244,585			
9	Other employee benefits	1,836,617			
10	Payroll taxes	509,004			
11	Fees for services (non-employees)	509,004			
	Management				
a	•				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
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	3,703,669			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,862,308			
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	FEDERAL AND STATE UBIT	12,704			
b	PURCHASED POWER	54,573,273			
С	ADMINISTRATIVE & GENERA	1,951,165			
d	TRANSMISSION EXPENSE	1,616,247			
e	All other expenses	3,830,246			
25	Total functional expenses. Add lines 1 through 24e	87,282,388			
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

1,620,171

7,530,778

3,120,340

6,113,541

121,970,211

5,606,429

1,091,720

6,225,376

73,879,912

7,365,500

87,470,788

4,076,391

55.506.011

59,582,402

147,053,190 Form 990 (2015)

147,053,190

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Assets

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10a

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Net Assets or Fund Balances

Part X Balance Sheet Schedule O contains a response or note to any line in this Part X . . .

II of Schedule L

Grants payable

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Permanently restricted net assets

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

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 .

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)

Total liabilities. Add lines 17 through 25 . . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

Investments—publicly traded securities . .

Other assets See Part IV, line 11 . . .

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Accounts payable and accrued expenses

ion-interest-bearing and temporary cash investments and grants receivable, net .

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

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

Loans and other receivables from other disqualified persons (as defined under

163 273 718

41,303,507

10a

10b

8,687,173

(A)

Beginning of year

3,068,134

3 4 5

7

q

10c

11

12

13

14

15

17

18

19

20

21

22

23

24

25

26

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32

33

34

2,802,641

6,800,255

118,049,831

5,430,347

926,913

145,765,294

7,158,366

75,396,104

7,169,475

89,723,945

3,631,204

52,410,145

56,041,349

145,765,294

1

2

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

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

Both consolidated and separate basis

Both consolidated and separate basis

Revenue less expenses Subtract line 2 from line 1

Net unrealized gains (losses) on investments .

Part XII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

1

2

3

4

5

6

7

8

9

10

87,282,388

87,282,388

56,041,349

3,541,053

59,582,402

Yes

Yes

Yes

2a

2b

2c

3a

3b

✓

No

Νo

Νo

Form 990 (2015)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D**

(Form 990)

