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DLN: 93493320110416

OMB No 1545-0047

201 Open to Public

Inspection

Department of the Internal Revenue Service

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

foundations)

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

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

For the 2015 calendar year, or tax year beginning 01-01-2015 and ending 12-31-2015 C Name of organization D Employer identification number B Check if applicable GOLDEN SPREAD ELECTRIC COOPERATIVE INC Address change 75-1941060 Name change Doing business as Initial return -Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated PO BOX 9898 (806) 379-7766 Amended return City or town, state or province, country, and ZIP or foreign postal code AMARILLO, TX $\,$ 791055898 $\,$ Application pending G Gross receipts \$ 231,433,470 Name and address of principal officer **H(a)** Is this a group return for MARK SCHWIRTZ subordinates? PO BOX 9898 Νo AMARILLO,TX 791055898 H(b) Are all subordinates Tax-exempt status included? 501(c)(3) **√** 501(c) (12) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW GSEC COOP Group exemption number 🕨 L Year of formation 1984 M State of legal domicile TX K Form of organization
✓ Corporation
Trust Summary 1 Briefly describe the organization's mission or most significant activities RURAL ELECTRIFICATION Activities & Governance 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 32 Number of independent voting members of the governing body (Part VI, line 1b) 4 32 5 107 Total number of individuals employed in calendar year 2015 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Ω **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 468,207 474,912 8 Contributions and grants (Part VIII, line 1h) . Ravenue 288,274,936 220,306,919 Program service revenue (Part VIII, line 2g) . 3,850,752 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,060,378 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 70,519 108,057 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 292,664,414 229,950,266 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 46,872 0 Benefits paid to or for members (Part IX, column (A), line 4) . 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 12,453,355 15,081,454 Expenses 5 - 10)0 Professional fundraising fees (Part IX, column (A), line 11e) . 16a b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 17 248,265,658 186,498,285 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 260,719,013 201,626,611 18 19 Revenue less expenses Subtract line 18 from line 12 31,945,401 28,323,655 d Balances **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) . 1,080,302,662 1,169,224,046 21 684,388,793 752,986,522 Total liabilities (Part X, line 26) . . Net assets or fund balances Subtract line 21 from line 20 395,913,869 416,237,524

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

		*****		2016-11-03				
Sign	7	Signature of officer			Date			
Here	k	SCOTT GROSS CFO						
	7	Type or print name and title						
Paid		Print/Type preparer's name GARY D MITCHELL	Preparer's signature GARY D MITCHELL	Date	Check If self-employed	PTIN P00005725		
Prepare	,	Firm's name CONNOR MCMILLO	ON MITCHELL & SHENNUM PLLC	Fırm's EIN ► 26-3195732				
Use Only		Firm's address ► PO BOX 15650		Phone no (806) 373-6661		373-6661		
030 0111	y	AMARILLO, TX 79	1055650					
May the IRS	dı	scuss this return with the prepar	er shown above? (see instruction	ons)		√Yes No		

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11 b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥦	11 d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a		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	12 b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
	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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		

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

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

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

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

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

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

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

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

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

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

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

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

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

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

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

31

instructions for applicable filing thresholds, conditions, and exceptions)

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Nο

24d

25a

25b

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27

28a

28b

28c

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352

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Yes

Yes

Yes

Form 990 (2015)

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b Yes Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		Check if Schedule O contains a response of flote to any line in this	Part	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	198			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?	vend	dors and reportable	1 c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and	•	 			
	Tax S	tatements, filed for the calendar year ending with or within the year covered s return	2a	107			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	year [,]	3a		Νo
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b		
4a	over, a	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If"Ye	s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7		izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	7 b		
С		e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	•	which it was required to	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	If the require	organization received a contribution of qualified intellectual property, did the o	rganız • •	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sines:	s holdings at any time	8		
9a	Did th	ie sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ie sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9b		
10	Sectio	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10 a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Sectio	on 501(c)(12) organizations. Enter		•			
		Income from members or shareholders	11a	163,018,887			
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b	0			
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
b	If"Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 32 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b 32 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Nο

organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Yes

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶ AZ, GA, IN, RI

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

1 if applicable), 990, and 99	0-T (501(c
available. Check all that ani	alv

Section 6104 requires an organization to make its Form 1023 (or 1024 (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)

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

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?

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

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

State the name, address, and telephone number of the person who possesses the organization's books and records ▶SCOTT GROSS 905 S FILLMORE STREET SUITE 300 AMARILLO, TX 79101 (806) 379-7766

Νo

16a

16b

Part VII

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total			٠.			•				l
c Total from continuation sh d Total (add lines 1b and 1c)	•			٠	•	. ▶		5,763,850	0	1,564,235
d Total (add lines 1b and 1c)		• •	•	•	•			3,703,630		1,304,233

