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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BLUEBONNET ELECTRIC COOPERATIVE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 729

City or town, state or province, country, and ZIP or foreign postal code
BASTROP, TX 786020729

D Employer identification number
74-0754103

E Telephone number
(888) 622-2583

G Gross receipts $ 210,738,276

F Name and address of principal officer
MATT BENTKE
PO BOX 729
BASTROP, TX 786020729

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (12) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BLUEBONNETELECTRIC COOP

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1939

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE QUALITY AND RELIABLE ELECTRIC SERVICE TO MEMBERS OF THE COOPERATIVE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	325
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	19,637
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	223,746,757	207,909,886
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,912	149,569
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,164,742	1,882,150
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,999,411	209,941,605
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,703,815	1,415,338
14	Benefits paid to or for members (Part IX, column (A), line 4)	8,770,343	7,321,836
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,200,226	26,023,311
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	194,099,174	174,915,322
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	229,773,558	209,675,807
19	Revenue less expenses Subtract line 18 from line 12	225,853	265,798
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	465,787,777	474,490,731
21	Total liabilities (Part X, line 26)	309,634,659	315,581,303
22	Net assets or fund balances Subtract line 21 from line 20	156,153,118	158,909,428

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

******
Signature of officer — 2016-11-10 Date

ELIZABETH KANA CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
William M Miller	William M Miller	2016-11-10		P00439459

Firm's name ▶ BOLINGER SEGARS GILBERT AND MOSS LLP — Firm's EIN ▶ 75-0882037

Firm's address ▶ 8215 NASHVILLE AVENUE LUBBOCK, TX 79423 — Phone no (806) 747-3806

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

COMMITMENT TO OUR MEMBERS TO BE THE BEST WE CAN BE AT DELIVERING RELIABLE ELECTRIC POWER AND RELATED SERVICES AT A COMPETITIVE PRICE TO FACILIATE THIS COMMITMENT, WE WILL CONTINUE TO INVEST IN THE LATEST PROVEN TECHNOLOGIES, GOOD STEWARDSHIP OF OUR ENVIRONMENT AND THE COMMUNITIES WE SERVE, AS WELL AS IN THE HEALTH AND SAFETY OF THE PUBLIC, OUR MEMBERS AND EMPLOYEES - THE TRUE SOURCE OF ENERGY OF BLUEBONNET

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

PROVIDING ELECTRIC ENERGY TO OUR MEMBERS - 88,867 ACTIVE SERVICES AT YEAR END ALL ACTIVE SERVICES DURING THE YEAR WERE PROVIDED ELECTRICITY ON A COOPERATIVE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITAL

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
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		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	95		
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**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	325		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
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 Form 1098-C?		**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?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**	221,919,313		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**	3,112,706		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
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		**13a**		
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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
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**		

Part VI **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 . . . . . ☑

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 year	**1a**	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	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 rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ELIZABETH KANA CFO 155 ELECTRIC AVENUE BASTROP, TX 78602 (888) 622-2583

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

Check if Schedule O contains a response or note to 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average 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 and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BENNIE FLENCHER CHAIRMAN	6 40 1 00	X		X				45,661	0	0
(2) KENNETH MUTSCHER VICE-CHAIRMAN	10 50 1 00	X		X				41,821	0	0
(3) RODERICK EMANUEL SECRETARY/TREASURER	5 10 1 00	X		X				40,321	0	0
(4) BYRON BALKE ASST SECRETARY-TREASURER	5 20 1 00	X		X				40,105	0	0
(5) RICHARD SCHMIDT DIRECTOR	3 10 1 00	X						40,145	0	0
(6) JAMES KERSHAW DIRECTOR	2 90 1 00	X						40,555	0	0
(7) ROBERT MIKESKA DIRECTOR	4 00 1 00	X						39,955	0	0
(8) MILTON SHAW DIRECTOR	9 20 1 00	X						41,305	0	0
(9) SUANNA TUMLINSON DIRECTOR	10 90 1 00	X						40,555	0	0
(10) RUSSELL JURK DIRECTOR	3 90 1 00	X						39,871	0	0
(11) KATHLEEN HANDY DIRECTOR	3 00 1 00	X						39,871	0	0
(12) MARK ROSE GENERAL MANAGER & CEO	50 00			X				556,952	0	108,514
(13) MATT BENTKE COO	55 00			X				350,708	0	112,702
(14) ELIZABETH KANA CFO	55 00			X				274,746	0	103,217