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. OMB No 1545-0047

DLN: 93493315010366

Department of the Treasury Internal Revenue Service		Information about Schedule D	► Attach to Form 990. (Form 990) and its instructions is at <u>www.</u>	irs.gov/form990.	Open to Public Inspection
Name of the organization FLORIDA KEYS ELECTRIC COOPERATIVE				Employer ident	ification number
AS	SOCIATION INC			59-0247095	
Pa			Advised Funds or Other Similar ed "Yes" on Form 990, Part IV, line 6.		unts.
			(a) Donor advised funds	(b)Funds and	dother accounts
1	Total numbe	r at end of year			
2	Aggregate v year)	alue of contributions to (during			
3	Aggregate v	alue of grants from (during year)			
4	Aggregate v	alue at end of year			
5			dvisors in writing that the assets held in d the organization's exclusive legal control?	onor advised	☐ Yes ☐ No
6	used only for ch conferring impe	haritable purposes and not for the ermissible private benefit?	and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for	any other purpose	┌ Yes ┌ No
Pa	•	•	te if the organization answered "Yes"	on Form 990, Pa	art IV, line 7.
1		,	e organization (check all that apply)		
	Preservation Pres	on of land for public use (e g , recr		an historically imp	ortant land area
	Protection	of natural habitat	Preservation of	a certified historic	structure
	Preservati	on of open space			
2	•	2a through 2d if the organization lateral last day of the tax year	neld a qualified conservation contribution ii	n the form of a cons	ervation
					t the End of the Year
a		f conservation easements		2a	
b	_	restricted by conservation easeme servation easements on a certified		2b	
c d	Number of cons		acquired after 8/17/06, and not on a	2c 2d	
3		· ·	nsferred, released, extinguished, or termina	ited by the organiza	tion during the
	tax year ▶				
4			ervation easement is located >		
5	violations, and	enforcement of the conservation e			┌ Yes
6	Staff and voluni year •	teer hours devoted to monitoring, i	nspecting, handling of violations, and enfor	rcing conservation	easements during the
7	A mount of expe		ecting, handling of violations, and enforcing	conservation ease	ments during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? Yes No				┌ Yes
9	balance sheet,	,	s conservation easements in its revenue a of the footnote to the organization's financ sements	•	•
Pa			tions of Art, Historical Treasures ed "Yes" on Form 990, Part IV, line 8.		lar Assets.
1a	If the organizat works of art, his	ion elected, as permitted under SF storical treasures, or other similar	AS 116 (ASC 958), not to report in its revassets held for public exhibition, education note to its financial statements that describ	renue statement an n, or research in fur	
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
	(i) Revenue ınclu	ided on Form 990, Part VIII, line 1		▶ \$	
(ii) Assets include	ed in Form 990, Part X		> \$	
2	If the organizat	ion received or held works of art, h	nistorical treasures, or other similar assets FAS 116 (ASC 958) relating to these item	for financial gain, p	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	edule D (Form 990) 2015 t IIII Organizations Maintaining (Collections of Art. Histo	rical Tre	asures. o	r Ot	her Similar A	Page Assets
	(continued)						
3	Using the organization's acquisition, accest collection items (check all that apply)	ssion, and other records, chec	k any of the	e following th	nat ar	e a significant us	e of its
а	Public exhibition	d	Loan o	r exchange ¡	orogr	ams	
b	Scholarly research	e	Other				
c	Preservation for future generations						
4	Provide a description of the organization's Part XIII	collections and explain how th	ney further	the organiza	tion's	exempt purpose	e in
5	During the year, did the organization solic assets to be sold to raise funds rather tha						s No
Pa	rt IV Escrow and Custodial Arrar Complete if the organization ai Part X, line 21.		0, Part IV	, line 9, or	repo	orted an amoui	nt on Form 990
1 a	Is the organization an agent, trustee, cust included on Form 990, Part X?	odian or other intermediary foi	r contributi	ons or other	asse	ts not Ye	s No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete the follow	ving table			An	nount
c	Beginning balance				1 c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
_	Did the agreement of problems of the problems						
2a b						·	· _
b		KIII Check here if the explana e if the organization answe	ation has be ered "Yes'	een provided to Form 9	ın Pa 90, I	art XIII	<u> </u>
b Pa	If "Yes," explain the arrangement in Part >	KIII Check here if the explana e if the organization answe	ation has be ered "Yes'	een provided to Form 9	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
b Pa	If "Yes," explain the arrangement in Part > Irt V Endowment Funds. Complete	KIII Check here if the explana e if the organization answe	ation has be ered "Yes'	een provided to Form 9	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
b Pa 1a	If "Yes," explain the arrangement in Part > IT V Endowment Funds. Complete Beginning of year balance Contributions	KIII Check here if the explana e if the organization answe	ation has be ered "Yes'	een provided to Form 9	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
b Pa 1a	If "Yes," explain the arrangement in Part > IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses	KIII Check here if the explana e if the organization answe	ation has be ered "Yes'	een provided to Form 9	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
b Pa 1a b	If "Yes," explain the arrangement in Part X IT V Endowment Funds. Complete Beginning of year balance Contributions	KIII Check here if the explana e if the organization answe	ation has be ered "Yes'	een provided to Form 9	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
b Pa 1a b	If "Yes," explain the arrangement in Part > IT V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses	KIII Check here if the explana e if the organization answe	ation has be ered "Yes'	een provided to Form 9	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
Pa 1a b c	If "Yes," explain the arrangement in Part of the Interest of Inter	KIII Check here if the explana e if the organization answe	ation has be ered "Yes'	een provided to Form 9	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
b Pa 1a b	If "Yes," explain the arrangement in Part) IT V Endowment Funds. Complete Beginning of year balance Contributions	KIII Check here if the explana e if the organization answe	ation has be ered "Yes'	een provided to Form 9	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
b Pa 1a b c d e	If "Yes," explain the arrangement in Part X Irt V Endowment Funds. Complete Beginning of year balance Contributions	(III Check here if the explana e if the organization answe (a)Current year (b)Pnor	ered "Yes' year b (een provided to Form 9 c)Two years ba	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
Pa 1a b c d e f g	If "Yes," explain the arrangement in Part of the complete of the arrangement in Part of the Interest of the complete of the arrangement in Part of the Interest of the Interes	(III Check here if the explana e if the organization answe (a)Current year (b)Pnor	ered "Yes' year b (een provided to Form 9 c)Two years ba	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
b Pa 1a b c d e	If "Yes," explain the arrangement in Part > Int V Endowment Funds. Complete Beginning of year balance Contributions	(III Check here if the explana e if the organization answe (a)Current year (b)Pnor	ered "Yes' year b (een provided to Form 9 c)Two years ba	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
b Pa 1a b c d e f g	If "Yes," explain the arrangement in Part > Int V Endowment Funds. Complete Beginning of year balance Contributions	(III Check here if the explana e if the organization answer (a)Current year (b)Pnor vision and the control of t	ered "Yes' year b (een provided to Form 9 c)Two years ba	ın Pa 90, I	art XIII Part IV, line 10	<u> </u>
Pa 1a b c d e f g a b	If "Yes," explain the arrangement in Part > Int V Endowment Funds. Complete Beginning of year balance Contributions	(III Check here if the explana e if the organization answer (a)Current year (b)Pnor visualization answer (b)Pnor visualization answe	ered "Yes" year b (to Form 9 c)Two years be	In Pa	ert XIII Part IV, line 10 d)Three years back	<u> </u>
Pa 1a b c de f g a b	If "Yes," explain the arrangement in Part > Int V Endowment Funds. Complete Beginning of year balance Contributions	urrent year end balance (line 1	ered "Yes" year b (to Form 9 c)Two years be	In Pa	Part XIII	(e)Four years bac
Pa 1a b c de f g a b	If "Yes," explain the arrangement in Part > Int V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	(III Check here if the explanate if the organization answer (a)Current year (b)Prior (b)Prior (a)Current year end balance (line 1) thould equal 100% session of the organization that	ered "Yes" year b (to Form 9 c)Two years be	In Pa	for the	(e)Four years ba