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

Section B. Independent Contractors

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

(A) Name and business address(B) Description of services(C) CompensationTIC-THE INDUSTRIAL COMPANYEPC CONTRACTOR84,413,112785 GREENS PARKWAY SUITE 125 HOUSTON, TX 77067O&M CONTRACTOR9,540,587PIC GROUP INCO&M CONTRACTOR9,540,5873838 N SAM HOUSTON PARKWAY E HOUSTON, TX 77032ORIGINAL EQUIP MANUFACTURE8,716,272PO BOX 848301 DALLAS, TX 75284ORIGINAL EQUIP MANUFACTURE5,116,480ALSTOM POWER INCORIGINAL EQUIP MANUFACTURE5,116,480
785 GREENS PARKWAY SUITE 125 0 HOUSTON, TX 77067 0&M CONTRACTOR 9,540,587 3838 N SAM HOUSTON PARKWAY E 0 HOUSTON, TX 77032 0 ORIGINAL EQUIP MANUFACTURE 8,716,272 PO BOX 848301 DALLAS, TX 75284 0 0
HOUSTON, TX 77067 PIC GROUP INC 0&M CONTRACTOR 9,540,587 3838 N SAM HOUSTON PARKWAY E HOUSTON, TX 77032 GE INTERNATIONAL INC ORIGINAL EQUIP MANUFACTURE 8,716,272 PO BOX 848301 DALLAS, TX 75284
3838 N SAM HOUSTON PARKWAY E HOUSTON, TX 77032 GE INTERNATIONAL INC ORIGINAL EQUIP MANUFACTURE 8,716,272 PO BOX 848301 DALLAS, TX 75284
HOUSTON, TX 77032 GE INTERNATIONAL INC PO BOX 848301 DALLAS, TX 75284 BALLAS, TX 75284 CRIGINAL EQUIP MANUFACTURE 8,716,272
GE INTERNATIONAL INC PO BOX 848301 DALLAS, TX 75284 ORIGINAL EQUIP MANUFACTURE 8,716,272
PO BOX 848301 DALLAS, TX 75284
DALLAS, TX 75284
ALSTOM POWER INC ORIGINAL EQUIP MANUFACTURE 5,116,480
PO BOX 73729
CHICAGO, IL 60603
ENERGY ERECTORS INC EPC CONTRACTOR 2,256,722
31588 PROGRESS ROAD LEESBURG, FL 34748
7. Total number of independent contractors (including but not limited to those listed above) who received more than

Yes

No

Form 99	0 (20	15)						Page 9
Part V	Ш	Statement o						_
		Check If Schedu	ule O contains a respon	se or note to any lii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रे रे	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es 1b					
tributions, Gifts, Grants Other Similar Amounts	С	Fundraising eve	ents 1c					
iffs ar /	d	Related organiz	ations 1d					
s, G mil	е	Government grants	s (contributions) 1e	474,912				
io I Si	f		ons, gifts, grants, and 1f					
but the	_	similar amounts no	ot included above					
Contributions, Gifts. and Other Similar A	g	1a-1f \$	ons medded in inies					
Containe	h	Total. Add lines	s 1a-1f		474,912			
<u>1</u>				Business Code				
¥.	2a	WHOLESALE POWE		221000	220,458,928	220,458,928		
å <u>.</u>	b	PATRONAGE INCOM		221000	590,329	590,329		
<u>۲</u>	c d	PATRON SOURCE E	EARNINGS	221000	-742,338	-742,338		
₹ -	e e							
Iran	f	All other progra	am service revenue					
Program Service Revenue	_				220 206 010			
			s 2a-2f ome (including dividenc		220,306,919			
		and other simila	aramounts)		9,060,378			9,060,378
	4 5		stment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	1,591,261	, ,				
	b	Less rental	1,483,204					
	С	expenses Rental income	108,057					
	d	or (loss) Net rental inco	me or (loss)	•	108,057			108,057
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	- '	s)	· · · · >				
Other Revenue	oa		luding s reported on line 1c)					
ب حر		See Part IV, lin	ne 18 a					
ţ.	ь	Less direct ex	penses b					
0	С	Net income or ((loss) from fundraising e	events ▶				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	ь		penses b					
	C	Net income or (loss) from gaming activ() -	/ities ►				
	10a	Gross sales of returns and allo						
	b		oods sold b [(loss) from sales of inve	ntory				
	-	Miscellaneous		Business Code				
	11a	znanoodi						
	b							
	С							
	d		ue					
	е	Total. Add lines	s 11a-11d	•				
	12	Total revenue.	See Instructions	· · · •	229,950,266	220,306,919	0	9,168,435

Part IX Statement of Functional Expenses

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

	t include amounts reported on lines 6b, , 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	46,872			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,887,079			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,425,074			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,851,013			
9	Other employee benefits	2,218,028			
.0	Payroll taxes	700,260			
.1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	785,598			
2	Advertising and promotion	12,873			
3	Office expenses	423,231			
4	Information technology	987,137			
5	Royalties				
6	Occupancy	1,121,396			
7	Travel	545,017			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	161,254			
0	Interest	25,454,781			
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	28,762,969			
3	Insurance	2,257,703			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	TRANSMISSION EXPENSE	52,761,967			
b	FUEL EXPENSE	30,767,002			
c	PLANT OPS & MANAGEMENT	17,357,472			
d	PLANT MAINTENANCE	11,117,272			
e	All other expenses	13,982,613			
25	Total functional expenses. Add lines 1 through 24e	201,626,611			
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)				

Dart V	Ralance	Shoot

Par	t X	Balance Sheet				
. ai		Check if Schedule O contains a response or note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1,111,124	1	3,590,862
	2	Savings and temporary cash investments		88,944,372	2	114,152,964
	3	Pledges and grants receivable, net			3	_
	4	Accounts receivable, net		32,252,851	4	26,968,212
	5	Loans and other receivables from current and former office trustees, key employees, and highest compensated emp II of Schedule L				
,	6	Loans and other receivables from other disqualified pers- section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see inst	(c)(3)(B), and section 501(c)(9)		5	
Assets		Part II of Schedule L			6	
As	7	Notes and loans receivable, net		81,926,647	7	78,992,199
	8	Inventories for sale or use			8	· · ·
	9	Prepaid expenses and deferred charges		18,786,097	9	22,998,466
	10a	Land, buildings, and equipment cost or other basis	0a 990,857,859	,		
	ь	· · · · · · · · · · · · · · · · · · ·	0b 182,023,220	642,088,775	10 c	808,834,639
	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 .			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		215,192,796	_	113,686,704
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,080,302,662	16	1,169,224,046
	17	Accounts payable and accrued expenses		31,862,436	_	34,138,868
	18	Grants payable		. ,	18	, , ,
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of			21	
ilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di	dırectors, trustees,			
<u>.</u>		persons Complete Part II of Schedule L			22	
Liab	23	Secured mortgages and notes payable to unrelated third	parties	610,932,937	23	668,520,139
	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
	25	Other liabilities (including federal income tax, payables tand other liabilities not included on lines 17-24) Complete Part X of Schedule D	o related third parties,			
				41,593,420	25	50,327,515
۸	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check he		684,388,793	26	752,986,522
Fund Balances	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			27	
žař	28	Temporarily restricted net assets			28	
Δ E	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.	heck here 🕨 🔽 and			
S	30	Capital stock or trust principal, or current funds		0	30	0
Assets or	31	Paid-in or capital surplus, or land, building or equipment	fund	12,040,593	31	11,797,296
	32	Retained earnings, endowment, accumulated income, or	other funds	383,873,276	32	404,440,228
Net	33			395,913,869	33	416,237,524
Z	34	Total liabilities and net assets/fund balances		1,080,302,662	34	1,169,224,046