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

(A) Name and Title	(B) Average 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 and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GRANT GUTIERREZ CIO/CONTROLLER	50 00			X				231,280	0	82,593
(16) RACHEL ELLIS CHIEF ADMINISTATION OFFICE	50 00			X				235,789	0	157,066
(17) ERIC KOCIAN CHIEF ENGINEER/SYSTEMS OPE	50 00			X				241,948	0	67,768
(18) SARAH NEWMAN-ALTAMIRANO GENERAL COUNSEL	50 00			X				270,177	0	51,883
(19) JOHN SANDERS MGR OF COMMUNITY & ECO DEVELOPMENT	50 00				X			169,634	0	67,448
(20) DAVID TOBOLA MGR OF OPERATIONS	50 00					X		141,892	0	79,216
(21) LESLIE BARRIOS MGR OF FUNCTIONAL SUPPORT	50 00					X		149,724	0	21,947
(22) THOMAS ELLIS MGR OF ENGINEERING	50 00					X		145,514	0	39,394
(23) WESLEY BRINKMEYER MGR OF ENERGY PROGRAMS	50 00					X		125,382	0	35,321
(24) WILLIAM HOLFORD MGR OF PUBLIC AFFAIRS	50 00					X		133,221	0	20,541
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,477,132	0	947,610

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 37

			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 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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BURLIN POWER LINE LLC 1079 CR 418 LEXINGTON, TX 78947	CONSTRUCTION CONTRACTOR	2,894,737
PVM LLC PO BOX 10960 COLLEGE STATION, TX 77845	R O W CONTRACTOR	2,868,374
UNITED CONTRACTORS PO BOX 1866 BASTROP, TX 78602	CONSTRUCTION CONTRACTOR	2,818,665
ECHO POWERLINE LLC 313 WALNUT STREET BUNKIE, LA 71322	R O W CONTRACTOR	2,330,785
WILLBROS T&D SERVICES LLC PO BOX 1207 HILLSBORO, TX 76645	CONSTRUCTION CONTRACTOR	1,886,793

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 ▶ 30

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	SALE OF ELECTRICITY	221000	203,904,527	203,904,527	
	b	PATRONAGE DIVIDENDS	221000	1,329,654	1,329,654	
	c	TRANSMISSION ACCESS	221000	1,063,582	1,063,582	
	d	TRANSMISSION LEASE	221000	849,488	849,488	
	e	SERVICE FEES	221000	762,635	762,635	
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		207,909,886		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		107,690		19,637	88,053
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶		1,739			1,739
		(i) Real / (ii) Personal				
	6a	Gross rents: 2,500				
	b	Less rental expenses: 373				
	c	Rental income or (loss): 2,127				
	d	Net rental income or (loss) . . . . . ▶		2,127			2,127
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 137,831				
	b	Less cost or other basis and sales expenses: 95,952				
	c	Gain or (loss): 41,879				
	d	Net gain or (loss) . . . . . ▶		41,879			41,879
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a: 810,716				
	b	Less cost of goods sold . . b: 700,346				
	c	Net income or (loss) from sales of inventory . . ▶		110,370	110,370		
		Miscellaneous Revenue / Business Code				
	11a	REGULATORY DEFERRED REVENUE: 221000		1,247,681	1,247,681		
	b	POLE ATTACHMENT INCOME: 221000		498,097			498,097
	c	MISCELLANEOUS INCOME: 221000		22,136	22,136		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,767,914			
	12	**Total revenue.** See Instructions . . . . . ▶		209,941,605	209,290,073	19,637	631,895

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 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	1,415,338			
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	7,321,836			
5 Compensation of current officers, directors, trustees, and key employees	3,532,590			
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	14,856,239			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,560,052			
9 Other employee benefits	2,798,133			
10 Payroll taxes	1,276,297			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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 Interest	12,123,417			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,696,793			
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)				
a PURCHASED POWER	121,257,046			
b DISTRIBUTION EXPENSE	11,828,314			
c ADMIN & GENERAL EXPENSE	5,461,423			
d CUSTOMER SERVICE	3,323,005			
e All other expenses	225,324			
25 **Total functional expenses.** Add lines 1 through 24e	209,675,807			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		3,905,551	1	3,802,050
	2	Savings and temporary cash investments		7,856,490	2	7,566,909
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		17,591,238	4	15,180,381
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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 II of Schedule L			6	
	7	Notes and loans receivable, net		994,203	7	45,400
	8	Inventories for sale or use		4,154,130	8	4,622,167
	9	Prepaid expenses and deferred charges		13,203,849	9	11,522,374
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 537,965,197			
	b	Less accumulated depreciation	10b 119,372,886	398,378,599	10c	418,592,311
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		12,301,024	13	12,694,825
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,402,693	15	464,314
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		465,787,777	16	474,490,731
Liabilities	17	Accounts payable and accrued expenses		19,029,803	17	18,139,183
	18	Grants payable			18	
	19	Deferred revenue		3,095,335	19	1,862,539
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		343,460	21	431,475
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		267,877,518	23	272,320,495
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		19,288,543	25	22,827,611
	26	**Total liabilities.** Add lines 17 through 25		309,634,659	26	315,581,303
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		1,005,990	30	954,710
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		155,147,128	32	157,954,718
	33	Total net assets or fund balances		156,153,118	33	158,909,428
	34	Total liabilities and net assets/fund balances		465,787,777	34	474,490,731