Land, Buildings, and Equipment.

b Buildings

d Equipment .

 $\boldsymbol{c} \ \ \text{Leasehold } \text{improvements}$

Complete if the organization answered 'Yes' to Form 990, Part IV,

Description of property

(a) Cost or other basis (investment)

1a Land . .

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

(b) Cost or other basis (other) 1,535,609

131,339,737

8,853,501

Accumulated (c)depreciation

line 11a.See Form 990, Part X, line 10. (d)Book value

1,535,609

21,544,871 4,451,742 17,093,129

36,851,765

8,853,501 121,970,211

0

94,487,972

Schedule D (Form 990) 2015 Part VII Investments—Other Securities. Com	nnlete if the organ	ization answered "	/es' on Form 990 Part	Page
See Form 990, Part X, line 12.	inplete il the organi			
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of va Cost or end-of-year i	
(1)Financial derivatives				
(2)Closely-held equity interests (3)O ther				
			_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		+	
Part VIII Investments—Program Related.				
Complete if the organization answered (a) Description of investment	'Yes' on Form 990	, Part IV, line 11c., (b) Book value	See Form 990, Part X, (c) Method of va	line 13.
(a) Description of investment		(b) Book Value	Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization		orm 990, Part IV, lin		
(a) Descri	ption		(b) Book	value
Total. (Column (b) must equal Form 990, Part X, col (B) line 19 Part X Other Liabilities. Complete if the orga		'Yes' on Form 990	•	1 f
See Form 990, Part X, line 25.	_		, rare iv, line iie or i	
1. (a) Description of liability	(b) Book value			
Federal income taxes				
CONSUMER DEPOSITS	6,004,6	574		
ACCRUED EMPLOYEE COMPENSATED ABSENCES	1,324,3	942		
DEFERRED CREDIT - REASSIGNED DEPOSITS	36,4	84		
		_		

Add lines 4a and 4b . .