229,950,266

201,626,611

28,323,655

395,913,869

000,000,8-

No

Νo

Nο

Form 990 (2015)

416,237,524

Yes

Yes

ΧI	Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			

Donated services and use of facilities .

Investment expenses

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12)								
Total expenses (must equal Part IX, column (A), line 25)							_	

3

Revenue less expenses Subtract line 2 from line 1 . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments .

4 5

6

7

8

9

10

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting

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

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

1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther 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?

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 Both consolidated and separate basis

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

Single Audit Act and OMB Circular A-133?

basis, consolidated basis, or both

Schedule O

Separate basis

✓ Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2c Yes

3a

3b

2a

2b

Software ID: Software Version:

EIN: 75-1941060

Name: GOLDEN SPREAD ELECTRIC COOPERATIVE INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde					rus	tees	, K	ey Employees	, Hignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos more pers	ition than on is	(C) (do one bot	not box h an or/tr	che office Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DALE ANCELL DIRECTOR	4 70 0 90	×						25,600	0	C
JAMES BATTON DIRECTOR	6 40 1 40	×						27,800	0	C
ROGER BLACKWELDER DIRECTOR	7 80 1 70	×						26,300	0	C
EARL BROWN DIRECTOR	4 80 0 90	×						25,550	0	C
VICK CHRISTIAN DIRECTOR	3 90 0 90	х						22,600	0	C
JEFF COPELAND DIRECTOR	4 30 0 90	×						22,500	0	C
CECIL DAVIS DIRECTOR	4 10 0 90	×						21,750	0	Q
BOBBY FUCHS DIRECTOR	4 90 1 10	x						21,750	0	C
CLINTON GARDNER DIRECTOR	4 90 0 90	x						28,550	0	C
STEVE GEE DIRECTOR	3 70 0 80	×						18,800	0	C

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (C) (E)

(F)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unless person is both an officer and a director/trustee) Highest commerce employee Institutional individual true			a Forme	(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		
		บธโลล	Trustee		ĐĐ	pensated				
GAYLORD GROCE	5 40							25		_
DIRECTOR	1 20	X						22,550	0	0
BILL HARBIN	6 50	,						22.700	_	
SECRETARY/TREASURER OF THE BOARD	1 40	X						22,700	0	٥
GREG HENLEY	5 10	.,								_
DIRECTOR	1 10	X						26,300	0	0
LARRY HODGES	3 90									
DIRECTOR	0 90	×						7,500	0	0
KEVIN HUMPHREYS	3 30									
DIRECTOR	0 70	×						14,300	0	0
TOMMY JOINES	3 90									
DIRECTOR	0 90	X						20,250	0	0

15 20

1 80 5 40

1 20 4 80

0 90 3 90

0 90

Х

Х

Χ

33,750

25,550

25,550

15,050

KELLY LANKFORD

RANDY MAHANNAH

DAVID MARRICLE

SHAWN MARTINEZ

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

22,700

34,600

3,000

26,300

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
BOYD MCCAMISH	3 70	x						18,800	0	0
DIRECTOR	0 80	,,							_	-
DAVID MCCLAIN	7 10	l x						22,500	0	
DIRECTOR	1 40	,						22,333	,	
STAN MCCLENDON CHAIRMAN OF THE BOARD	6 00	x						30,750	0	o
	5 20									
DIRECTOR	1 20	x						21,100	0	0
JACK PERKINS	4 30									
DIRECTOR	0 90	x						22,500	0	C
JIMIE REED	3 80									
DIRECTOR	0 90	×						19,550	0	0
	0 90			1						

4 30

1 80 3 60

0.80 4 80

0 90

Х

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Χ

DARRYL SCHRIVER

DIRECTOR

DAVID SELL

DIRECTOR

DIRECTOR

DIRECTOR

JIMMY STOKES

DARRELL STEPHENS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

(F)

109,981

80,677

(A) Name and Title	A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer tor/t	not one n is and			Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MICHAEL VEAZEY	4 30									
DIRECTOR	0 90	X						22,550	0	0
WILLIAM WHITTEN	7 60									
VICE CHAIRMAN OF THE BOARD	1 70	X						32,550	0	0
BRENT WHEELER	5 70									
DIRECTOR	1 20	Х						34,600	0	0
STEVE WILLIAMS	3 90									
DIRECTOR	0 90	X						20,300	0	0
MARK SCHWIRTZ	49 50			l						
PRESIDENT & GENERAL MANAGER	0 50			×				650,647	0	334,886
SCOTT GROSS	40 00						Н			
VP, ASST TREASURER & CFO	0 50			×				333,460	0	90,266
MICHAEL WISE	52 00						Н			
SR VP,COMM OPERATIONS & TRANSMISSION	0 00			×				309,601	0	97,811
JOSEPH HAYDEN	44 00						П			
CHIEF OPERATING OFFICER	1 00			×				378,981	0	112,194
MARY HEKMAN	50 00							075 705	_	