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	209,941,605
2	Total expenses (must equal Part IX, column (A), line 25)	2	209,675,807
3	Revenue less expenses Subtract line 2 from line 1	3	265,798
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	156,153,118
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,490,512
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	158,909,428

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLUEBONNET ELECTRIC COOPERATIVE INC

Employer identification number
74-0754103

Part I 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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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

9 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 ▶ $ _____

2 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 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶
b Permanent endowment ▶
c Temporarily restricted endowment ▶
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		4,648,181		4,648,181
b Buildings		31,974,277	7,472,027	24,502,250
c Leasehold improvements				
d Equipment		485,269,036	111,900,859	373,368,177
e Other		16,073,703		16,073,703
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				418,592,311

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED OPERATING TAXES	888,452
CONSUMER DEPOSITS	3,724,318
PATRONAGE CAPITAL PAYABLE	2,972,944
ACCUMULATED PROVISION FOR PENSION AND BENEFITS	11,860,712
POWER COST OVER COLLECTED	3,381,185
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	22,827,611

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
Part IV, Line 2b	PURSUANT TO SECTION 74 3013 OF THE TEXAS PROPERTY CODE, THE COOPERATIVE HAS ESTABLISHED A RURAL SCHOLARSHIP FUND WITH AMOUNTS DESIGNATED UNCLAIMED PER STATE LAW THE AMOUNTS DEPOSITED INTO THE RURAL SCHOLARSHIP FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE USED FOR SCHOLARSHIPS TO ENABLE STUDENTS FROM RURAL AREAS TO ATTEND COLLEGE, TECHNICAL SCHOOL OR OTHER POST SECONDARY EDUCATION INSTITUTION ANY AMOUNTS SO DEPOSITED INTO THE RURAL SCHOLARSHIP FUND ARE STILL PAYABLE TO THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED ALSO PURSUANT TO SECTION 74 3013 OF THE TEXAS PROPERTY CODE, THE COOPERATIVE HAS ESTABLISHED AN ECONOMIC DEVELOPMENT FUND WITH AMOUNTS DESIGNATED UNCLAIMED PER STATE LAW THE AMOUNTS DEPOSITED INTO THE ECONOMIC DEVELOPMENT FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE USED FOR THE STIMULATION AND IMPROVEMENT OF BUSINESS AND COMMERCIAL ACTIVITY FOR ECONOMIC DEVELOPMENT IN RURAL COMMUNITIES ANY AMOUNTS SO DEPOSITED INTO THE ECONOMIC DEVELOPMENT FUND ARE STILL PAYABLE TO THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED ALSO PURSUANT TO SECTION 74 3013 OF THE TEXAS PROPERTY CODE, THE COOPERATIVE HAS ESTABLISHED AN ENERGY EFFICIENCY ASSISTANCE FUND AMOUNTS DESIGNATED UNCLAIMED PER STATE LAW THE AMOUNTS DEPOSITED INTO THE ENERGY EFFICIENCY ASSISTANCE FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE USED TO ASSIST MEMBERS OF AN ELECTRIC COOPERATIVE IN REDUCING THEIR ENERGY CONSUMPTION AND ELECTRICITY BILLS ANY AMOUNTS SO DEPOSITED INTO THE ENERGY EFFICIENCY ASSISTANCE FUND ARE STILL PAYABLE TO THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
FORM 990, PAGE 11, PART X, LINE 15	Part VIII THE AMOUNT OF INVESTMENTS - PROGRAM RELATED ON FORM 990, PAGE 11, PART X, LINE 13 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 VIII 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLUEBONNET ELECTRIC COOPERATIVE INC

Employer identification number
74-0754103

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 31

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 39

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Return Reference	Explanation
SCHEDULE I, PART IV	GRANT RECIPIENTS ARE CHOSEN THROUGH AN APPLICATION PROCESS AND ASSESSED BASED ON STATED PURPOSE OF THE PROPOSED USE OF GRANT PROCEEDS GRANT RECIPIENTS ARE 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 GRANTS ARE MONITORED TO INSURE THAT DONATIONS ARE USED FOR THEIR INTENDED PURPOSES