Prior year adjustments . . .

Add lines 4a and 4b . .

Return Reference

Other (Describe in Part XIII)

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d

Schedule D (Form 990) 2015

1 2

а

b

c

Part XII

5

1

2

а

b

c d

e

а

b

5

Part XIII

information

PART X, LINE 2

3

2e

3

Donated services and use of facilities . . 2b Recoveries of prior year grants . . . **2**c Other (Describe in Part XIII) 2d 463,380

c d е Add lines 2a through 2d . . . 3

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

Subtract line 2e from line 1 . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1

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

Net unrealized gains (losses) on investments .

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

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

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

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements . . .

4b

2a

2b

20

2d

4b

THE COOPERATIVE HAS ADOPTED 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 THEIR TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON

2a

40.042

4c

2e

4c

5

13,380

5,408,035

87,282,388 81,887,733

Page 4

463,380

40,042

13,380

81,874,353

5,408,035

87,282,388

Schedule D (Form 990) 2015

87,242,346

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493315010366 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization FLORIDA KEYS ELECTRIC COOPERATIVE ASSOCIATION INC 59-0247095 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? Schedule J (Form 990) 2015 Cat No 50053T For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DIRECTOR OF HUMAN RESOURCES

(ii)

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

0

instructions, on row (ii) Do no Note. The sum of columns (B)					Part VII, Section A, lin	ie 1a, applicable colu	mn (D) and (E) amount	s 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
. ,		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
1 SCOTT NEWBERRY GENERAL MANAGER/CEO	(i)	195,233	16,250	37,658	59,592	17,735	326,468	0
, in the second	(ii)	0	0	0	0	0	0	0
2 CHRIS BEATY CHIEF FINANCIAL OFFICER	(i)	154,147	923	23,246	41,918	16,629	236,863	0
	(ii)	0	0	0	0	0	0	0
3 JOHN STUARTCOO	(i)	154,695	886	21,185	58,080	16,629	251,475	0
	(ii)	0	0	0	0	0	0	0
4 DENNIS MINTON SUPPLY & DELIVERY	(i)	128,263	2,075	27,273	40,569	16,003	214,183	0
	(ii)	0	0	0	0	0	0	0
5 DARRELL DAVIS CREW LEADER	(i)	141,927	1,500	10,105	35,063	14,851	203,446	0
	(ii)	0	0	0	0	0	0	0
6 RUDY VEGA JOURNEYMAN LINEMAN	(i)	128,636	868	11,759	11,772	14,651	167,686	0
	(ii)	0	0	0	0	0	0	0
7 JUAN CASTANO JOURNEYMAN LINEMAN	(i)	120,211	500	13,357	12,617	14,725	161,410	0
JOOKNETMAN LINEMAN	(ii)	0	0	0	0	0	0	0
8 NICOLE KRAUS DIRECTOR OF HUMAN	(i)	115,878	0	17,360	16,410	15,594	165,242	0

0

0

0

0

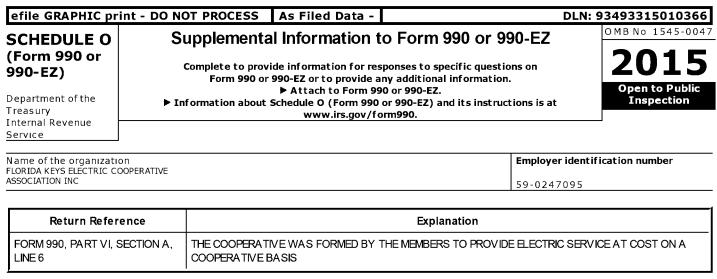
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Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

COLUMN C THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT S PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTION TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS



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

Return Reference	Explanation
FORM 990, PART VI,	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 - DISSOLUTION/LIQUIDATION
SECTION A, LINE 7B	OF THE COOPERATIVE 2 - MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH A NOTHER ORGANIZATION 3 -
	THE DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVES ASSETS

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

Return Reference	Explanation
FORM 990, PART VI,	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION AND REVIEW THE
SECTION B, LINE 11	DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY SUBSEQUENT TO FILING THE FORM 990