0 00

0 00

ASST SEC & CHIEF LEGAL OFFICER

STEPHEN CROSS

VP ENGINEERING

375,795

257,493

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

74,191

53,583

86,370

66,437

72,488

ol

234,749

234,714

243,885

205,314

221,220

Χ

Χ

Χ

Compensated Employees, and Inde	pendent Co	ntrac	tor	s			•			_
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore th ss pe	(C) (do than ersor cer a	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊬≑	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MARGARET RUPERT CHIEF STRATEGY/INFO & RISK OFFICER	40 00		_ 	x				274,628	0	83,939
JACQUELINE HUMPHREY VP FINANCE & ACCOUNTING	40 00			х				328,994	0	19,700
GEORGE HESS VP PRODUCTION	40 00			x				227,465	0	34,061
SCOTT KRAWEC CONTROLLER & CAO	38 00					×		239,539	0	82,378
THOMAS BURKE MGR REGULATORY/TRANSMISSION POLICY	40 00		 			x		231,870	0	83,560
BRADLEY SWADLING	48 00		1	\Box	Г					

0 00 45 00

0 00 46 00

0 20 32 00

8 00 40 00

0 00

..... VP CORPORATE TECHNOLOGY

ASSOC GEN COUNCIL REGULATORY

JOHN EICHELMANN

VP MEMBER SERVICES

WILLIAM HARRELSON

WILLIAM PIPPIN

VP PRODUCTION

VP HUMAN RESOURCES

DARLA MCGEE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Companyated Employees, and Independent Contractors

Compensated Employees, and Inde	ependent Co	ntracto	rs			1	
(A)	(B)		(C)		(D)	(E)	(F)
Name and Title	Average hours per	more	than on		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related	unless person is both an officer and a director/trustee)			from the organization (W- 2/1099-	from related organizations (W- 2/1099-	other compensation from the
	organizations below dotted line)	Institutional Truste- Individual trustee or director	Key employee Officer	Former Highest compensati employee	MISC)	MISC)	organization and related organizations

0 00

................

MATTHEW MOORE

DIRECTOR OF MARKET OPERATIONS

228,995

81,713

SCHEDULE D (Form 990)

Department of the

Treasury

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

DLN: 93493320110416

Open to Public

	nal Revenue Service	. ,	Emnl	oyer identification number
	LDEN SPREAD ELECTRIC COOPERATIVE INC			•
Pa	art I Organizations Maintaining Donor	Advised Funds or Other Similar F		941060 Or Accounts.
	Complete if the organization answere	ed "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 a funds are the organization's property, subject to t		nor advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			r purpose Yes No
Pa	rt II Conservation Easements. Comple	te if the organization answered "Yes" (on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	= ' ' ' ' '		
	Preservation of land for public use (e.g., recreeducation)		n histor	ically important land area
	Protection of natural habitat	<u>-</u>		d historic structure
	Preservation of open space	·		
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
c	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (c historic structure listed in the National Register		2d	
3	Number of conservation easements modified, trar	nsferred, released, extinguished, or terminat	ed by th	e organization during the
	tax year >			
4	Number of states where property subject to conse	ervation easement is located 🕨		
5	Does the organization have a written policy regard violations, and enforcement of the conservation e		ıdlıng of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, i year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
	-			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onserva	ition easements during the year
8	Does each conservation easement reported on Iir (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		· · · · · · · · · · · · · · · · · · ·
Pai	rt III Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
1 a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF	AS 116 (ASC 958), to report in its revenue	stateme	ent and balance sheet

(ii) Assets included in Form 990, Part X **▶** \$ __ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Revenue included on Form 990, Part VIII, line 1

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

	edule D (101111 990) 2013								Page Z
Par	Organizations Maintaining (continued)	Collections of A	Art, H	istorio	cal Ti	reasures, or	Other Simila	r Ass	ets
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other re	cords,	chec k a	ny of t	the following that	are a significant	t use o	of its
а	Public exhibition		d		Loan	or exchange pro	grams		
b	Scholarly research		e	Г	Othe	er .			
c	Preservation for future generations								
4	Provide a description of the organization Part XIII	's collections and ex	oplain h	ow they	furthe	er the organizatio	n's exempt purp	ose in	
5	During the year, did the organization soli assets to be sold to raise funds rather th							Yes	□No
Pa	rt IV Escrow and Custodial Arra		as part	e or enc	organi	zation's concetto		res	NO
	Complete if the organization a Part X, line 21.		n Form	n 990,	Part I	V, line 9, or re	ported an am	ount (on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inte	rmediai	ry for co	ontribu	itions or other as		Yes	No
ь	If "Yes," explain the arrangement in P	art XIII and comple	te the f	ollowing	g table			A mou	int
c	Beginning balance					10	:		
d	Additions during the year					10	i		
е	Distributions during the year					16	2		
f	Ending balance					11	:		
2a	Did the organization include an amount of	n Form 990, Part X,	line 21	, for es	crowo	or custodial acco	unt liability?	Yes	No
b	If "Yes," explain the arrangement in Part rt V Endowment Funds. Comple								🗆
FG	endowment Funds. Comple	(a)Current year		Prior year		(c)Two years back			e)Four years back
1a	Beginning of year balance	(=,=====,===	ν-,	,		<u> </u>			
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 bal	lance (I	ıne 1g,	colum	n (a)) held as			
а	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 po	ssession of the orga	ınızatıoı	n that a	re held	d and administere	ed for the		
	organization by (i) unrelated organizations							3a(i)	Yes No
	(ii) related organizations							3a(ii	
b	If "Yes" on 3a(II), are the related organiz			Sched	ule R?			3b	
4	Describe in Part XIII the intended uses	of the organization's	endow	ment fu	nds				
Pa	rt VI Land, Buildings, and Equip		Form	aan b	art IV	/ line 112 See	Form 990 Day	rt V	line 10
	Complete if the organization of Description of property	aliswered res to		(a))	(b)	Accumulat		(d)Book value
			C	ost or oth (investr		s Cost or other bas (other)	(c)depreciati	on	
1a	Land				,	2,826,0	33	\Box	2,826,033
b	Buildings					782,505,5	168,645	5,686	613,859,830
c	Leasehold improvements		. [
d	Equipment		. [
e	Other			-		205 505 5	10 10 7	, <u>, ,</u> , T	100 440 777
Tota	II. Add lines 1a through 1e (Column (d) mus		rt X. col	umn (R), line	205,526,3 10(c))	13,377		192,148,776 808,834,639
	= (a) mas		,	(5)	,				300,001,000