Additional Data

Software ID:
Software Version:
EIN: 74-0754103
Name: BLUEBONNET ELECTRIC COOPERATIVE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BASTROP COUNTY LONG TERM RECOVERY TEAM PO BOX 1975 BASTROP,TX 786028975	45-4463754	501(C)(3)	50,000				TO AID IN REBUILDING OF HOMES AND LIVES
SOUTH LEE COUNTY VOLUNTEER FIRE DEPARTMENT 4240 FM 448 GIDDINGS,TX 789425932	74-2327462	501(C)(3)	37,000				TO FUND MAKO AIR CHARGE COMPRESSOR PACKAGE
SOMERVILLE GIRLS LITTLE LEAGUE PO BOX 838 SOMERVILLE,TX 778790838	90-0449114	501(C)(3)	19,991				TO FUND SOFTBALL FIELD IMPROVEMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PAIGE VOLUNTEER FIRE DEPARTMENT PO BOX 55 PAIGE,TX 786590055	20-8044180	501(C)(3)	29,840				TO FUND UTV, FIRE SKID AND TRAILER
LEE COUNTY YOUTH CENTER 1010 E INDUSTRY ST STE 200 GIDDINGS,TX 789424333	45-2674157	501(C)(3)	50,000				TO FUND 50% OF ROOF REPLACEMENT
GASLIGHT BAKER THEATRE PO BOX 1152 LOCKHART,TX 786441152	26-0318298	501(C)(3)	28,307				TO FUND TWO HVAC UNITS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ELLINGER CHAMBER OF COMMERCE PO BOX 37 ELLINGER,TX 789380037	74-2233163	501(C)(6)	12,700				TO FUND TWO HVAC UNITS
DOWN HOME RANCH 20250 FM 619 ELGIN,TX 786215343	74-2536461	501(C)(3)	45,000				TO FUND 50% OF ENERGY EFFICIENT ITEMS
DELHI VOLUNTEER FIRE DEPARTMENT 6110 STATE HIGHWAY 304 ROSANKY,TX 789539010	30-0246499	501(C)(3)	50,000				TO FUND 50% OF NEW FIRE STATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMBINED COMMUNITY ACTION INC 165 W AUSTIN ST GIDDINGS,TX 789423205	74-1548511	501(C)(3)	36,000				TO FUND NEW METAL ROOF
CAPITAL AREA FOOD BANK 8201 S CONGRESS AVE AUSTIN,TX 787457305	74-2964260	501(C)(3)	25,000				TO FUND COMPLETION OF NEW BUILDING CONSTRUCTION
BASTROP COUNTY EMERGENCY FOOD PANTRY PO BOX 953 BASTROP,TX 786020953	74-2485884	501(C)(3)	25,021				TO FUND CLIENT AND INVENTORY TRACKING SYSTEM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPICE BRAZOS VALLEY 502 W 26TH ST BRYAN,TX 778032426	74-2229794	501(C)(3)	20,000				TO SUPPORT OPERATIONS OF THE ORGANIZATION
CHILDREN'S ADVOCARY CENTER 1002 CHESTNUT ST BASTROP,TX 786023304	74-2633011	501(C)(3)	57,970				TO FUND REPAIRS AND RENOVATIONS TO EXISTING FACILITY
WASHINGTON COUNTY HEALTHY LIVING PO BOX 401 BRENHAM,TX 778340401	51-0190235	501(C)(3)	50,000				TO FUND 50% OF NEW FACILITY CONSTRUCTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINCHESTER AREA VOLUNTEER FIRE DEPARTMENT 8810 FM 153 WINCHESTER,TX 789455259	74-2849321	501(C)(3)	34,660				TO FUND REMAINING BALANCE OF TRUCK AND EQUIPMENT
SCOTT AND WHITE HEALTHCARE FOUNDATION 2401 S 31ST ST TEMPLE,TX 765080001	27-3513154	501(C)(3)	14,560				TO FUND VIDEO CAMERAS, UPDATE FURNITURE AND MEDICAL EQUIPMENT
HEART OF PINES VOLUNTEER FIRE DEPARTMENT PO BOX 98 SMITHVILLE,TX 789570098	74-2200618	501(C)(4)	13,971				TO FUND EQUIPMENT AND SUPPLIES DESTROYED IN 2011 WILDFIRE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER SAN MARCOS YOUTH COUNCIL PO BOX 1455 SAN MARCOS,TX 786671455	74-2553659	501(C)(3)	14,938				TO FUND REPAIR FIRE ALARM AND DAMAGES TO BUILDING
FEDOR VOLUNTEER FIRE DEPARTMENT PO BOX 1315 GIDDINGS,TX 789422215	74-2284454	501(C)(4)	35,359				TO FUND TWO SKID UNITS
