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DLN: 93493320130706

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations) ▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Interna	al Reven	nue Servi	ce							
A Fo	or the 2	2015 ca	lendar year, or tax year beg	ginning 01-01-2015 , and ending 12-31	-2015					
	eck if ap		C Name of organization CHOCTAW ELECTRIC COOPER	RATIVE INC		D Emplo	yer i	dentification number		
_	ldress ch	-				73-0	1823	325		
_	ame cha ıtıal retu	-	Doing business as							
FI						E Teleph	one n	umber		
	termina'		Number and street (or P O bo PO BOX 758	ox if mail is not delivered to street address) Rooi	m/suite	(580	1326	5-6486		
	nended r	eturn pending	City or town, state or province	e, country, and ZIP or foreign postal code		(300)	, , , , ,	7-0400		
I API	piication	pending	HUGO, OK 74743	o, sound,, and Ex. of roleigh poster code		G Gross	receip	its \$ 47,340,313		
			F Name and address of p	rincipal officer	H(a)	Is this a group	n reti	ırn for		
			KENNETH J GATES	·		subordinates?		⊤ Yes 🗸		
			PO BOX 758 HUGO,OK 74743			No No		·		
I Ta:	x-exemp	pt status		12) ◀ (insert no)		Are all subord included?	inate	Yes No		
1 14/	abaita	- \A/\A				If "No," attacl	n a lis	st (see instructions)		
J W	ebsite:	• VV VV	W CHOCTAWELECTRIC C	.007	H(c)	Group exemp	tion i	number 🕨		
K Forr	n of org	anızatıon	✓ Corporation Trust A	Association	L Year	r of formation 19	940	M State of legal domicile Of		
-		C								
Pa	rt I		mary	ission or most significant activities						
			_	ABLE ELECTRIC SERVICE TO MEMBER	SOFTHEC	OOPERATIV	E			
e C										
ĕ	_									
Governance	2 C	heck th	us box ▶ □ if the organizati	tion discontinued its operations or dispos	sed of more t	han 25% of it	s net	assets		
705			no box r In the organization		304 01 111010 0			. 455 615		
	3 N	umber	of voting members of the go	overning body (Part VI, line 1a)			3	8		
Activities &	4 N	umber	8							
Ĭ	5 T	Total number of individuals employed in calendar year 2015 (Part V, line 2a)								
ACI	6 T	otal nur	mber of volunteers (estimate	te if necessary)			6	0		
				om Part VIII, column (C), line 12			7a	1,733		
	b Ne	t unrela	ated business taxable incon	me from Form 990-T, line 34			7b	-420		
						Prior Year		Current Year		
Oı.	8	· · · · · /					0	0		
Ravenue	9	_	•	III, line 2g)		48,026	46,220,686			
č	10		•	olumn (A), lines 3, 4, and 7d)		314,	845,789			
_	11		•	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,518	252,780			
	12	10tai	revenue—add imes 8 throug	gh 11 (must equal Part VIII, column (A)	i, iine	50,860	,108	47,319,255		
	13	Grants	and similar amounts paid	(Part IX, column (A), lines 1-3)		8.	,300	6,785		
	14	Benefi	ts paid to or for members (F	Part IX, column (A), line 4)	🗀	2,212	4,961,895			
	15		· ·	nployee benefits (Part IX, column (A), lin	nes	8,095	6,073,517			
Expenses		5-10								
<u>&</u>	16a		- '	art IX, column (A), line 11e)			0	0		
五	Ь		ındraısıng expenses (Part IX, colui		_					
	17		•	(A), lines 11a-11d, 11f-24e)		40,690		35,204,032		
	18 19		•	7 (must equal Part IX, column (A), line 2 t line 18 from line 12	· —	51,006		46,246,229		
ي ج	19	Reven	de less expenses Subtract	time 18 nom me 12				1,073,026		
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year		
SSe Bala	20	Total	assets (Part X, line 16) .			122,717	694,	117,462,411		
₹ <u>₽</u>	21	Total	liabilities (Part X, line 26)			80,964	695,	69,900,636		
žζ	22	Netas	sets or fund balances Sub	stract line 21 from line 20		41,752	,999	47,561,775		
	t II		ature Block			- 4-1				
	•			ve examined this return, including accom d complete Declaration of preparer (oth				•		
		_	nowledge			,				
		****	**			2016 11 15				
Sian	,		ature of officer			2016-11-15 Date				
Sign Here		KENI	NETH GATES CEO							
			or print name and title							
			rint/Type preparer's name	Preparer's signature	Date 11 15	Check √ ıf	PTI			
Paid	k	<u> </u>	VILLIAM M MILLER	WILLIAM M MILLER	2016-11-15	self-employed		439459		
Pre	pare	r ⊢		RS GILBERT AND MOSS LLP		Firm's EIN ► 7				
	Only	1 -	irm's address ► 8215 NASHVILLE			Phone no (80)	5) 747	7-3806		
		- 1	IUBBOCK TX 79	0422	1					

. ✓Yes No

orm	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)? 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
	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, Pait 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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 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	11 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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	

22

23

24a

24b

24c

24d

25a

25b

26

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28a

28b

28c

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35a

35h

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Yes

Form 990 (2015)

Yes

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Νo

Nο

Par	rt IV	Checklist of Required Sche	edules (continued)
21	Did th	e organization report more than \$5	000 of grants or other

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

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	t IV	Checklist of Required Schedules (continued)		
21	Did th	ne organization report more than \$5,000 of grants or other assistance to any domestic organizat	ion or	-
	dome	stic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		

er assistance to any domestic organization or 21

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

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

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

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

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

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

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?