Part VII		the organization answered 'Ye	s' 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
	I derivatives		
(3)Other	held equity interests		
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	<u>▶</u>	
	Complete if the organization answered 'Yes' on		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Colum	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answere	ed 'Yes' on Form 990 Part IV line	11d See Form 990 Part X line 15
	(a) Description	, ,	(b) Book value
See Additio	nal Data Table		
	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization	answered 'Yes' on Form 990, I	▶ 113,686,704 Part IV, line 11e or 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Federal inco	ome taxes		
DUE TO AF	FILIATES	11,231,287	
ACCRUED	LIAB-OVER ACCRUED REVENUE	16,378,771	
SUPPLEME	NTAL PENSION LIABILITY	1,308,217	
ACCRUED	INTEREST EXPENSE	8,103,827	
OTHER AC	CRUED EXPENSES	911,642	
DEFERRED	CREDITS	1,824,401	
ACCRUED	PROPERTY TAX	5,379,260	
OTHER AC	CRUED LIABILITIES	4,247,964	
	EMPLOYEE VACATION nn (b) must equal Form 990, Part X, col (B) line 25)	942,146 > 50,327,515	
2. Liability f	for uncertain tax positions In Part XIII, provide the text n's liability for uncertain tax positions under FIN 48 (AS	of the footnote to the organization'	
XIII 🔼			,

2

а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of fa	acılıtıes	2b			
c	Recoveries of prior year grants	5	2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b]	
c					4c	
5		d 4c. (This must equal Form 990, Part I, line			5	
Part		xpenses per Audited Financial Sta			s per	· Return.
1		nization answered 'Yes' on Form 990, F			1	T
			•		<u> </u>	
2		it not on Form 990, Part IX, line 25	1 _	I		
a	Donated services and use of fa		2a	+	-	
b	Prior year adjustments		2b		-	
С	Other losses		2c		-	
d	Other (Describe in Part XIII)		2d		-	
e	Add lines 2a through 2d		•		2e	
3			•		3	
4		0, Part IX, line 25, but not on line 1:	1	1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, lir	ne 18)	5	
Davi	XIII Supplemental Inf	aumation.				
		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				ide any additional
	mation	miles 2d dild 757 dild 1 die XII7 mes 2d dild	, 5 ,	noo complete tino pare to	, p. 0	ac any additional
	Return Reference	Explanation				
PART	X, LINE 2	GOLDEN SPREAD HAS ADOPTED THE "	UNCE	RTAIN TAX POSITION	S" PR	OVISIONS OF GAAP
		THE PRIMARY TAX POSITIONS OF GOL				
		EXEMPT ENTITY AND ITS NEED TO AVOINCOME FROM NONMEMBERS TO MAIN				
		DETERMINED THAT IT IS MORE LIKELY				
		SUSTAINED UPON EXAMINATION BY T				
		STATE TAXING AUTHORITY AND THAT				
		UPON SETTLEMENT WITH TAXING AUT				
		GOLDEN SPREAD PAID NO INCOME TA GOLDEN SPREAD PAID ESTIMATED INC				
		RECORDED A DEFERRED TAX ASSET, N		•		•
		RELATED TO THE TEMPORARY DIFFERE				
		EOD THE VEAD ENDED DECEMBED 21 3				

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

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

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

Schedule D (Form 990) 2015	Page 5					
Part XIII Supplemental Information	on (continued)					
Return Reference	Explanation					
		_				

Additional Data

Software Version:

Software ID:

EIN: 75-1941060

Name: GOLDEN SPREAD ELECTRIC COOPERATIVE INC

4,247,964

942,146

(b) Book value

2,152,538

26,760,314

12,808,781

1,308,217

2,295,530

1,676,594

13,500,000

2,630,363 1,485,521 1,931,057 38,809,775 59,805 991,000 6,400,698 875,386

1,125

Form 990, Schedule D, Part IX, - Other Assets
(a) Description

(2) INVESTMENTS IN ASSOCIATED COMPANIES

(1) ACCRUED INTEREST RECEIVABLE

(3) OTHER MATERIALS & SUPPLIES

(6) INVESTMENTS-AMARILLO CLUB

(7) LAND HELD FOR FUTURE USE

OTHER ACCRUED LIABILITIES

ACCRUED EMPLOYEE VACATION

(4) SUPPLEMENTAL PENSION

(5) DEBT ISSUANCE COSTS

(8) ESCROW FUNDS

\ /		
(9) REGULATOR	Y ASSETS	
(10) PREPAID E	QUIPMENT	
(11) INVESTIGA	TION & SURVEY COSTS	
(12) PLANT HEL	D FOR FUTURE USE	
(13) OTHER PRO	JECTS	
(14) DUE FROM .	AFFILIATES	
(15) MUSTANG S	ST	
(16) OTHER REC	EIVABLE	
Form 990 Sc	hadula D. Bart V. Other Liabilities	
FORIN 990, SC	hedule D, Part X, - Other Liabilities	(b) Book Value
1	(a) Description of Liability	(B) Book Value
DUE TO AFFILIA	TES	11,231,287
ACCRUED LIAB-	OVER ACCRUED REVENUE	16,378,771
CUDDIEMENTAL	PENSION LIABILITY	1,308,217
30FFLLMLNTAL	FENSION LIABILITY	1,300,217
ACCRUED INTE	REST EXPENSE	8,103,827
OTHER ACCRUE	DEXPENSES	911,642
DEFERRED CREE	DITS	1,824,401
ACCRUED PROP	FRTY TAX	5,379,260