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE COOPERATIVE PROVIDES A SUMMARY OF THE AUDITED BALANCE SHEET AND INCOME STATEMENT ON ITS WEBSITE AND ANNUALLY PUBLISHES THIS SUMMARY IN THE FLORIDA CURRENTS MAGAZINE THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS, CONFLICTS OF INTEREST POLICY, OR GOVERNING DOCUMENTS TO ANY MEMBER WHO REQUESTS A COPY

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

Return Reference	Explanation
FORM 990.	PATRONAGE DIVIDENDS RESULT FROM THE PAYMENT OF INTEREST TO COOPERATIVE FINANCIAL INSTITUTIONS AND THE
,	PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS. THE EXPENSE ASSOCIATED WITH
2	PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF
	THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	DISTRIBUTION EXPENSE 1,380,543 TAXES 1,049,278 POWER PRODUCTION 593,483 CUSTOMER SERVICE & INFORMATION 545,489 CONSUMER ACCOUNTS 261,453

Return Reference	Explanation
FORM 990,	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE UNIFORM SYSTEM OF
PART IX	ACCOUNTS AS PRESCRIBED BY THE FEDERAL ENERGY REGULATORY COMMISSION FOR CLASS A AND B UTILITIES MODIFIED
	FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICE 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 CERTAIN EXPENSE CLASSIFICATIONS, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1-23 WILL BE
	REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS

Return Reference	Explanation
FORM 990, PART IX	THE FORM 990 INSTRUCTIONS SPECIFICALLY STATE THAT THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENDS PAID" REPERS TO THE PROCESS, SUBSEQUENT TO YEAR, EDD, BY WHICH THE COOPERATIVE PATRONAGE DIVIDENDS PAID" REPERS TO THE PROCESS, SUBSEQUENT TO YEAR, EDD, BY WHICH THE COOPERATIVE STAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS MEMBERS ON A COOPERATIVE BASIS" AS USORONINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATING ON A COOPERATIVE BASIS" AS SUBORONINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATING PORATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS MEMBERS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLICATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR MEMBERS, AND (3) IN A FAR AND EQUITABLE BASIS ON THE BASIS OF PATRONAGE (IE PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVES YEAR-END OF DECEMBERS 1 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVES BY LAWS AND ARE SUMMARIZED AS FOLLOWS (A) IN ORDER TO INDUCE PATRONAGE AND TO ASSURE THAT THE COOPERATIVE WILL OPERATE ON A NON-PROFIT BASIS, THE COOPERATIVE IS OBLIGATED TO A COUNT ON A PATRONAGE AND TO ASSURE THAT THE COOPERATIVE WILL OPERATE ON A NON-PROFIT BASIS. THE COOPERATIVE SHOULD PROVIDE FOR IN THE PROVISION OF ELECTRIC DIVIDENCE PATRONAGE AND TO ASSURE THAT THE COOPERATIVE WILL OPERATE ON A NON-PROFIT BASIS. THE COOPERATIVE IS OBLIGATED TO A COUNT ON A PATRONAGE BASIS TO A LITE IS MEMBERS FOR ALL AMOUNTS RECEIVED AND PART IS INCOME. THE PROVISION OF ELECTRIC DIVIDENCE AND AND ARE SUMMARIZED AS FOR LANDONS THE PROVISION OF ELECTRIC DIVIDENCE AND AND ADDITIONAL PROVISION OF ELECTRIC DIVIDENCE AND A

Return Reference	Explanation
FORM 990, PART	PATRONAGE CAPITAL ASSIGNABLE 5,817,993 UNCLAIMED CAPITAL CREDITS 348,552 RETIREMENT OF PATRONAGE
XI, LINE 9	CAPITAL -3,070,679 REALLOCATION OF UNCLAIMED CAPITAL CREDIT RETIREMENTS 445,187

Return Reference	Explanation
FORM 990, PART XII,	THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO OVERSEE THE FINANCIAL
LINE 2C	STATEMENT AUDIT AND SELECT THE INDEPENDENT FINANCIAL STATEMENT AUDITOR