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

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

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)?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Pai		tements Regarding Other IRS Filings and Tax Compliance ck if Schedule O contains a response or note to any line in this		V			_
	CHE	ck if Schedule o contains a response of note to any line in this	rait	<u>v</u>	• •	Yes	No
1a	Enter the nu	umber reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	29			
b	Enter the nu	umber of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		anization comply with backup withholding rules for reportable payments to mbling) winnings to prize winners?	o vend	dors and reportable	1 c		
2a	Enter the nu Tax Statem	umber of employees reported on Form W-3, Transmittal of Wage and ents, filed for the calendar year ending with or within the year covered rn	2a	98			
b	If at least o	ne is reported on line 2a, did the organization file all required federal emp sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did the orga	anization have unrelated business gross income of \$1,000 or more during	g the	year [,]	3a	Yes	
b	If "Yes," has	s it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
4a		during the calendar year, did the organization have an interest in, or a sincial account in a foreign country (such as a bank account, securities account.			4a		No
b		ter the name of the foreign country tions for filing requirements for FinCEN Form 114, Report of Foreign Bank	k and	Financial Accounts			
5a	Was the org	panization a party to a prohibited tax shelter transaction at any time durin	ng the	tax year?	5a		No
b	Did any taxa	able party notify the organization that it was or is a party to a prohibited t	tax sh	nelter transaction?	5b		No
c	If "Yes," to	line 5a or 5b, did the organization file Form 8886-T?					
6a		ganization have annual gross receipts that are normally greater than \$10		·	5c 6a		No
b	If "Yes," did	n solicit any contributions that were not tax deductible as charitable cont I the organization include with every solicitation an express statement th x deductible?	nat su	ch contributions or gifts	6b		
7		ons that may receive deductible contributions under section 170(c).					
а		anization receive a payment in excess of \$75 made partly as a contributiovided to the payor?		d partly for goods and	7a		No
b	If "Yes," did	d the organization notify the donor of the value of the goods or services p	rovide	ed?	7 b		
	file Form 82	anization sell, exchange, or otherwise dispose of tangible personal proper	· .		7 c		No
d	If "Yes," inc	dicate the number of Forms 8282 filed during the year	7d				
e	Did the orga	anization receive any funds, directly or indirectly, to pay premiums on a p	erson	nal benefit contract?	7e		
f	Did the orga	anization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		
g	If the organ required?	ization received a contribution of qualified intellectual property, did the o	rganız • •	zation file Form 8899 as	7g		
h	If the organ Form 1098-	ization received a contribution of cars, boats, airplanes, or other vehicles	s, dıd •	the organization file a	7h		
8		organizations maintaining donor advised funds. advised fund maintained by the sponsoring organization have excess busear?	sınes:	s holdings at any time	8		
9a	Did the spoi	nsoring organization make any taxable distributions under section 4966	· .		9a		
b	Did the spoi	nsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9 b		
10	Section 501	(c)(7) organizations. Enter					
		es and capital contributions included on Part VIII, line 12	10a				
b	Gross recei facilities	pts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11		(c)(12) organizations. Enter					
		ne from members or shareholders	11a	44,413,972			
D		ne from other sources (Do not net amounts due or paid to other sources punts due or received from them)	11b	1,917,119			
		17(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lie	eu of Form 1041?	12 a		
	year	ter the amount of tax-exempt interest received or accrued during the	12 b				
13	Section 501	(c)(29) qualified nonprofit health insurance issuers.					
а	_	nization licensed to issue qualified health plans in more than one state? N nformation the organization must report on Schedule O	lote. S	See the instructions for	13a		
b		mount of reserves the organization is required to maintain by the states erganization is licensed to issue qualified health plans	13b				
c	Enter the ar	mount of reserves on hand	13 c				
14a	Did the orga	anization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If "Yes," ha	s it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 8 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 1b R Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Yes 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo 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 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο

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

10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 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 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 12a Yes b 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 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 f b Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$ 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 Νo

Section C. Disclosure

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

State the name, address, and telephone number of the person who possesses the organization's books and records ▶CRAIG MCBRAIN DIRECTOR OF FIN & ADMIN PO BOX 758 HUGO, OK 74743 (580) 326-6486