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493320110416 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number GOLDEN SPREAD ELECTRIC COOPERATIVE INC 75-1941060 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (e) A mount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment other) assistance 75-6020405 501(C)(3) 5,300 SCHOLARSHIPS TO (1) OPPORTUNITY PLAN INC COLLEGE STUDENTS PO BOX 1035 CANYON, TX 79015 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

Schedule J (Form 990)

Department of the

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.

DLN: 93493320110416 OMB No 1545-0047

2015

Open to Public

eas	•				Insp	ectio	n
	al Revenue Service me of the organization			Employer identification	on nur	nber	
	DEN SPREAD ÉLECTRIC COOPERATIVE INC						
D-	rt I Ouestions Regarding Compensation			75-1941060			
řē	rt I Questions Regarding Compensation						
	Chack the appropriate boy(as) if the organization provide	ad an	ov of the following to or for a nercen	listed on Form		Yes	No
La	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to						
	▼ First-class or charter travel		Housing allowance or residence fo				
	Travel for companions	Ė	Payments for business use of pers	sonal residence	İ	Ì	ĺ
	▼ Tax idemnification and gross-up payments	▽	Health or social club dues or initia	ition fees	ĺ	Ì	Ì
	Discretionary spending account		Personal services (e g , maid, cha	uffeur, chef)			
b	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						
2	Did the organization require substantiation prior to reim			•			
	directors, trustees, officers, including the CEO/Executive	ve D	rector, regarding the items checker	in line Ia/	2	Yes	
3	Indicate which, if any, of the following the filing organiza organization's CEO/Executive Director Check all that a						
	used by a related organization to establish compensation	on of	the CEO/Executive Director, but ex	kplaın ın Part III			
	✓ Compensation committee	~	Written employment contract				
	✓ Independent compensation consultant		Compensation survey or study			ļ	ļ
	Form 990 of other organizations	✓	Approval by the board or compens	ation committee	ļ	ļ	
_							
1	During the year, did any person listed on Form 990, Par or a related organization	t VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	meni	†?		4a	Yes	
b	Participate in, or receive payment from, a supplemental				4b	Yes	
c	Participate in, or receive payment from, an equity-based		·		4c	. 55	No
	If "Yes" to any of lines 4a-c, list the persons and provide			ın Part III			
_	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization		·				
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne la	, did the organization pay or accrue	any			
а	The organization?				5a		
b	Any related organization?				5b		
_	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, lin	ne 1a	, did the organization pay or accrue	any			
	compensation contingent on the net earnings of		-	·			
а	The organization?				6 a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			on-fixed	7		
3	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re						
	in Part III	٠		,	8		
Ð	If "Yes" on line 8, did the organization also follow the re section 53 4958-6(c)?	butta	able presumption procedure describ	ed in Regulations	9		

Selledales (Form 550) 2015					r age 🕳							
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.												
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual												
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in							

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	-	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(i) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

IPARTICIPATE IN A SINGLE CHARTERED FLIGHT. TAX GROSS-UP PAYMENTS ARE INCLUDED IN OFFICERS COMPENSATION. GROSS-UP IPAYMENTS ARE FOR MEMBERSHIP CLUB DUES TO THE AMARILLO CLUB AND AMARILLO COUNTRY CLUB OCCASIONAL GIFT CARDS GIVEN TO OFFICERS ARE ALSO GROSS-UP PAYMENTS INCLUDED IN OFFICERS COMPENSATION ANNUAL DUES PAID FOR OFFICERS TO A 501(C)(7)

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

RESTAURANT CLUB LOCATED IN DOWNTOWN AMARILLO AND FOR MEMBERSHIP IN AMARILLO COUNTRY CLUB MEMBERSHIP PROVIDES A CONVENIENT BUSINESS ENVIRONMENT TO CONDUCT MEETINGS TOTAL 2015 DUES PAID FOR FOUR OFFICERS WERE \$4,682 (APPROXIMATELY \$85 PER MONTH PER OFFICER) PART I, LINES 4A-B LINE 4A - JACOUELINE HUMPHREY, VICE PRESIDENT OF FINANCE AND ACCOUNTING, AND GEORGE HESS, VICE PRESIDENT OF

PRODUCTION, TERMINATED THEIR EMPLOYMENTS ON 1/5/2015 AND 2/25/2015, RESPECTIVELY SEVERANCE PAYMENTS DETERMINED PURSUANT TO THE EXISTING EMPLOYMENT CONTRACT ARE REPORTED IN PART II. COLUMN B(III) FOR JACOUELINE HUMPHREY AND