CROWE'S NEST FARM INC 10300 TAYLOR LN MANOR,TX 786534700	74-2253593	501(C)(3)	35,540				TO FUND TRACTOR AND SITE IMPOVEMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL TEXAS REGIONAL BLOOD AND TISSUE CENTER 4300 N LAMAR BLVD AUSTIN,TX 787563421	74-1366292	501(C)(3)	25,000				TO FUND 25% OF BLOOD DRIVE AUTOMATION PROJECT
CARMINE VOLUNTEER FIRE DEPARTMENT PO BOX 217 CARMINE,TX 789320217	74-6060658	501(C)(4)	50,000				TO FUND 50% OF RESCUE-TANKER TRUCK
BRENHAM MAIN ST HISTORICAL PRESERVATION INC PO BOX 2006 BRENHAM,TX 778342006	41-2069873	501(C)(3)	25,000				TO FUND EQUIPMENT FOR BARNHILL CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BASTROP COUNTY WOMEN'S SHELTER PO BOX 736 BASTROP,TX 786020736	74-2304542	501(C)(3)	68,000				TO FUND BUILDING RENOVATIONS
AMERICAN YOUTHWORKS 1901 E BEN WHITE BLVD AUSTIN,TX 787417840	74-2197942	501(C)(3)	50,000				TO FUND RESTORATION OF HOPEWELL SCHOOL
ADVOCACY OUTREACH PO BOX 169 ELGIN,TX 786210169	74-2625197	501(C)(3)	20,000				TO SUPPORT OPERATIONS OF THE ORGANIZATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER SERVICES COUNCIL FOR THE BRENHAM STATE SCHOOL 4001 HWY 38 SOUTH BRENHAM,TX 77833	23-7437120	501(C)(3)	45,000				TO FUND 50% CONCRETE PARKING LOT
MID-COUNTY VOLUNTEER FIRE DEPARTMENT PO BOX 103 LOCKHART,TX 78644	94-3468245	501(C)(3)	50,000				TO FUND 50% OF FIRE STATION TRAINING
LADIES OF CHARITY OF BASTROP PO BOX 1060 BASTROP,TX 78602	74-2425261	501(C)(3)	13,480				TO FUND REPLACEMENT OF HVAC UNIT, 65 LIGHT FIXTURES, AND 15 PARKING STOPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF SOMERVILLE PO BOX 159 SOMERVILLE,TX 77879	74-6002326	GOVT	43,700				TO FUND EQUIPMENT, FIXTURES, AND LABOR TO COMPLETE COMMUNITY LIBRARY TO FUND 50% OF EQUIPMENT, FIXTURES, AND LABOR FOR COMMUNITY LIBRARY
SETON HAYS FOUNDATION 6001 KYLE PARKWAY KYLE,TX 78640	26-2842608	501(C)(3)	20,000				TO FUND DIRECT MEDICAL CARE, MEDICATION, MEDICAL SUPPLIES, AND SOCIAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL TEXAS INC 1316 BARBARA JORDAN BLVD AUSTIN,TX 78723	74-2277664	501(C)(3)	13,000				TO FUND GAP BETWEEN CONTRIBUTIONS AND OPERATIONAL COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS 2218 PERSHING DRIVE AUSTIN,TX 78723	53-0196605	501(C)(3)	20,000				TO FUND DISASTER PREPARATION AND RESPONSE
GIDDINGS AREA CARE CENTER 190 N HARRIS STREET GIDDINGS,TX 78942	26-3776202	501(C)(3)	35,000				TO FUND 50% FOR PURCHASE OF FOOD PANTRY RELATED ITEMS
WASHINGTON COUNTY EMERGENCY MEDICAL SERVICES 1875 HWY 290 WEST BRENHAM,TX 77833	74-6000408	GOVT	26,145				TO FUND TOTAL COST OF RESPONSE READY VEHICLE UNIT IN CHAPPELL HILL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SLAVONIC BENEVOLENT ORDER OF THE STATE OF TEXAS 8649 OLD LOCKHART RD MULDON,TX 78949	23-7077634	501(C)(3)	17,500				TO FUND RELEVELING OF HALLWAY
CITY OF BRENHAM 200 WEST VULCAN STREET BRENHAM,TX 77833	74-6000404	GOVT	20,000				TO FUND NEW TECHNOLOGY FOR LIBRARY FACILITY
CAPITAL AREA RURAL TRANSPORTATION SYSTEM PO BOX 6050 AUSTIN,TX 78762	74-2029170	GOVT	20,000				TO FUND TWO TRANSIT SHELTERS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLUEBONNET ELECTRIC COOPERATIVE INC