16b

Part VII

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

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

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	ition	com	pen	sated	any	current officer, c	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- MISC)	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations	
(1) GEORGE BURNS	17 73	×		×				8,350	0	0	
PRESIDENT (2/2015 - 12/2015)				_^				6,330	0	0	
(2) JOE M SILK VICE PRESIDENT (2/2015 - 12/2015)	7 20	x		x				7,300	0	0	
(3) MIKE BREWER SECRETARY/TREASURER (1/201	15 00	х		х				8,400	0	0	
(4) ANDREA SLATON DIRECTOR (2/2015 - 12/2015)	12 00	х						5,200	0	0	
(5) NORMAN RANGER DIRECTOR (2/2015 - 12/2015)	12 80	х						9,300	0	0	
(6) WILLIAM WOOLSEY DIRECTOR (9/2015- 12/2015)	2 75	х						1,100	0	0	
(7) BECKY FRANKS DIRECTOR (9/2015- 12/2015)	10 00	х						1,100	0	0	
(8) JAMES L ANDERSON DIRECTOR (1/2015)	2 30	х						1,100	0	0	
(9) DANNY ANTWINE DIRECTOR	5 00	х		x				7,600	0	0	
(10) JAMES WOODS DIRECTOR	5 00	х						6,000	0	0	
(11) DAVID RITCHIE DIRECTOR (1/2015)	5 00	х						1,100	0	0	
(12) NEIL BIRCHFIELD DIRECTOR	5 00	х						6,450	0	0	
(13) MARCIA WRIGHT DIRECTOR	5 00	х						9,000	0	0	
(14) JOE HARRIS INTERIM CEO (1/2015 - 6/2015)	40 00			x				72,459	0	79,156	
	1	•				•				Form 990 (2015)	

(A) Name and Tıtle	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) 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- MISC)	(F) Estimated amount of other compensation from the organization
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	misey		and related organizations
(15) JON MILES	40 00			Х				103 555		40,30
CEO (6/2015 - 12/2015)				^				103,555	'	40,30
(16) CRAIG MCBRAIN	45 00			Х				63,842		18,96
CFO (4/2015 - 12/2015)				^				03,642	'	18,900
(17) JIMMIE K AINSWORTH	40 00			Х				95.022		27,68
CFO (1/2015 - 4/2015)				^				85,022	<u>'</u>	27,68
(18) JAMES MALONE	40 00					,,		100 702		01.01
DIRECTOR OF OPERATIONS						X		109,703		81,81
(19) DARREL WARD	40 00					,,		101.073		102.02
SYSTEM SERVICES MANAGER						X		104,872		102,83
1b Sub-Total			•	▶		-				
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A .			•			6:	11,453	0	350,759

			Yes	No		
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 I for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule 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 \ solution \ for \ the \ for \$ compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

compensation from the organization report compensation for the calculate year analing men or maining the organizations tan year								
(A) Name and business address	(B) Description of services	(C) Compensation						
SOONER POWERLINE CONSTRUCTION	UTILITY LINE CONSTRUCTION	728,567						
PO BOX 593 STRATFORD, OK 74782								
DERRYEBERRY & NAIFEH LLP	LEGAL FEES	205,761						
4800 N LINCOLN BLVD OKLAHOMA CITY, OK 73105								
		_						

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

Form 99								Page 9
Part V	Ш	Statement o			and the Dank Milit			_
		Check if Schedi	ule O contains a respoi	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
Grants Amounts	ь	Membership du	ies 1b					
Ę,	с	Fundraising eve	ents 1c					
ifts. ar ⊿	d	Related organiz	zations 1d					
E:0	e	Government grant	s (contributions) 1e					
ons Si	f	All other contribution	ons, gifts, grants, and 1f]]
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts no	ot included above ons included in lines					
nti d O	g	1a-1f \$						
<u> </u>	h	Total. Add lines	s 1a-1f					
-Me				Business Code				
Ven	2a	SALE OF ELECTRIC		221000	43,507,344	43,507,344		
3. 2.	b c	PATRONAGE DIVID SERVICE FEES	DENUS	221000 221000	2,428,325 285,017	2,428,325 285,017		
<u>۲</u>	d	SERVICE FEES		221000	263,017	263,017		
Program Service Revenue	е							
grar	f	All other progra	am service revenue					
Æ	g	Total. Add lines	s 2a-2f	>	46,220,686			
	3	Investment inc	ome (including dividen	ds, interest,	111,818			111,818
	4		ar amounts)					111,010
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
		C	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	681,771	52,200				
	ь	Less cost or other basis and	0	0				
	_	sales expenses Gain or (loss)	681,771	52,200				
	c d				733,971			733,971
		Gross income f						
Other Revenue		events (not inc \$	s reported on line 1c)					
her	ь	Less direct ex	penses b					
ō	С		(loss) from fundraising	events ▶				
	9a		from gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		24,750				
	ь	Less cost of g	oods sold b	21,058				
	С		(loss) from sales of inv		3,692	3,692		
	11a	Miscellaneous NON-RECURR CORRECTION	ING INTEREST	Business Code 221000	225,397			225,397
	ь		HMENT INCOME	221000	21,958			21,958
	С	INTERNET REV	VENUE	517000	1,733		1,733	
	d	All other reven						
	e	Total. Add lines		•	249,088			
	12	Total revenue.	See Instructions .		47,319,255	46,224,378	1,733	1,093,144