GEORGE HESS IN THE AMOUNT OF \$308,640 AND \$159,543, RESPECTIVELY LINE 4B - SEE PART II COLUMN(C) DEFERRED COMPENSATION

DIRECTOR OF MARKET OPERATIONS

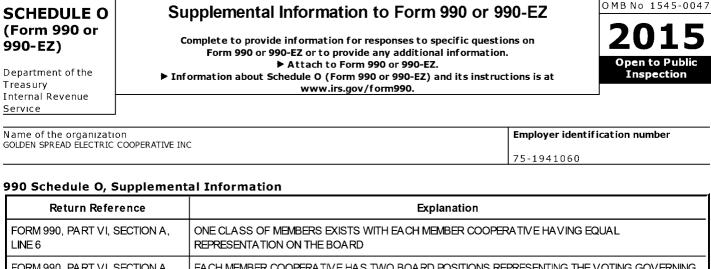
Software ID: **Software Version:**

EIN: 75-1941060

Name: GOLDEN SPREAD 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 (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(I)-(D)column (B) (ii) (iii) (i) compensation reported as deferred Base Bonus & Other on prior Form 990 Compensation ıncentive reportable compensation compensation 1MARK SCHWIRTZ (1) 543,652 81,856 25,139 305,371 29,515 985,533 PRESIDENT & GENERAL MANAGER (11) 0 1SCOTT GROSS (1) 272,158 49,988 11,314 62,514 27,752 423,726 VP, ASST TREASURER & CFO (II)2MICHAEL WISE (1) 259,596 37,313 12,692 68,169 29,642 407,412 SR VP,COMM OPERATIONS & TRANSMISSION (II)3JOSEPH HAYDEN (1) 331,399 3,288 44,294 83,451 28,743 491,175 CHIEF OPERATING OFFICER (II)4MARY HEKMAN (1) 314,060 57,253 4,482 94,536 15,445 485,776 ASST SEC & CHIEF LEGAL OFFICER (II) **5**STEPHEN CROSS 222,107 (1) 0 33.459 1,927 56,806 23,871 338,170 VP ENGINEERING (11) 6MARGARET RUPERT (1) 242,193 32,367 68 57,834 358,567 0 26,105 CHIEF STRATEGY/INFO & RISK OFFICER (11) 7JACQUELINE HUMPHREY 20,354 (1) 8,302 11,398 0 0 308,640 348,694 VP FINANCE & ACCOUNTING 0 0 8GEORGE HESS 40.836 (1) 22,393 261,526 0 0 186.629 11.668 VP PRODUCTION (11) 0 Ω 0 0 9SCOTT KRAWEC 217,002 (1) 22,537 0 58,906 23,472 321,917 0 CONTROLLER & CAO (11)0 0 Ω 10THOMAS BURKE (1) 209,879 0 0 21,991 55,725 27,835 315,430 MGR REGULATORY/TRANSMISSION (II)0 0 POLICY 11BRADLEY SWADLING VP CORPORATE TECHNOLOGY 204,582 (1) 30,031 136 50,148 24,043 308,940 (11) 12JOHN EICHFIMANN (1) 197,621 28,129 8,964 51,214 2,369 288,297 VP MEMBER SERVICES (II)0 13WILLIAM HARRELSON (1) 220,981 22,836 68 58,124 28,246 330,255 ASSOC GEN COUNCIL REGULATORY (11) 14WILLIAM PIPPIN (1) 170,847 17,274 17,193 41,983 24,454 271,751 VP PRODUCTION 0 0 15 DARLA MCGEE (1) 192,833 28,387 43,367 29,121 293,708 VP HUMAN RESOURCES (11) 16MATTHEW MOORE 201.321 (1) 7,514 27,594 310,708

20,160

54,119



DLN: 93493320110416

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FORM 990, PART VI, SECTION A,
LINE 6

ONE CLASS OF MEMBERS EXISTS WITH EACH MEMBER COOPERATIVE HAVING EQUAL
REPRESENTATION ON THE BOARD

FORM 990, PART VI, SECTION A,
LINE 7A

EACH MEMBER COOPERATIVE HAS TWO BOARD POSITIONS REPRESENTING THE VOTING GOVERNING
BODY (16
MEMBER COOPERATIVES EQUATES TO 32 VOTING POSITIONS ON THE BOARD) THE MANAGER OF
EACH MEM
BER COOPERATIVE IS ELECTED BY THE RESPECTIVE MEMBER COOPERATIVE AND FILLS ONE OF THE
TWO P
OSITIONS THE SECOND POSITION IS ELECTED FROM EACH EXISTING MEMBER COOPERATIVES BOARD
BY
THAT MEMBER COOPERATIVE

990 Schedule O, Supplemental Information

Return Reference Explanation

LINE 7B	COOPERATIVES
FORM 990, PART VI, SECTION A,	CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL OF THE MEMBER

FORM 990, PART VI, SECTION B,
LINE 11

THE FORM 990 FOR THIS COMPANY WAS PREPARED BY AN OUTSIDE CPA FIRM AND REVIEWED BY
THE AUDIT COMMITTEE

990 Schedule O, Supplemental Information

FORM 990, PART VI,	OFFICERS AND DIRECTORS SUBMIT FEDERAL ENERGY REGULATORY COMMISSION (FERC) ANNUAL REPORT
SECTION B, LINE 12C	OF INTERLOCKING POSITIONS (FORM 561) FOR GOLDEN SPREAD ELECTRIC COOPERATIVE INC

Explanation

FORM 990, PART VI, SECTION B, LINE 15

Return Reference

OUTSIDE PROFESSIONAL COMPENSATION CONSULTANTS ARE RETAINED TO PREPARE SALARY RANGES FOR EA

CH POSITION A COMPENSATION COMMITTEE CONSISTING OF FIVE BOARD MEMBERS AND TWO HUMAN RESOU

RCF EMPLOYEES EXISTS TO REVIEW AND APPROVE COMPENSATION ARRANGEMENTS

990 Schedule O. Supplemental Information

THE DISREGARDED ENTITY

FORM 990, PART VI.