Employer identification number
74-0754103

Part I Questions Regarding Compensation

			Yes	No
1a	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)		
b	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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	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		
4	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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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.			
5	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			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**		
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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	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 in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 4b	THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATION (NQDC) PLAN THE AMOUNTS LISTED REPRESENT THE CONTRIBUTIONS MADE DURING THE YEAR TO SUCH PLANS MARK ROSE - $29,159 MATT BENTKE - $4,486
FORM 990, SCHEDULE J, PART II, COLUMN C	INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS 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 CONTRIBUTIONS TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS MARK ROSE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 77,076 401(K) EMPLOYER MATCH 7,800 TOTAL COLUMN C $ 84,876 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (77,076) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 88,585 ADD CASH CONTRIBUTION TO PENSION RESTORATION PLAN 29,159 EXPENSE TO THE COOPERATIVE $ 125,544 MATT BENTKE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 78,624 401(K) EMPLOYER CONTRIBUTION 7,800 TOTAL COLUMN C $ 86,424 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (78,624) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 80,469 ADD CASH CONTRIBUTION TO PENSION RESTORATION PLAN 4,486 EXPENSE TO THE COOPERATIVE $ 92,755 ELIZABETH KANA ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 72,412 401(K) EMPLOYER CONTRIBUTION 7,800 TOTAL COLUMN C $ 80,212 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (72,412) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 68,560 EXPENSE TO THE COOPERATIVE $ 76,360 GRANT GUTIERREZ ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 43,481 401(K) EMPLOYER CONTRIBUTION 6,816 TOTAL COLUMN C $ 50,297 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (43,481) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 59,617 EXPENSE TO THE COOPERATIVE $ 66,433 RACHEL ELLIS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 129,821 401(K) EMPLOYER CONTRIBUTION 7,190 TOTAL COLUMN C $ 137,011 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (129,821) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 55,145 EXPENSE TO THE COOPERATIVE $ 62,335 ERIC KOCIAN ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 34,400 401(K) EMPLOYER CONTRIBUTION 6,403 TOTAL COLUMN C $ 40,803 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (34,400) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 61,108 EXPENSE TO THE COOPERATIVE $ 67,511 SARAH NEWMAN-ALTAMIRANO ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 0 401(K) EMPLOYER CONTRIBUTION 22,834 TOTAL COLUMN C AND EXPENSE TO COOPERATIVE $ 22,834 JOHN SANDERS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 36,115 401(K) EMPLOYER CONTRIBUTION 5,132 TOTAL COLUMN C $ 41,247 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (36,115) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 44,712 EXPENSE TO THE COOPERATIVE $ 49,844 DAVID TOBOLA ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 46,320 401(K) EMPLOYER CONTRIBUTION 4,507 TOTAL COLUMN C $ 50,827 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (46,320) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 40,242 EXPENSE TO THE COOPERATIVE $ 44,749 LESLIE BARRIOS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 0 401(K) EMPLOYER CONTRIBUTION 11,884 TOTAL COLUMN C AND EXPENSE TO COOPERATIVE $ 11,884 THOMAS ELLIS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 25,538 401(K) EMPLOYER CONTRIBUTION 4,364 TOTAL COLUMN C $ 29,902 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (25,538) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 38,349 EXPENSE TO THE COOPERATIVE $ 42,713 WESLEY BRINKMEYER ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 0 401(K) EMPLOYER CONTRIBUTION 9,175 TOTAL COLUMN C AND EXPENSE TO COOPERATIVE $ 9,175 WILLIAM HOLFORD ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN $ 0 401(K) EMPLOYER CONTRIBUTION 10,661 TOTAL COLUMN C AND EXPENSE TO COOPERATIVE $ 10,661

Additional Data

Software ID:
Software Version:
EIN: 74-0754103
Name: BLUEBONNET ELECTRIC COOPERATIVE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARK ROSE GENERAL MANAGER & CEO	(I)	389,561	103,000	64,391	84,876	23,638	665,466	0
	(II)	0	0	0	0	0	0	0
1MATT BENTKECOO	(I)	289,768	60,000	940	86,424	26,278	463,410	0
	(II)	0	0	0	0	0	0	0
2ELIZABETH KANACFO	(I)	231,628	40,000	3,118	80,212	23,005	377,963	0
	(II)	0	0	0	0	0	0	0
3GRANT GUTIERREZ CIO/CONTROLLER	(I)	200,472	30,000	808	50,297	32,296	313,873	0
	(II)	0	0	0	0	0	0	0
4RACHEL ELLIS CHIEF ADMINISTATION OFFICE	(I)	192,645	30,000	13,144	137,011	20,055	392,855	0
	(II)	0	0	0	0	0	0	0
5ERIC KOCIAN CHIEF ENGINEER/SYSTEMS OPE	(I)	206,008	35,000	940	40,803	26,965	309,716	0
	(II)	0	0	0	0	0	0	0
SARAH NEWMAN- 6ALTAMIRANO GENERAL COUNSEL	(I)	229,303	40,000	874	22,834	29,049	322,060	0
	(II)	0	0	0	0	0	0	0
7JOHN SANDERS MGR OF COMMUNITY & ECO DEVELOPMENT	(I)	149,998	15,000	4,636	41,247	26,201	237,082	0
	(II)	0	0	0	0	0	0	0
8DAVID TOBOLA MGR OF OPERATIONS	(I)	131,182	9,770	940	50,827	28,389	221,108	0
	(II)	0	0	0	0	0	0	0
9LESLIE BARRIOS MGR OF FUNCTIONAL SUPPORT	(I)	138,416	10,038	1,270	11,884	10,063	171,671	0
	(II)	0	0	0	0	0	0	0
10THOMAS ELLIS MGR OF ENGINEERING	(I)	136,404	7,840	1,270	29,902	9,492	184,908	0
	(II)	0	0	0	0	0	0	0
11WESLEY BRINKMEYER MGR OF ENERGY PROGRAMS	(I)	110,311	14,263	808	9,175	26,146	160,703	0
	(II)	0	0	0	0	0	0	0
12WILLIAM HOLFORD MGR OF PUBLIC AFFAIRS	(I)	127,817	4,134	1,270	10,661	9,880	153,762	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLUEBONNET ELECTRIC COOPERATIVE INC