orm	990 (2015)				Page 10
Par	t IX 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	his Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,785			
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	4,961,895			
5	Compensation of current officers, directors, trustees, and key employees	562,996			
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	2,741,879			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	745,096			
9	Other employee benefits	1,648,225			
10	Payroll taxes	1,010,223			
		375,321			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	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 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 21	Interest	2,440,576			
	·	2 614 627			
22 23	Depreciation, depletion, and amortization	3,614,637			
23 24	Insurance				
2-7	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	25,514,936			
b	ADMINISTRATIVE AND GENE	1,258,676			
c	CUSTOMER SERVICE	1,000,379			
d	DISTRIBUTION EXPENSE	442,668			
e	All other expenses	932,160			
25	Total functional expenses. Add lines 1 through 24e	46,246,229			
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

562,130

775,811

3,239,859

426,286

962, 192

42,994

85,771,631

4,175,288

19,510,046

1,996,174

3,039,050

60,503,113

6,358,473

69,900,636

66,432

47,495,343 47,561,775

117,462,411 Form 990 (2015)

117,462,411

(A)

Beginning of year

494,779

588.054

5,285,340

595.741

872,839

43.692

84 686 492

8,466,299

1,624,808

17,459,759

2 599 891

4.079.422

70,577,036

6,308,237

80,964,695

65,987

41,687,012

41,752,999

122,717,694

0 31

122,717,694

115 924 591

30,152,960

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Part X	ваі	an	ice	>r	ıe	ŧ

dule O contains a response or note to any line in this Part X . . .

10a

10b

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

Part X	Balance Sh
	Check if Sched

Form 990 (2015)

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Fund Balances

Net Assets or

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

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 .

 $key\ employees, highest\ compensated\ employees, and\ disqualified$ persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

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

Retained earnings, endowment, accumulated income, or other funds

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

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.

Loans and other payables to current and former officers, directors, trustees,

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

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation

Intangible assets

Other assets See Part IV, line 11

Accounts payable and accrued expenses

Accounts receivable, net . .

Part XI Reconcilliation of Net Assets

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

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

Consolidated basis

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

Consolidated basis

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,

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

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

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

Revenue less expenses Subtract line 2 from line 1

Net unrealized gains (losses) on investments

919	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to ar	ıy lır	ne ir	this	P
1	Total revenue (must equal Part VIII, column (A), line 12) .				

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

1

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

Page 12

47,319,255

46,246,229

1,073,026

41,752,999

-519,043

5,254,793

47,561,775

No

Νo

Νo

Nο

Form 990 (2015)

Yes

Yes

2a

2b

2c

3a

3b

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

SCHEDULE D c

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

DLN: 93493320130706

Department of the Treasury
Internal Revenue Service

(Form 990)

Employer identification number Name of the organization CHOCTAW ELECTRIC COOPERATIVE INC 73-0182325 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

(B)(I) and section 170 (h)(4)(B)(II)?

Yes No

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

> \$ _____

_	t III	(Form 990) 2015 Organizations Maintaining	Collections of A	Art, Hist	orical	Treasures,	or Ot	her Similar A	Page 2 ssets
3		(continued) the organization's acquisition, acc	ession, and other red	cords, che	ck any o	f the following	that ar	e a significant us	e of its
а		tion items (check all that apply)		d					
b		Public exhibition		e	_	an or exchang	e progra	ams	
U	Γ 9	Scholarly research		e	Otl	her			
C	F	Preservation for future generations							
4	Provid Part X	de a description of the organization' (III	s collections and ex	plain how t	they furt	her the organı	zatıon's	exempt purpose	ın
5		g the year, did the organization soli s to be sold to raise funds rather th							s No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 99	90, Part	IV, line 9, o	or repo	orted an amour	nt on Form 990,
1a		organization an agent, trustee, cus led on Form 990, Part X?	stodian or other inter	rmediary fo	or contril	butions or oth	erasse	ts not	s No
b	If"	Yes," explain the arrangement in P	art XIII and complet	te the follo	wing tab	le		Am	ount
C	Вед	ginning balance					1c		
d	Add	ditions during the year					1d		
е	Dis	tributions during the year					1e		
f		ling balance					1f		
2 a	Did th	ie organization include an amount o	n Form 990, Part X,	line 21, fo	rescrow	or custodial a	account	liability? Ye	s No
b	If"Ye	s," explain the arrangement in Part	XIII Check here if	the explar	nation ha	s been provid	ed in Pa	ırt XIII	🗆
Pa	rt V	Endowment Funds. Comple		tion answ	ered "Y	'es" to Form	990, F	Part IV, line 10	•
			(a)Current year	(b)Prior	year	b (c) Two years	back (d)Three years back	(e)Four years back
1a b		ning of year balance							
_	•								
c	Net ir losse	nvestment earnings, gains, and s							
d		s or scholarships							
е		r expenditures for facilities rograms							
f	A dmı	nistrative expenses							
g	End o	f year balance							
2	Provid	de the estimated percentage of the	current year end bal	ance (line	1g, colu	mn (a)) held a	s		
а	Board	designated or quasi-endowment >							
b	Perma	anent endowment ▶							
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%						
3а		nere endowment funds not in the pos ization by	ssession of the orga	nization th	at are he	eld and admını	stered	for the	Yes No
	(i) un	related organizations							n(i)
b		lated organizations s" on 3a(ii), are the related organiz		 ured on Sc	 :hedule R				Bb Bb
4	Descr	ribe in Part XIII the intended uses o	of the organization's	endowmer	nt funds				
Pa	rt VI	Land, Buildings, and Equip		Farm 00/	0 Dow+ 1	T) / line 11a	C 0 0 F 0		/ line 10
		Complete if the organization and Description of property	answered tes to	Cost	(a) or other ba	asıs Cost or otl) ner basis	Accumulated (c)depreciation	(d)Book value
1.5	Land			(ır	nvestment)) (oth	er) 286,779		286,779
	Buildin			· •			200,779		280,779
		o-				3	,093,683	1,786,74	8 1,306,935
c	Leaseh	old improvements							
		nent				111	,256,329	28,366,21	2 82,890,117
е	O ther					1	,287,800		1,287,800
Tota	al. A dd I	ines 1a through 1e (Column (d) mus	st equal Form 990, Pai	rt X, colum	n (B), line				85,771,631

XIII 🔼

Schedule D (Form 990) 2015			Page 3
Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	piete if the organ	ization answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			cost of tha of year market value
(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 'Y	Yes' on Form 990	. Part IV line 11c a	S Form 000 Bank V Inc. 43
(a) Description of investment		(b) Book value	Form 990, Part X, line 13. (c) Method of valuation
			Cost or end-of-year market value
(1)PATRONAGE CAPITAL - WFEC (2)PATRONAGE CAPITAL - CFC		14,930,377	C
(3)PATRONAGE CAPITAL - CFC		75,408	C
(4)PATRONAGE CAPITAL - NISC		106,578	С
(5)PATRONAGE CAPITAL - COBANK		2,080,392	C
(6)CAPITAL TERM CERTIFICATES (7)MEMBERSHIPS		1,280,060	C
<u>, , , , , , , , , , , , , , , , , , , </u>		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	19,510,046	
Part IX Other Assets. Complete if the organization (a) Descript		orm 990, Part IV, line 1	(b) Book value
(4) 2 6 6 6 1			(2) 2001 14140
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	•		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	lization answered	Yes on Form 990, P	art IV, line lie or lif.
1. (a) Description of liability	(b) Book value		
- 1			
Federal income taxes ACCUMULATED PROVISION FOR PENSIONS AND			
BENEFITS	5,414,	500	
CONSUMER DEPOSITS AND PREPAYMENTS	72,	524	
OTHER DEFERRED CREDITS	780,	318	
OVERCOLLECTED POWER COST	90,	431 l	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	0,000,		
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under FIN			

Schedule D (Form 990) 2015

1

2

а

b

d

3

b

47,315,670

47,315,670

4,965,480

46,246,229

Schedule D (Form 990) 2015

2e

3

4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b 3,585		
c	Add lines 4a and 4b	4c	3,585
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	47,319,255
Part	Reconciliation of Expenses per Audited Financial Statements With Expense 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	41,280,749
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)............. 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	41,280,749
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		

2a

2b

2c

2d

4b

4,965,480

4c

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

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) .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

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

Other (Describe in Part XIII) .

Add lines 4a and 4b .

Supplemental Information

Part XIII

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

information

Return Reference Explanation THE COOPERATIVE APPLIES THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF

PART X, LINE 2 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 POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR OTHER STATE TAXING AUTHORITY AND THAT ALL TAX BENEFITS ARE

LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES

Schedule D (Form 990) 2015

Return Reference	Explanation
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PATRONAGE CAPITAL ASSIGNABLE 4,961,895 NONOPERATING REVENUE RECLASSED TO EXPENSE 3,585
SCHEDULE D	PART VII THE AMOUNT OF INVESTMENTS - OTHER SECURITIES ON FORM 990, PAGE 11, PART X, LINE 12 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 VII HAS BEEN LEFT BLANK 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 PART XII, LINE 4B FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE DIVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL STATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPECT OF HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BASIS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS PROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

DLN: 93493320130706 OMB No 1545-0047

Compensation Information

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

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

2015 Open to Public

Department of the

Schedule J (Form 990)

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

reas Iterr	ury ial Revenue Service				Insp	ectio	1
Νa	me of the organization			Employer identification	on nur	nber	
CH	OCTAW ELECTRIC COOPERATIVE INC			73-0182325			
Рa	rt I Questions Regarding Compensation			73-0182323			
	tarearene regaranta erabetaren					Yes	No
La	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	· _	Housing allowance or residence fo	or personal use			
	Travel for companions		Payments for business use of pers	sonal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initia	ation fees			
	Discretionary spending account		Personal services (e g , maid, cha	uffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc				1b		
2	Did the organization require substantiation prior to reindirectors, trustees, officers, including the CEO/Execut				2		
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	apply	Do not check any boxes for metho	ods			
	Compensation committee	✓	Written employment contract				
	Independent compensation consultant	~	Compensation survey or study				
	Form 990 of other organizations	✓	Approval by the board or compens	ation committee			
1	During the year, did any person listed on Form 990, Pa or a related organization	rt VI	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pa	ymen	t?		4a		No
b	Participate in, or receive payment from, a supplementa	il non	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	ed cor	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines $4a-c$, list the persons and prov	ıde th	e applicable amounts for each item	ın Part III			
	Only E01(a)(3) E01(a)(4) and E01(a)(20) arganization		ust samplete lines E O				
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization For persons listed on Form 990, Part VII, Section A, li			anv			
	compensation contingent on the revenues of		, , ,	′			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	a, did the organization pay or accrue	any			
а	The organization?				6 a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			on-fixed	7		
3	Were any amounts reported on Form 990, Part VII, pa subject to the initial contract exception described in R in Part III				8		
9	If "Yes" on line 8, did the organization also follow the r	ebutt	able presumption procedure describ	ed in Regulations	٥		

Schedule J (Form 990) 2015

Page 2

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation in	
		Base (I) compensation	(ii) Bonus & incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits		column(B) reported as deferred on prior Form 990	
1 JOE HARRIS INTERIM CEO (1/2015 -	(i)	72,135	0	324	79,023	133	151,615	0	
6/2015)	(ii)	0	0	0	0	0	0	0	
2 JAMES MALONE	(i)	107,639	0	2,064	69,780	12,030	191,513	0	

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

INTERIM CEO (1/2015 - 6/2015)	(ii)	0	0	0	0	0	0	0
2 JAMES MALONE DIRECTOR OF OPERATIONS	(i)	107,639	0	2,064	69,780	12,030	191,513	0
		۸ .						

DIRECTOR OF OPERATIONS	(i)	107,639	0	2,064	69,780	12,030	191,513	0
		0	0	0	0	0	0	0
B DARREL WARD SYSTEM SERVICES MANAGER	(i)	102,899	0	1,973	82,059	20,772	207,703	0

ITHE 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 JON MILES TOTAL COLUMN C \$ 34.034 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (34.034) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 7.179 EXPENSE TO THE COOPERATIVE \$ 7.179 JOE HARRIS TOTAL COLUMN C \$ 79.023 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (79.023) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 86,973 EXPENSE TO THE COOPERATIVE \$ 86,973 CRAIG MCBRAIN TOTAL COLUMN C \$ 6,793 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (6,793) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 11,323 EXPENSE TO THE COOPERATIVE \$ 11,323

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page 3

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE O (Form 990 or

COOPERATIVE'S WEBSITE

990-EZ)

Treasury

Service

Department of the

Internal Revenue

Name of the organization CHOCTAW ELECTRIC COOPERATIVE INC

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 2015

Open to Public

Inspection

DLN: 93493320130706

Employer identification number

73-0182325

Explanation Return Reference FORM 990. AT THE ANNUAL MEETING ON SEPTEMBER 26TH, 2015. THE BY LAWS WERE AMENDED AS FOLLOWS ARTICLE III "MEETINGS OF MEMBERS" WAS AMENDED TO MAKE IT POSSIBLE FOR CEC TO HOLD SIMULTANEOUS ANNUAL MEETINGS ANYWHERE IN PART VI, SECTION A. CEC SERVICE TERRITORY IT ALSO GIVES MEMBERS THE OPTION TO VOTE BY MAIL-IN BALLOT ARTICLE IV "TRUSTEES" LINE 4 WAS AMENDED TO PREVENT FORMER CO-OP EMPLOYEES FROM SERVING ON THE BOARD OF TRUSTEES. CLARIFY ROTATION OF TRUSTEE ELECTIONS, LIMIT TRUSTEES TO SERVING NO MORE THAN FOUR TERMS, REQUIRE VOTING DISTRICT COMPOSITION TO BE REVIEWED ONCE EVERY FIVE YEARS TO MAINTAIN EQUALITY, REQUIRE INCUMBENT TRUSTEES TO PETITION MEMBERS TO RUN FOR OFFICE, ALLOW TRUSTEES TO DECLARE A SEAT VACANT IF A TRUSTEE FAILS TO ATTEND AT LEAST 75 PERCENT OF BOARD MEETINGS EACH YEAR, AND REQUIRE APPOINTED TRUSTEES TO STAND FOR ELECTION AT THE ANNUAL MEETING FOLLOWING THEIR APPOINTMENT, PREVENT TRUSTEES FROM RECEIVING INSURANCE BENEFITS, BUT WOULD ALLOW THEM THE OPTION TO PARTICIPATE IN CEC'S HEALTH BENEFITS AT THEIR OWN EXPENSE, PREVENT CLOSE RELATIVES OF TRUSTEES OR FORMER TRUSTEES FROM RECEIVING CONTRACTS OR ANY OTHER FINANCIAL COMPENSATION, ALLOW BOARD MEMBERS COMPENSATION FOR EXPENSES INCURRED FROM PERFORMING THEIR DUTIES AS

> TRUESTEES, AND ALLOW MEMBERS ACCESS TO CO-OP AUDIT REPORTS ARTICLE V "MEETING OF TRUSTEES" WAS A MENDED TO ALLOW MEMBERS TO ATTEND CO-OP BOARD MEETINGS. HOWEVER, THE BOARD MAY ENTER INTO PRIVATE EXECUTIVE SESSION TO DISCUSS LEGAL MATTERS, REAL ESTATE TRANSACTIONS, CONTRACT NEGOTIATIONS, PERSONNEL ISSUES, COMPETITIVE ISSUES, AND CO-OP AND MEMBER SECURITY FINAL ACTION ON MATTERS DISCUSSED IN EXECUTIVE SESSION MUST BE MADE IN THE REGULAR MEETING. EXCEPT WHEN VOTING COULD RESULT IN LEGAL ACTION OR OTHER NEGATIVE FINANCIAL IMPACT ON CEC ACTICLE VI "OFFICERS & MISCELLANEOUS" WAS AMENDED TO PREVENT THE TITLE OF GENERAL MANAGER/CEO TO BE USED INTERCHANGEABLY WITH EXECUTIVE VICE PRESIDENT. AND ELIMINATES A REDUNDANT BY LAW PROVISION ARTICLE XV "AMENDMENTS" WAS AMENDED TO INCLUDE THE CREATION OF A NEW SECTION ON BY LAW AMENDMENTS. THE NEW PROVISION REQUIRES THE ANNUAL MEETING NOTICE TO INCLUDE A COPY OF PROPOSED AMENDMENT(S), YET ALLOWS TRUSTEES OR MEMBERS TO REPEAL OR CORRECT ANY BYLAW OR AMENDMENT THAT IS ILLEGAL OR HAS BECOME A LEGAL NULLITY DEADLINES FOR SUBMITTING BYLAW CHANGES ARE MORE CLEARLY

DEFINED. AND PROCEDURES CONCERNING PROPOSED AMENDMENTS ARE CLARIFIED TO BRING CEC BY LAWS INTO COMPLIANCE WITH STATE AND FEDERAL LAWS A COMPLETE COPY CEC'S BY LAWS MAY BE FOUND ON THE

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, SECTION A,	THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A
LINE 7A	ONE MEMBER ONE VOTE BASIS

Return Reference	Explanation
FORM 990, PART VI. SECTION A.	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 AMENDMENTS TO THE
. ,	ARTICLES OF INCORPORATION, 2 AMENDMENTS TO THE BYLAWS, 3 DISPOSAL OF SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS, 4 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE, AND 5 MERGER OR CONSOLIDATION
	OF THE COOPERATIVE WITH A NOTHER ORGANIZATION

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS ASSSESS PERFORMANCE AND ALSO USES A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE CEO THE SURVEY SHOWS COMPARATIVE SALARIES FOR GENERAL MANAGERS FROM COOPERATIVES LOCATED IN OKLAHOMA THE CEO ASSSESSES PERFORMANCE AND ALSO USES A COMPENSATION
	SURVEY WHEN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S OTHER OFFICERS THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT OKLAHOMA

Return Reference	Explanation
FORM 990, PART	THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
VI, SECTION C,	POLICY, AND AUDITED FINANCIAL STATEMENTS TO ANY MEMBER WHO REQUESTS A COPY OF ANY SUCH DOCUMENT
LINE 19	ANNUALLY THE COOPERATIVE PROVIDES A COPY OF THE AUDITED BALANCE SHEET AND INCOME STATEMENT TO THE
	MEMBERS OF THE COOPERATIVE WITH THE ANNUAL REPORT FINALLY, THE ANNUAL REPORT AND BY LAWS CAN BE
	FOUND ON THE COOPERATIVE'S WEBSITE

Return	Explanation
Reference	
FORM 990,	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER
PART VII,	DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMIATION OF THE PLAN
COLUMN F	EMPLOYER CONTRIBUTIONS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY
	COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF THE PLAN THE COOPERATIVE ALSO PROVIDES
	HEALTH BENEFITS TO ALL ELIGIBLE EMPLOYEES THROUGH A SELF-INSURANCE PLAN THE AMOUNTS REPORTED ON PART
	VII, COLUMN (F) FOR OFFICERS AND HIGHLY COMPENSATED EMPLOYEES ARE COMPRISED OF THE THE ACTUARIAL
	INCREASE IN THE DEFINED BENEFIT PENSION PLAN AND THE INSURANCE PREMIUM VALUES FOR CONTRIBUTIONS MADE TO
	THE SELF-INSURANCE PLAN ON BEHALF OF AND FOR THEIR BENEFIT

Return Reference	Explanation
FORM 990, PART VIII, LINE 2	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSMISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIATED WITH 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,	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE RUS UNIFORM SYSTEM OF	
PART IX	ACCOUNTS AS PRESCRIBED FOR BORROWERS OF THE RURAL UTILITIES SERVICE. THE UNIFORM SYSTEM OF ACCOUNTS DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23. THE	ı
	COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES. EMPLOYEE BENEFITS AND PAY ROLL TAXES THAT WILL BE	l
	ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 -	l
	23 ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS	ı

Return Reference	Explanation
FORM 990,	ADMINISTRATIVE AND GENERAL EXPENSES IS COMPRISED OF THE FOLLOWING OFFICE SUPPLIES AND OTHER EXPENSES \$
PART IX, LINE	134,685 LEASE PAYMENT 25,469 SHIPPING AND FREIGHT 16,975 DATA PROCESSING 16,299 TELEPHONE & UTILITIES 227,021
24	OUTSIDE SERVICES EMPLOYED 65,117 IN-HOUSE ATTORNEY FEES & EXP 69,110 COBANK CASH MANAGEMENT FEES 8,721
	COMPLIANCE 83,910 ELECTRONIC MAPPING PROGRAM 40,407 BROADBAND GRANT EXPENSE 2,015 GENERAL LIABILITY
	INSURANCE 77,905 INJURIES AND DAMAGES 633 TRUSTEES' FEES AND EXPENSES 146,707 BY LAW COMMITTEE EXPENSE
	5,225 DUES AND SUBSCRIPTIONS 101,265 TRAINING EXPENSE 55,377 MANAGERS EXPENSES 21,243 MAINTENANCE OF
	GENERAL PLANT 81,747 MEMBER MEETING EXPENSE 76,692 NONOPERATING EXPENSES - INTERNET 2,153 TOTAL
	ADMINISTRATIVE AND GENERAL EXPENS PER FORM 990 \$1,258,676

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 THE TOTAL
LINES 5-7	WA GES A CCRUED AND/OR PAID TOTAL PER LINES 5-7 \$3,304,875 LESS DIRECTORS FEES REPORTED ON 1099-MISC
	(72,000) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (166,118) PLUS SALARIES AND WAGES CAPITALIZED
	DIRECTLY TO PLANT 1,077,859 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING &
	OTHER ACCOUNTS 929,802 TOTAL WAGES ACCRUED AND/OR PAID \$5,074,418

Return Reference	Explanation
FORM 990, PART IX, LINE 4	PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD 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 THE COOPERATIVE ALLOCATES PATRONAGE IS TO PROVIDE ELECTRICITY TO ITS PATRONS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATING ON A COOPERATIVE BASIS" AS SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER 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 DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVES BYLAWS THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2015 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATIVE FOR THE 2015 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHING ITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE FOR FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, HOWEVER

Return Reference	Explanation
	ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA. ALL DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN
	WHICH OUR MEMBERS RESIDE EACH GRANT, SCHOLARSHIP AND/OR DONATION MADE DURING THE YEAR WAS BELOW THE REPORTING THRESHOLD OF SCHEDULE I, PART II

Return Reference	Explanation	
FORM 990, PART XI, LINE 9	DONATED CAPITAL 142 NET CHANGE IN MEMBERSHIP 445 OTHER COMPREHENSIVE INCOME (LOSS) - PROVISION FOR PENSIONS & BENEFITS 367,000 PATRONAGE CAPITAL ASSIGNED 4,961,895 PATRONAGE CAPITAL RETIRED -72,152 UNCLAIMED PATRONAGE CAPITAL RETAINED -2,537	

Return Reference	Explanation
FORM 990, PART X, LINES 17 AND 25	THE COOPERATIVE PREVIOUSLY INCLUDED ACCRUED EXPENSES COMPRISED OF ACCRUED EMPLOYEE BENEFITS AND OTHER ACCRUED EXPENSES AND DEFERRED CREDITS 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, ACCRUED EXPENSES IN THE AMOUNT OF \$987,179 FOR THE 2014 CALENDAR YEAR HAVE BEEN RECLASSIFIED FROM LINE 25 TO LINE 17