Return Reference	Explanation
DRM 990, PART VI.	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE

SECTION C. LINE 19 PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE. FORM 990. PART VI. POLICY QUESTIONS AS APPLICABLE TO THE ORGANIZATION'S DISREGARDED ENTITY. GSEC PROPERTIES L SECTION B. LINES 12-15 LC IS A DISREGARDED ENTITY OWNED BY THE ORGANIZATION AND REPORTED ON SCHEDULE R. PART I T HE POLICY QUESTIONS ANSWERED "YES" ON FORM 990, PART VI. LINES 12 THROUGH 15 ALSO APPLY TO

990 Schedule O, Supplemental Information

Return Reference Explanation

PATRONAGE CAPITAL RETIREMENT -8.000.000

FORM 990. PART XI. LINE 9

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(a)

DLN: 93493320110416OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

(f)

Department of the Treasury Internal Revenue Service

Part I

► Attach to Form 990.

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

(d)

(e)

(c)

Internal Revenue Service

Name of the organization
GOLDEN SPREAD ELECTRIC COOPERATIVE INC

Employer identification number

75-1941060

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

(b)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity		
(1) GSEC PROPERTIES LLC (DBA GOLDEN SPREAD ELECTRIC COOPERATIVE INC) PO BOX 9898 AMARILLO, TX 79105	COMMERCIAL RENTAL	TX	82,792	14,069,413	GOLDEN SPREAD ELECTRIC COOPERATIVE INC		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations Complete if the tax year.					ad one	9
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	Public charity s (if section 501(d	tatus Direct controlling entity	Section (b) cont	1) on 512 (13) rolled ity?
(1)MID-TEX GENERATION & TRANSMISSION ELECTRIC COOPERATIVE INC PO BOX 9898	RURAL ELECTRIFICATION	ТХ	501(C)(12)		GOLDEN SPREAD ELECTRIC COOPERATIVE INC	Yes	No
AMARILLO, TX 79105 75-2157834							
For Paperwork Reduction Act Notice, see the Instructions for Form 99	00.	Cat No 501	35Y		Schedule R (Form	990) 2	015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, lir	າe 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	(domicile (state or foreign	ry activity Legal domicile (state or foreign	controlling inco entity u exc	Legal Direct Omicile controlling Cate or entity Oreign	unrelated, excluded from	(f) Share of total income	(h) Disproprtionat allocations?		amount in box 20 of Schedule K-1	mana parti	ral or aging	(k) Percentage ownership
		country)		tax under sections 512- 514)		Yes	No	(Form 1065)	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	Section (b)(i contro entit	1512 13) Illed
(1) FORT CONCHO GAS STORAGE INC PO BOX 9898 AMARILLO, TX 79105 26-3430270	GAS STORAGE FACILITY	ТХ	GOLDEN SPREAD ELECTRIC COOPERATIVE INC	С	-16,265,115	1,920,510	100 000 %	Yes	NO
GOLDEN SPREAD PANHANDLE WIND RANCH LLC PO BOX 9898 AMARILLO, TX 79105 26-3144595	ELECTRIC GENERATION	TX	GOLDEN SPREAD ELECTRIC COOPERATIVE INC	С	14,241,835	109,699,163	100 000 %	Yes	

Part V	Transactions	With Related Organ	zations Complete if th	e 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	re related o	organizations listed in Pa	arts II-IV?			
а	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)						
c	Gift, grant, or capital contribution from related organization(s)						No
d	Loans or loan guarantees to or for related organization(s)					Yes	
е	e Loans or loan guarantees by related organization(s)				1e		No
f	f Dividends from related organization(s)				1 f		No
g	${f g}$ Sale of assets to related organization(s)				1 g		No
h	h Purchase of assets from related organization(s)				1h		No
i	i Exchange of assets with related organization(s)				1i		No
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
n	$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
n	${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o	\boldsymbol{o} . Sharing of paid employees with related organization(s)				10	Yes	
р	p Reimbursement paid to related organization(s) for expenses				1 p		No
q	q Reimbursement paid by related organization(s) for expenses				1 q		No
r	${f r}$ Other transfer of cash or property to related organization(s)				1r		No
s	${f s}$ Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must compl	lete this lii	ne, including covered rel	lationships and transaction thresho	lds		
	(a) (b) Name of related organization Transaction	ıon	(c) Amount involved	(d) Method of determining amou	nt involve	d	
	type (a-s		74 Houric Hivolved	Frediod of determining arriou	TIC III VOIVE	ч	
1) G	GOLDEN SPREAD PANHANDLE WIND RANCH LLC		3,321,761	COST			

Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)GOLDEN SPREAD PANHANDLE WIND RANCH LLC	А	3,321,761	COST
(2)GOLDEN SPREAD PANHANDLE WIND RANCH LLC	D	78,992,199	BALANCE AT 12/31/15
(3)FORT CONCHO GAS STORAGE INC	N	36,000	COST
(4)GOLDEN SPREAD PANHANDLE WIND RANCH LLC	N	60,000	COST
(5)FORT CONCHO GAS STORAGE INC	0	124,150	COST
(6)GOLDEN SPREAD PANHANDLE WIND RANCH LLC	0	248,500	COST

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

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

revenue) that was not a related organization. See instructions 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	total end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>



Additional Data

(5)

GOLDEN SPREAD PANHANDLE WIND RANCH LLC

Software ID: Software Version:

EIN: 75-1941060

Name: GOLDEN SPREAD ELECTRIC COOPERATIVE INC

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (d) Name of related organization Amount Involved Transaction Method of determining amount type(a-s) ınvolved (1) GOLDEN SPREAD PANHANDLE WIND RANCH LLC 3,321,761 COST Α BALANCE AT 12/31/15 (1) GOLDEN SPREAD PANHANDLE WIND RANCH LLC D 78,992,199 (2) FORT CONCHO GAS STORAGE INC COST Ν 36,000 (3) GOLDEN SPREAD PANHANDLE WIND RANCH LLC COST Ν 60,000 COST (4) FORT CONCHO GAS STORAGE INC 0 124,150

0

COST

248,500