Employer identification number
74-0754103

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GARY GUTIERREZ	FAMILY MEMBER OF GRANT GUTIERREZ, AN OFFICER OF THE COOPERATIVE	65,072	COMPENSATION AS EMPLOYEE OF THE COOPERATIVE		No
(2) PHILLIP ELLIS	FAMILY MEMBER OF RACHEL ELLIS, AN OFFICER OF THE COOPERATIVE	121,617	COMPENSATION AS EMPLOYEE OF THE COOPERATIVE		No
(3) DAVID TOBOLA	FAMILY MEMBER OF RACHEL ELLIS, AN OFFICER OF THE COOPERATIVE	141,892	COMPENSATION AS EMPLOYEE OF THE COOPERATIVE		No
(4) GARRETT GUTIERREZ	FAMILY MEMBER OF GRANT GUTIERREZ, AN OFFICER OF THE COOPERATIVE	83,878	COMPENSATION AS EMPLOYEE OF THE COOPERATIVE		No
(5) ELIZABETH HERSCHAP	FAMILY MEMBER OF ELIZABETH KANA, AN OFFICER OF COOPERATIVE	38,327	COMPENSATION AS EMPLOYEE OF THE COOPERATIVE		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
BLUEBONNET ELECTRIC COOPERATIVE INC	74-0754103

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE. 1 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE, 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION, 3 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS, 4 AMENDMENT TO THE ARTICLES OF INCORPORATION,

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION AND REVIEW PRIOR TO FILING

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	BOARD MEMBERS, OFFICERS, AND EMPLOYEES OF THE COOPERATIVE ARE REQUIRED TO REVIEW AND BE FAMILIAR WITH THE POLICIES OUTLINED IN THE COOPERATIVE'S CONFLICT OF INTEREST POLICY OFFICERS, BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY ACTION OR SITUATION THAT MIGHT VIOLATE THE POLICY AS SOON AS POSSIBLE. OFFICERS AND BOARD MEMBERS ARE REQUIRED TO REPORT ANY ACTION OR SITUATION TO THE ENTIRE BOARD OF DIRECTORS, EMPLOYEES ARE REQUIRED TO REPORT ANY ACTION OR SITUATION TO MANAGEMENT

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE BOARD OF DIRECTORS USE A COMPENSATION SURVEY AND COMPARE COMPENSATION REPORTED ON IRS FORMS 990 FOR OTHER ELECTRIC COOPERATIVES WHEN DETERMINING THE COMPENSATION OF THE GENERAL MANAGER THE SURVEY SHOWS COMPARATIVE SALARIES FOR GENERAL MANAGERS FROM COOPERATIVES LOCATED IN TEXAS AND THE NATION INTERNAL AND /OR EXTERNAL RESOURCES ARE ALSO USED TO COMPARE ANNUAL COMPENSATION WITHIN THE INDUSTRY WHEN DETERMINING SALARIES FOR OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER, KEY AND HIGHLY COMPENSATED EMPLOYEE, THE COOPERATIVE USES A WEB-BASED SOFTWARE THAT COLLECTS INFORMATION FROM VARIOUS INDUSTRIES, INCLUDING THE UTILITY INDUSTRY, IN DIFFERENT PARTS OF THE COUNTRY THE AVAILABLE DATA FOR UTILITIES OF SIMILAR SIZE TO AND IN THE REGION OF THE COOPERATIVE, ALONG WITH COMPENSATION DATA OBTAINED FROM FORMS 990 OF OTHER ELECTRIC COOPERATIVES, IS USED TO SET APPROPRIATE MARKET BASED SALARIES THIS PROCESS IS ADMINISTERED BY THE GENERAL MANAGER AND THE HUMAN RESOURCES DEPARTMENT

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE COOPERATIVE PROVIDES A SUMMARIZED COPY OF THE AUDITED FINANCIAL STATEMENTS TO THE MEMBERS OF THE COOPERATIVE AT THE ANNUAL MEETING THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, OR GOVERNING DOCUMENTS TO ANY MEMBER WHO REQUESTS A COPY

Return Reference	Explanation
Form 990, Part VII, Column D	THE COMPENSATION REPORTED FOR MEMBERS OF THE BOARD OF DIRECTORS INCLUDE HEALTH INSURANCE PREMIUMS PAID BY THE COOPERATIVE ON BEHALF OF THE BOARD OF DIRECTORS

Return Reference	Explanation
Form 990, Part VII, Column F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO 3% 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, KEY AND HIGHLY COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, KEY AND HIGHLY COMPENSATED EMPLOYEES, THROUGH A QUALIFIED PLAN THE AMOUNT REPORTED ON PART VII, COLUMN (F) IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN FOR THE OFFICER OR KEY EMPLOYEE, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THE BENEFIT OF THE OFFICER, KEY OR HIGHLY COMPENSATED EMPLOYEE. IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED

Return Reference	Explanation
Form 990, Part VIII, Line 2	PATRONAGE DIVIDENDS 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, Part IX	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE RUS UNIFORM SYSTEM OF ACCOUNTS AS PRESCRIBED FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICES (RUS) EVEN THOUGH NOT CURRENTLY A BORROWER OF THE RUS THE UNIFORM SYSTEM OF ACCOUNTS DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH ITS ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS

Return Reference	Explanation
Form 990, Part IX, Lines 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 $ 18,388,829 LESS DIRECTORS FEES REPORTED ON 1099-MISC (450,165) LESS EMPLOYEE OFFICER & KEY EMPLOYEE BENEFITS INCLUDED IN LINE 5 (751,191) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGIN 216,234 PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 5,031,152 TOTAL WAGES ACCRUED AND/OR PAID $ 22,434,859

Return Reference	Explanation
Form 990, Part IX, Line 24	ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING OUTSIDE SERVICES EMPLOYED $ 1,084,803 OUTSIDE SERVICES EMPLOYED - IT 1,015,270 TECHNOLOGY 1,396,934 DUES AND SUBSCRIPTIONS 206,942 GENERAL MAINTENANCE 238,795 INSURANCE 436,110 DIRECTOR EXPENSE 299,753 PROPERTY TAX 305,380 OTHER TAX EXPENSE 358,466 TRAVEL & TRANSPORTATION 32,261 OTHER GENERAL AND ADMINISTRATIVE EXPENSE 86,709 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 $ 5,461,423

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'S TAX EXEMPT PURPOSE 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 (I E PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S 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 COOPERATIVE'S 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 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 NOT AN EXPENSE FOR FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, HOWEVER

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	OTHER EXPENSES IS COMPRISED OF THE FOLLOWING TRANSMISSION EXPENSE $ 225,324 TOTAL OTHER EXPENSES PER FORM 990, LINE 24E $ 225,324

Return Reference	Explanation
Form 990, Part X, LINES 17 AND 25	THE COOPERATIVE PREVIOUSLY INCLUDED ACCRUED EXPENSES (COMPRISED OF (1) ACCRUED PAYROLL AND EMPLOYEE COMPENSATED ABSENCES AND (2) ACCRUED INTEREST) AS COMPONENTS OF OTHER LIABILITIES ON LINE 25 OF PART X HOWEVER, FOR THE 2015 CALENDAR YEAR, THE COOPERATIVE BEGAN REPORTING THESE AMOUNTS ON LINE 17 TO INCREASE CONSISTENCY, ACCRUED EXPENSES IN THE AMOUNT OF $2,588,478 FOR THE 2014 CALENDAR YEAR HAVE BEEN RECLASSED FROM LINE 25 TO LINE 17

Return Reference	Explanation
Form 990, Part XI, line 9	NET DECREASE IN MEMBERSHIPS -51,280 EQUITY METHOD INCOME (LOSS) FROM INVESTMENT IN SUBSIDIARY -98,053 OTHER COMPREHENSIVE INCOME(LOSS) PROVISION FOR PENSIONS AND BENEFITS -475,257 PATRONAGE CAPITAL RETIRED - TOTAL -4,518,527 PATRONAGE CAPITAL RETIRED - DISCOUNT 311,793 PATRONAGE CAPITAL ASSIGNED 7,321,836

Return Reference	Explanation
Form 990, Part XII, Line 2c	THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO OVERSEE THE FINANCIAL STATEMENT AUDIT AND SELECT THE INDEPENDENT FINANCIAL STATEMENT AUDITOR PROCEDURAL CHANGES DID NOT OCCUR DURING THE YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BLUEBONNET ELECTRIC COOPERATIVE INC

Employer identification number
74-0754103

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BLUEBONNET RURAL WATER CORPORATION PO BOX 729 BASTROP, TX 78602 74-2532344	WATER DISTRIBUTION	TX	BLUEBONNET ELECTRIC COOPERATIVE INC	C	-116,476	210,163	100 000 %	Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, or**(iv)**rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)BLUEBONNET RURAL WATER CORPORATION (I)	A	19,637	INVOICES & OTHER RECORDS
(2)BLUEBONNET RURAL WATER CORPORATION	Q		N/A - LESS THAN $50,000
(3)BLUEBONNET RURAL WATER CORPORATION	S	948,802	LOAN PRINCIPAL PAYMENTS

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation