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

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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

| | eck ıf a dress cl | ipplicable hange | C Name of organization ROOSEVELT COUNTY ELEC INC | | D Employer identification number 85-0065332 | | | | | |
|--------------------------------|---|--|---|--|---|---------------|---|-----------------------|--|--|
| ┌ Na | me cha | inge | Doing business as | | | | _ | | - | |
| ┌ Ind | tıal retu | ırn | - | | | | E Teleph | one nu | mhor | |
| Fin ret | al urn/ter | mınated | Number and street (or P C BOX 389 | D box if mail is not delivered to street ac | ldress) Room/s | uite | · · | | -4491 | |
| - | nended plication | return n pending | City or town, state or prov PORTALES, NM 88130038 | vince, country, and ZIP or foreign postal 39 | code | | G Gross | receipts | s \$ 16,337,085 | |
| | | | F Name and addres JERRY W PARTIN BOX 389 PORTALES, NM 88 | ss of principal officer 1300389 | | H(b) A | s this a grou ubordinates? are all subord ncluded? | inates | 「Yes ▼No 「Yes 「No | |
| I Ta | ıx-exen | npt status | 501(c)(3) 5 01(c) |) (12) 4 (insert no) 4947(a)(1) | or 527 | | f "No," attacl Group exemp | | t (see instructions) umber Þ | |
| J W | ebsite | e:► WW | /W RCEC ORG | | | | | | | |
| K For | m of or | ganızatıon | Corporation Trust | Association Other ► | | L Year | of formation 1 | | M State of legal domicile NM | |
| Pa | rt I | Sum | mary | | | | | | NI ¹ | |
| Governance | | O PROV | IDE ELECTRIC ENERG | mission or most significant activ | ON A COOPE | | | | | |
| Gove | 2 (| Check th | is box 🕶 if the organiz | ation discontinued its operations | or disposed | of more th | an 25% of its | net a | ssets | |
| 2 6 | 1 | | | e governing body (Part VI, line 1a | | | | 3 | 7 | |
| Activities & | 1 | | | embers of the governing body (Pa | | | | 5 | 52 | |
| <u>₹</u> | 1 | | | oyed in calendar year 2015 (Part mate if necessary) | | | | 6 | 0 | |
| ₫ | | | | e from Part VIII, column (C), line | | | | 7a | 0 | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | | | | | | | | 0 | |
| | | | | | | | Prior Year | | Current Year | |
| | 8 Contributions and grants (Part VIII, line 1h) | | | | | | | 0 | 0 | |
| ā. | 9 | 9 Program service revenue (Part VIII, line 2g) | | | | | | - | 15,428,851 | |
| Revenue | 10 | | · | , column (A), lines 3, 4, and 7d) | | · | | ,288 | 214,423 | |
| _ | 11 | | • | umn (A), lines 5, 6d, 8c, 9c, 10c, | • | | 2 | ,311 | 4,621 | |
| | 12 | 1 otal i 1 2) | revenue—add lines 8 thr | ough 11 (must equal Part VIII, c | olumn (A), III | ne | 17,738 | ,156 | 15,647,895 | |
| | 13 | Grants | s and similar amounts pa | aıd (Part IX, column (A), lınes 1- | 3) | | 2 | ,350 | 2,050 | |
| | 14 | Benefi | ts paid to or for member | rs (Part IX, column (A), line 4) . | | | 1,061 | ,093 | 610,017 | |
| ss. | 15 | Saları 5–10) | | employee benefits (Part IX, colu | mn (A), lines | | 2,276 | ,594 | 2,579,625 | |
| Expenses | 16a | - | | (Part IX, column (A), line 11e) | | | | 0 | 0 | |
| ÷ | Ь | | indraising expenses (Part IX, o | | | | | | | |
| Ш | 17 | | | mn (A), lines 11a-11d, 11f-24e |) | | 14,374 | ,629 | 12,432,921 | |
| | 18 | | | -17 (must equal Part IX, column | | | 17,714 | - | 15,624,613 | |
| | 19 | Reven | ue less expenses Subtr | ract line 18 from line 12 | <u></u> | | 23 | ,490 | 23,282 | |
| Not Assets or Fund Balances | | | | | | Beginn | ing of Current | Year | End of Year | |
| and and a | 20 | Totala | assets (Part X. line 16) | | | | 48,729 | .377 | 52,034,882 | |
| 2,4 2,4 3,4 | 21 | | | 5) | | | 31,966 | - | 35,336,452 | |
| ŽŽ | 22 | Netas | ssets or fund balances S | Subtract line 21 from line 20 . | | | 16,762 | ,986 | 16,698,430 | |
| | rt III r pena | | ature Block | have examined this return, includ | ling accompa | nyına sche | edules and st | ateme | nts, and to the best of | |
| my k | nowle | dge and l | | and complete Declaration of pre | | | | | | |
| | | **** | | | | | 2016-08-11 | | | |
| Sigr | | Signa | ature of officer | | | | Date | | | |
| Her | е | | RY W PARTIN EXECUTIVE VICE or print name and title | E PRESIDENT & GEN MGR | | | | | | |
| | | <u> </u> | rint/Type preparer's name | Preparer's signature | I | Date | Check 🗸 ıf | PTIN | | |
| Paid | d | | latt R Willis | Matt R Willis | | 2016-08-11 | self-employed | | 19741 | |
| | u pare | er ⊢ | | EGARS GILBERT AND MOSS LLP | L | | Firm's EIN 🕨 7 | ım's EIN ► 75-0882037 | | |
| | On | 1 + | irm's address ► 8215 NASHVI | ILLE AVENUE | | | Phone no (80 | 6) 747- | 3806 | |
| | . • • • • • | ا ". | LUBBOCK, TX | (79423 | | | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions)

. ▼Yes □No

| 1 01111 | 990 (2015) | | | | Page 2 |
|---------|-------------------|--|--|---------------------------------|------------------------|
| Par | | ent of Program Service A | | | _ |
| _ | | <u>chedule O contains a response</u> the organization's mission | or note to any line in this Part III | | <u> </u> |
| SUPF | SEVELT COUNTY | ELECTRIC COOPERATIVE IS FESTYLE AND WELL-BEING O | S AN INNOVATIVE, HIGH-QUAL FITS MEMBERS BY PROVIDING IIC GROWTH IN OUR COMMUNI | RELIABLE ELECTRIC POWER | |
| | | | | | |
| 2 | the prior Form 99 | 00 or 990-EZ? | ogram services during the year wh | | 「Yes √No |
| | | e these new services on Schedi | | | |
| 3 | services? | | significant changes in how it condu | | └─Yes └─No |
| | If "Yes," describ | e these changes on Schedule O | | | |
| 4 | expenses Section | | omplishments for each of its three inizations are required to report th program service reported | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | C ENERGY TO OUR MEMBERS - 6,131 A DCATION OF PATRONAGE CAPITAL | CTIVE SERVICES WERE PROVIDED ELECTE | RIC POWER AT YEAR END AT COST C | ON A COOPERATIVE BASIS |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | Other program s | services (Describe in Schedule | 0) | | |
| | (Expenses \$ | | grants of \$ |) (Revenue \$ |) |
| 4e | Total program s | ervice expenses 🕨 | | | |

| Form 990 (| 2015) | | |
|------------|--------------|----------|-----------|
| 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 | | 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 | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | Yes | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 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? <i>If</i> "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{7}$ If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| 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 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 200 | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, | 28a 28b | | No No |
| 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 197 | 38 | Yes | |

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|-----|---|------------|-----|------|
| Ра | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | .୮ |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 20 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | |
| | 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 | | | |
| b | by this return | 2b | Yes | |
| | Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| _ | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Νo |
| Ь | 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 | | Νo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | file Form 8282? | 7 c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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? | | | |
| 02 | Did the sponsoring organization make any taxable distributions under section 4966? | 8 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9a 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | 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 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | 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 | | | |
| c | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

| Part VI | Governance. | Management. | and Disclosure | |
|---------|--------------|-------------|----------------|--|
| | OUT CHILDREN | , | ana Disclosare | |

| Se | ction 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 7 | | | |
| | 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 7 | | | |
| 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 | |
| | 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 7b | Y es Y es | |
| | or persons other than the governing body? | 70 | res | |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal R | <u>even</u> ı | ıe Cod | e.) |
| | | \longrightarrow | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 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 | | No |
| 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 | | No |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | No |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| ь | 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 | | |
| Se | ction C. Disclosure | | | |
| | 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

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

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more pers | than on is | one bot | not box h ar or/tr | cherice Highest compensated | ess er | (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 |
|--|--|--------------|---------------|------------|-----------------------------|-----------------------------|-----------|---|--|--|
| (4) EVELYN LEDDETTED | 1 54 | | ē | | | d ed | | | | |
| (1) EVELYN LEDBETTER PRESIDENT | | x | | х | | | | 8,523 | 0 | C |
| (2) WESLEY BROWN VICE PRESIDENT | 1 75 | x | | х | | | | 7,844 | 0 | C |
| (3) DAVE SANDERS SEC/TREAS | 1 54 | х | | х | | | | 8,480 | 0 | C |
| (4) BILL CATHEY TRUSTEE | 2 74 | х | | | | | | 8,980 | 0 | C |
| (5) DARRELL CAVINESS TRUSTEE | 2 05 | х | | | | | | 8,763 | 0 | C |
| (6) GENE CREIGHTON TRUSTEE | 2 23 | х | | | | | | 8,231 | 0 | C |
| (7) KENNETH COX TRUSTEE | 2 16 | х | | | | | | 8,397 | 0 | C |
| (8) JERRY PARTIN EXECUTIVE VP & GM | 45 00 | | | х | | | | 137,872 | 0 | 127,817 |
| (9) DEBORAH GOFF ACCOUNTING & FINANCE MGR | 40 00 | | | х | | | | 74,668 | 0 | 74,520 |
| (10) ANTONIO SANCHEZ JR ENGINEERING MANAGER | 40 00 | | | | | х | | 102,448 | 0 | 25,135 |
| | | | | | | | | | | |
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| | | | | | | | | | | |
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| | | | | | | | | | | |

| t VII | Section A. Officers | Directors, | Trustees, | Kev Emr | olovees | , and Highest | Compensated I | mplovees | (continued |
|-------|---------------------|------------|-----------|---------|---------|---------------|---------------|----------|------------|
|-------|---------------------|------------|-----------|---------|---------|---------------|---------------|----------|------------|

| (B) A verage hours per week (list any hours | more t | tion (han d n is l | (do r one l both | oox, an d | unless officer | 3 | Repor comper from organiza | rtable nsation i the tion (W- | | Reportable Esti compensation amoun from related compe ganizations (W- from | | other atıon |
|---|--|--|--|--|--|--|--|--|---|--|--|--|
| for related organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC) | | relate | d |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| <u> </u> | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | | | | | |
| | | | • | | . ▶ | | 37- | 4,206 | 0 | | 2 | 27,472 |
| ncluding but not | limited | to the | ose I | ıste | d abov | e) w | ho receive | d more th | an | | | |
| | | | | | | | | | | <u> </u> | Vac | No No |
| | | | | key | emplo | yee, | , or highes | t compen | sated employee | | les | |
| ie 1a, is the sum | of repo | rtabl | e co | | | | | | | | | No |
| | | • | | | | , | | anızatıon | or individual for | 5 | Yes | No |
| ontractors | | | | | | | | | | • | • | |
| ve highest comp | | | | | | | | | | | year | |
| (A) | | | | | | , - | | | (B) | | (C) | |
| | | | | | | | | | | | | |
| | A verage hours per week (list any hours for related organizations below dotted line) A verage hours per week (list any hours for related organizations below dotted line) A verage hours for related organization from the state of the sensation from the sensati | A verage hours per week (list any hours for related organizations below dotted line) Ats to Part VII, Section Attendance or acrue cornization? If "Yes," complete or accuration? If "Yes," complete or accuration or accurate or accuration. | A verage hours per week (list any hours for related organizations below dotted line) Ats to Part VII, Section A Cormer officer, director or trust schedule J for such individual interestions greater than \$150,000. If a receive or accrue compennization? If "Yes," complete Schedule J for such individual interestions greater than \$150,000. If a receive or accrue compennization? If "Yes," complete Schedule J for such individual interestions greater than \$150,000. If a receive or accrue compennization? If "Yes," complete Schedule J for such individual interestions greater than \$150,000. If a receive or accrue compennization? If "Yes," complete Schedule J for such individual interestions greater than \$150,000. If a receive or accrue compennization Report compensation (A) | A verage hours per week (list any hours for related organizations below dotted line) Ats to Part VII, Section A Cormer officer, director or trustee, schedule J for such individual The section of the organization of the lensation from the organization of the lensation greater than \$150,000 for the lensation of the lensation for the | A verage hours per week (list any hours for related organizations below dotted line) A verage hours per week (list any hours for related organizations below dotted line) A verage more than one box, person is both and and a director/tru ling that it is the low dotted line) A verage more than one box, person is both and and a director/tru ling that it is the ling | Average hours per week (list any hours for related organizations below dotted line) Or Cling Con trustee) Or Cling Con trustee) Or Cling Con trustee O | Average hours per week (list any hours for related organizations below dotted line) Institutional Trustee Instit | Average hours per week (list any hours for related organizations below dotted line) Order Order | A verage hours per week (list any hours for related organizations below dotted line) Officer Officer | A verage hours per week (list any hours for related organizations below dotted line) Position (do not check more ban, unless person is both an officer and a director/trustee) Position (do not check more ban one box, unless person is both an officer and a director/trustee) Position (do not check more ban one box, unless person is both an officer and a director/trustee) Position (do not check more ban one box, unless person is both an officer and a director/trustee) Position (do not check more ban one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer of more than one box unless to person is both an officer of more related organization (Wo 2/1099-MISC) Position (do not check more than officer organization) Position (do not check (do not check more than sold) Position (do not check (do not check more than sold) Position (do not check (do not check more than sold) Position (do not check (do not check more than sold) Position (do not check (do not check more than sold) Position (do not check (do not check more than sold) Position (do not check (do not check more than sold) Position (do not check (do not check (do not check more than sold) Position (do not check | A verage hours per week (list any hours for related organizations below dotted line) Postion (do not check more than one box, unless person is both an officer and a director/trustee) person is both an officer and a director/trustee) Postion (do not check more than one box, unless person is both an officer and a director/trustee) Postion (do not check more than one box, unless person is both an officer and a director/trustee) Postion (do not check more than one box, unless person is both an officer and a director/trustee) Postion (do not check more than officer and a director/trustee) Postion (do not check more than officer and a director/trustee) Postion (do not check more than officer and a director/trustee) Postion (do not check more than officer and a director/trustee) Postion (do not check more than officer and a director/trustee) Postion (do not check more than officer and a director/trustee) Postion (do not check more than officer and a director/trustee) Postion (do not check more than officer and a director/trustee) Postion (do not check more than officer and a director/trustee) Postion (do not check more than of from the organization of the calendary ear ending with or within the organization stax (do not check more than \$150,000 of the calendary ear ending with or within the organization stax (do not check the compensation for the calendary ear ending with or within the organization stax (do not check more than \$150,000 of the calendary ear ending with or within the organization stax (do not check more than \$150,000 of the calendary ear ending with or within the organization stax (do not check more than \$150,000 of the calendary ear ending with or within the organization stax (do not check more than \$150,000 of the compensation for the calendary ear ending with or within the organization stax (do not check more than \$150,000 of the compensation for the calendary ear ending with or within the organization stax (do not check more than \$150,000 of the calendary ear ending with or within the | A verage hours per week (list any hours for related organizations (Who the dine) person is both an officer and a director/trustee) organization (Who the dine) person is both an officer and a director/trustee) organization (Who the dine) person is both an officer and a director/trustee) organization (Who the dine) person is both an officer and a director/trustee) organization (Who the dine) person is both an officer and a director/trustee) organization (Who the dine) person is both an officer and a director/trustee) organization (Who the dine) person is both an officer and a director/trustee) organization (Who the dine) person is both an officer and a director/trustee) organization (Who the dine) person is both an officer and a director/trustee) organization (Who the dine) person is both an officer and a director/trustee) organization (Who the director) person is both an officer and a director/trustee) organization (Who the director) person is both an officer and a director/trustee) organization (Who the director) person is both an officer and a director/trustee) organization (Who the director) person is both an officer organization (Who the director) person is both an officer organization (Who the director) person is both an officer organization (Who the director) person is both an officer organization (Who the director) person is both an officer organization (Who the director) person is both an officer organization (Who the director) person is person in organization (Who the director) person is both an organization organizati |

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 \blacktriangleright 0

Form **990** (2015)

| Part V | /++: | Statement o | | | th Dt \/III | | | |
|---------------------------------------|------|---|--|------------------------|-------------------|--|---|--|
| | | | ule O contains a respo | nse or note to any III | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| इ इ | 1a | Federated cam | | | | | | |
| Grants mounts | b | Membership du | ies 1b | | | | | |
| ons, Gifts, Grants Similar Amounts | С | Fundraising eve | ents 1c | | | | | |
| Giffs, iilar Aı | d | Related organiz | zations 1d | | | | | |
| m.S. | е | Government grants | s (contributions) 1e | | | | | |
| is is | f | | ons, gifts, grants, and 1f | | | | | |
| tributio Other | | similar amounts no | ot included above ons included in lines | | | | | |
| Contributions, and Other Sim | g | 1a-1f \$ | ons included in lines | | | | | |
| Cont | h | Total. Add lines | s 1 a - 1 f | · · · • | | | | |
| · · | | | | Business Code | | | | |
| eun | 2a | ELECTRIC SALES | | 221000 | 14,830,075 | 14,830,075 | | |
| æ | ь | POWER SUPPLY RE | EVENUE | 221000 | 499,989 | 499,989 | | |
| <u>.</u> | c | PATRONAGE DIVID | ENDS | 221000 | 69,032 | 69,032 | | |
| ž Ž | d | SERVICE FEES | | 221000 | 29,755 | 29,755 | | |
| Program Serwce Revenue | е | | | | | | | |
| Š | f | All other progra | am service revenue | | | | | |
| ž | g | Total. Add lines | s 2a-2f | ⊨ | 15,428,851 | | | |
| | 3 | | ome (including dividen | | 216,045 | | | 216,045 |
| | 4 | | ar amounts) stment of tax-exempt bond | | 210,043 | | | 210,043 |
| | 5 | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | | 3,387 | | | | |
| | b | Less rental | | 0 | | | | |
| | " | expenses | | | | | | |
| | C | Rental income or (loss) | | 3,387 | | | | |
| | d | Net rental inco | me or (loss) | | 3,387 | | | 3,387 |
| | 7a | Gross amount | (ı) Securities | (II) O ther | | | | |
| | | from sales of assets other than inventory | 672,471 | | | | | |
| | b | Less cost or other basis and sales expenses | 674,093 | | | | | |
| | С | Gain or (loss) | -1,622 | | | | | |
| | d | Net gain or (los | ss) | | -1,622 | | | -1,622 |
| Other Revenue | 8a | Gross income f events (not inc | | | | | | |
| řer Re | | See Part IV, lin | | | | | | |
| ₹ | Ь | | penses b | | | | | |
| | C | | (loss) from fundraising | events 🛌 | | | | |
| | 9a | | rom gaming activities ne 19 a | | | | | |
| | ь | Less direct ex | penses b | | | | | |
| | С | Net income or (| (loss) from gamıng actı | vities | | | | |
| | 10a | Gross sales of | | | | | | |
| | | returns and allo | owances . a | 14,910 | | | | |
| | ь | Less cost of a | oods sold b | 15,097 | | | | |
| | | | (loss) from sales of inv | | -187 | -187 | | |
| | | Miscellaneous | s Revenue | Business Code | | | | |
| | 11a | LOAN SERVIC | E FEE | 522299 | 931 | | | 931 |
| | b | POLE ATTACH | HMENT INCOME | 221000 | 490 | | | 490 |
| | С | | | | | | | |
| | d | All other reven | ue | | | | | |
| | е | Total. Add lines | s 11a-11d | • | 1,421 | | | |
| | 12 | Total revenue. | See Instructions . | 🕨 | 15,647,895 | 15,428,664 | C | 219,231 |

| | Statement of Functional Evanges | | | | Page 10 |
|---------|---|-----------------------|-----------------------------|---------------------------------|-------------------------|
| | Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns | All other organiza | ations must com | nlete column (A.) | |
| Section | | | | | |
| Da === | Check if Schedule O contains a response or note to any line in t | | (B) | (c) | (D) |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 2,050 | | | |
| 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 | 610,017 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 474,095 | | | |
| 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 | 1,439,333 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) | | | | |
| _ | and 403(b) employer contributions) | 156,317 | | | |
| 9 | Other employee benefits | 382,673 | | | |
| 10 | Payroll taxes | 127,207 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | 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 | 955,098 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,454,920 | | | |
| 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 | 8,522,136 | | | |
| b | DISTRIBUTION EXPENSE | 873,286 | | | |
| c | ADMIN & GEN EXPENSE | 404,054 | | | |
| d | CONSUMER CUSTOMER | 191,180 | | | |
| e | All other expenses | 32,247 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 15,624,613 | | | |
| 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) | | | | |

Form 990 (2015) Page 11 Part X **Balance Sheet** .▽ (A) (B) Beginning of year End of year 435,885 479,717 1 1 250.000 2 2 3.112.000 Savings and temporary cash investments 3 3 1,421,034 4 1.364.802 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 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 **Assets** 6 1,951,881 7 2,108,352 7 491,045 8 514,396 8 1,485,119 1,385,794 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 58,332,399 10a Complete Part VI of Schedule D b 10b 22,341,506 35,797,911 10c 35,990,893 Less accumulated depreciation 2.476.230 11 2,501,252 11 12 12 Investments—other securities See Part IV, line 11 3.913.370 13 13 4,461,974 Investments—program-related See Part IV, line 11 . 14 14 15 506.902 15 115,702 16 Total assets. Add lines 1 through 15 (must equal line 34) 48,729,377 16 52,034,882 1,448,120 1,315,332 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 27,322,104 30,573,220 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 3,196,167 3,447,900 25 35,336,452 31,966,391 26 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete Balance lines 27 through 29, and lines 33 and 34. 27 27 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▼ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 0 30 0 Assets 0 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 16,762,986 32 16,698,430 ž 33 16,762,986 16,698,430 33

Total liabilities and net assets/fund balances

52.034.882

48.729.377

34

| Dar | t XI Reconcilliation of Net Assets | | | | age == |
|-----|--|--------|----|---------|-------------|
| Fai | 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 | | 15,6 | 647,895 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 15,6 | 524,613 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 23,282 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 16,7 | 762,986 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | -62,245 |
| 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 | | | -25,593 |
| | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 16,6 | 598,430 |
| Par | t XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | • • | | Yes | . ア No |
| 1 | Accounting method used to prepare the Form 990 | | | res | No |
| 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 review a separate basis, consolidated basis, or both | wed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | rate | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | No |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 1 | | | |
| | 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? | 3 | За | | 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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DLN: 93493228013096

OMB No 1545-0047

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 <u>www.ir</u> | s.gov/te | orm990. Inspection |
|---|---|--|--|
| zation ECTRIC COOPERATIVE | | Emplo | oyer identification number |
| | | | 065332 |
| | | unds o | r Accounts. |
| | (a) Donor advised funds | (b) F | unds and other accounts |
| r at end of year | | | |
| alue of contributions to (during | | | |
| alue of grants from (during year) | | | |
| alue at end of year | | | |
| | <u> </u> | nor advis | ed Yes No |
| | | | purpose |
| rvation Easements. Comple | ete if the organization answered "Yes" | on Form | 1 990, Part IV, line 7. |
| on of land for public use (e g , recre of natural habitat on of open space 2a through 2d if the organization | Preservation of a | certified | historic structure |
| he last day of the tax year | | | Held at the End of the Year |
| f conservation easements | | 2a | neid at the Elid of the Year |
| | ents | 2b | |
| • | | 2c | |
| servation easements included in (o ire listed in the National Register | c) acquired after 8/17/06, and not on a | 2d | |
| servation easements modified, tra | nsferred, released, extinguished, or terminat | ed by the | e organization during the |
| es where property subject to cons | ervation easement is located ► | | |
| | | ıdlıng of | ┌ Yes |
| teer hours devoted to monitoring, | inspecting, handling of violations, and enforc | ing cons | ervation easements during the |
| | | | |
| enses incurred in monitoring, inspe | ecting, handling of violations, and enforcing o | onserva | tion easements during the year |
| | | | |
| on 170(h)(4)(B)(II)? | | | ☐ Yes ☐ No |
| and include, if applicable, the text | of the footnote to the organization's financia | | |
| | | or Oth | er Similar Assets. |
| <u>-</u> | · | | |
| storical treasures, or other similar | assets held for public exhibition, education, | or resea | rch in furtherance of public |
| storical treasures, or other similar | assets held for public exhibition, education, | | |
| ided on Form 990, Part VIII, line | Ĺ | ► \$_ | |
| | | | |
| cion received or held works of art, l | | or financ | |
| led on Form 990, Part VIII, line 1 | | | ► \$ |
| | izations Maintaining Donor ete if the organization answered and it is the organization and donor are a training and it is the organization and donor are a training and it is the organization and it is | Exactions Maintaining Donor Advised Funds or Other Similar F the if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds r at end of year alue of contributions to (during alue of grants from (during year) alue at end of year ation inform all donors and donor advisors in writing that the assets held in dorganization property, subject to the organization's exclusive legal control? ation inform all grantees, donors, and donor advisors in writing that grant funds in annitable purposes and not for the benefit of the donor or donor advisor, or for a riminish property, subject to the organization answered "Yes" conservation easements. Complete if the organization answered "Yes" onservation easements held by the organization (check all that apply) in of land for public use (e.g., recreation or education) Preservation of a finatural habitat Preservation of a preservation of a preservation easements with a preservation easements are stricted by conservation easements estricted by conservation easements included in (c) acquired after 8/17/06, and not on a real listed in the National Register estricted by conservation easement is located Period to the property subject to conservation easement is located Period to the conservation easements in lits revenue and include, if applicable, the text o | izations Maintaining Donor Advised Funds or Other Similar Funds of the if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) if a tend of year alue of contributions to (during vear) alue of contributions to (during vear) alue at end of year atom inform all donors and donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisory atom inform all grantees, donors, and donor advisors in writing that grant funds can be narriable purposes and not for the benefit of the donor or donor advisor, or for any other immissible purposes and not for the benefit of the donor or donor advisor, or for any other immissible purposes and not for the posential of the donor or donor advisor, or for any other immissible purposes and not for the posential of the donor or donor advisor, or for any other immissible purposes and not for the posential of the organization answered "Yes" on Form onservation easements. Complete if the organization answered "Yes" on Form onservation easements. Complete if the organization contribution in the form the last day of the tax year of conservation easements. 2 a through 2 dif the organization held a qualified conservation contribution in the form the last day of the tax year of conservation easements included in (c) acquired after 8/17/06, and not on a restricted by conservation easements. 2 a beta difference of the conservation easement is located by the creation of the conservation easements in the National Register everytion easements modified, transferred, released, extinguished, or terminated by the ease where property subject to conservation easements is located by the creation of the conservation easements in the very difference of the organiz |

Assets included in Form 990, Part X

| 3 | (continued) | | | | | | | | |
|-------------|--|---|---|--|---------------------------------|--|--|---------------------------------|----------|
| | Using the organization's acquisition, according to the collection items (check all that apply) | ession, and other records | , check a | | | | | e of its | |
| а | Public exhibition | ı | d $ egin{array}{c c c c c c c c c c c c c c c c c c c $ | Loan o | exchange | progra | ms | | |
| b | Scholarly research | | е Г | Other | | | | | |
| С | Preservation for future generations | | | | | | | | |
| | Provide a description of the organization' | s collections and explain | how the | / further | the organiz | atıon's | exempt purpose | ın ın | |
| | During the year, did the organization solid | cit or receive donations o | fart his | torical ti | easures or | other | sımılar | | |
| | assets to be sold to raise funds rather th | | | | | | √ Yes | ⊱ ∏ No | |
| ar | t IV Escrow and Custodial Arra Complete if the organization a Part X, line 21. | | m 990, | Part IV | , line 9, o | r repo | rted an amour | nt on Form | า 990 |
| 3 | Is the organization an agent, trustee, cus included on Form 990, Part X? | stodian or other intermedi | ary for c | ontributi | ons or othe | rasse | ts not Yes | s | |
| b | If "Yes," explain the arrangement in Pa | art XIII and complete the | followin | g table | | | Am | ount | |
| 2 | Beginning balance | | | | | 1c | | | |
| t | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| l | Did the organization include an amount o | n Form 990, Part X, line 2 | 21, for es | crow or | custodial a | ccount | liability? Yes | ; | |
| _ | | | | | | | | | _ |
|) — | If "Yes," explain the arrangement in Part | | | | | | | | <u>'</u> |
| ଗ | rt V Endowment Funds. Comple | | | | | ` | 'art IV, line 10 1)Three years back | | are bae |
| | Beginning of year balance | (a)Current year (b | Prior yea | <u>" b (</u> | C) I WO YEARS | Dack (| a)Tillee years back | (e)Four yea | ars bac |
| , | Contributions | | | | | | | | |
| | | | | | | | | | |
| : | Net investment earnings, gains, and losses | | | | | | | | |
| i | Grants or scholarships | | | | | | | | |
| • | Other expenditures for facilities and programs | | | | | | | | |
| F | Administrative expenses | | | | | | | | |
| | End of year balance | | | | | | | | |
| | | | | | | | | | |
| | Provide the estimated percentage of the | current year end balance | (line 1g, | l column | (a)) held as | L S | | | |
| 1 | Provide the estimated percentage of the Board designated or guasi-endowment | current year end balance | (line 1g, | column | (a)) held as | | | | |
| | Board designated or quasi-endowment | current year end balance | (line 1g, | column | (a)) held as | 5 | | | |
| a b | Board designated or quasi-endowment > | current year end balance | (line 1g, | column | (a)) held as | <u> </u> | | | |
| a b | Board designated or quasi-endowment >Permanent endowment >Permanent endowment >Permanent Permanent Permanent | | (line 1g, | column | (a)) held as | 5 | | | |
| a b | Board designated or quasi-endowment > | should equal 100% | | | | | for the | Yes | No |
| o | Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the pos | should equal 100% ssession of the organizati | on that a | | | | 38 | a(i) | No |
|) | Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c. Are there endowment funds not in the posorganization by (i) unrelated organizations | should equal 100% ssession of the organizati | on that a | re held | and adminis · · | | 3a | a(i) | No |
|) | Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c. Are there endowment funds not in the posorganization by (i) unrelated organizations | should equal 100% ssession of the organizati | on that a | re held | and adminis · · | | 3a | a(i) | No |
| | Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c. Are there endowment funds not in the posorganization by (i) unrelated organizations If "Yes" on 3a(II), are the related organization part XIII the intended uses of the state of | should equal 100% ssession of the organizati | on that a on Scheo wment fu | re held and a second a second and a second a | and adminis | stered : | 3a | a(i) a(ii) 3b | No |
| | Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c. Are there endowment funds not in the posorganization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organization be a complete in Part XIII the intended uses of the complete if the organization and the complete if the organization and the complete in the complete i | should equal 100% ssession of the organizati | on that a on Scheo wment fu | ire held | and adminis | stered f | 3a | (i) | |
| | Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c. Are there endowment funds not in the posorganization by (i) unrelated organizations If "Yes" on 3a(II), are the related organization part XIII the intended uses of the state of | should equal 100% ssession of the organizati | on that a on Scheo wment fu | are held and the latest the lates | and adminis | stered to the stered of the st | 3a | a(i) a(ii) 3b | |
| a b c | Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c. Are there endowment funds not in the posorganization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organization be a complete in Part XIII the intended uses of the complete if the organization and the complete if the organization and the complete in the complete i | should equal 100% ssession of the organizati | on that a on Scheo wment fu 1 990, F (a Cost or o | are held and the latest the lates | line 11a.s | stered to the stered of the st | 3a | (i) | : value |
| | Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c. Are there endowment funds not in the posorganization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organization per XIII the intended uses of the complete in Part XIII the organization and Description of property | should equal 100% ssession of the organizati | on that a on Scheo wment fu 1 990, F (a Cost or o | are held and the latest the lates | line 11a.s | stered f | 3a | (i) | : value |
| | Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c. Are there endowment funds not in the posorganization by (i) unrelated organizations | should equal 100% ssession of the organizati | on that a on Scheo wment fu 1 990, F (a Cost or o | are held and the latest the lates | line 11a.5 Cost or othe (other | stered f | 3a | (i) | 150,7 |
| | Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the posorganization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(II), are the related organiz Describe in Part XIII the intended uses of the Complete if the organization of Description of property | should equal 100% ssession of the organizati | on that a on Scheo wment fu 1 990, F (a Cost or o | are held and the latest the lates | line 11a.s Cost or othe (other | See For the second seco | 3a | (d) (d) (d) (d) (d) (d) (d) (d) | |

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

1,370,734

35,990,893

| Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12. | lete if the organiza | tion answered 'Ye | es' on Form 990, Part IV, line 11b. |
|--|------------------------|----------------------------------|--|
| (a) Description of security or category (including name of security) | | (b)Book value | (c)Method of valuation Cost or end-of-year market value |
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests (3)Other | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | F | | |
| Part VIII Investments—Program Related. Complete if the organization answered 'Y | es' on Form 990, P | art IV, line 11c.s. | ee Form 990 Part X line 13 |
| (a) Description of investment | | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| See Additional Data Table | | | Cost of end-of-year market value |
| | | | |
| | | | |
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| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization a | inswered 'Yes' on Forr | 4,461,97 n 990, Part IV, line | |
| (a) Descript | ion | | (b) Book value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organi | | es' on Form 990 | |
| See Form 990, Part X, line 25. | (b) Book value | 1 | |
| 1. (a) Description of liability | (b) Dook value | - | |
| Federal income taxes | | - | |
| OVERBILLED POWER COST | 269,381 | | |
| CUSTOMER DEPOSITS | 228,902 | 2 | |
| DEFERRED CREDIT - RENEWABLE ENERGY FUND | 1,775,911 | | |
| DEFERRED CREDIT - ADVANCES ON CONSTRUCTION | 713,081 | | |
| DEFERRED CREDIT - OTHER | 460,625 | 7 | |
| DEFERRED CREDIT - OTHER | 400,023 | | |
| | | - | |
| | | - | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 3,447,900 | | |

| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | per R | eturn |
|------|---|-------|---------|
| 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 | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | | |
| 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 | | - |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII) | | |
| 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 | Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | s per | Return. |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIII) | | |
| 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: | | |
| а | 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 X, Line 2 | THE COOPERATIVE APPLIES THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES |
| SCHEDULE D | Part IX THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BEEN LEFT BLANK |
| | |
| | |

| Part XIII Supplemental Info | ormation (continued) |
|-----------------------------|----------------------|
| Return Reference | Explanation |
| | |
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Schedule D (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 85-0065332

Name: ROOSEVELT COUNTY ELECTRIC COOPERATIVE

INC

Form 990, Schedule D, Part VIII - Investments Program Related

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|------------------------------------|----------------|--|
| (1)CAPITAL TERM CERTIFICATES - CFC | 502,914 | С |
| (2)INVESTMENT IN SUBSIDIARY | 12,001 | С |
| (3)MEMBERSHIPS | 3,015 | С |
| (4)PATRONAGE CAPITAL - CFC | 83,867 | С |
| (5)PATRONAGE CAPITAL - FEDERATED | 155,540 | С |
| (6)PATRONAGE CAPITAL - NRTC | 19,652 | С |
| (7)PATRONAGE CAPITAL - OTHER | 3,829 | С |
| (8)PATRONAGE CAPITAL - WFEC | 44,540 | С |
| (9)EQUITY CONTRIBUTION - WFEC | 3,635,616 | С |
| (10)PATRONAGE CAPITAL - COBANK | 1,000 | С |

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DLN: 93493228013096

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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.

2015

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization ROOSEVELT COUNTY ELECTRIC COOPERATIVE 85-0065332

| Pa | art 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 | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | No |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4 c | | Νo |
| | 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 | | | |
| а | 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 | | | |
| а | 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 | | | |

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 | ` ' | (E) Total of columns | (F) Compensation in | |
|-------------------------------------|------|--|---|---|--------------------------------|----------------------|----------------------------|--|
| | | Base (i) compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred on prior Form 990 |
| 1 JERRY PARTIN EXECUTIVE VP & GM | (i) | 131,038 | 0 | 6,834 | 114,762 | 13,055 | 265,689 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule J (Form 990) 2015

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

| · | radoctipations required to the artist and tall the state of the parties and parties and parties and administration |
|------------------|---|
| Return Reference | Explanation |
| COLUMN Ć | INCLUDED IN THE AMOUNT IS THE 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 THE PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTION TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS BREAKDOWN OF DEFERRED COMPENSATION REPORTED ON PART II, COLUMN (C) JERRY PARTIN ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$114,535 EMPLOYER CONTRIBUTION TO 401(K) PLAN 227 TOTAL REPORTED IN COLUMN C \$114,762 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (114,535) ADD CASH CONTRIBUTED TO DEFINED BENEFIT PLAN 34,167 EXPENSE TO THE COOPERATIVE \$ 34,394 |

Schedule J (Form 990) 2015

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As Filed Data -

DLN: 93493228013096

OMB No 1545-0047

2015

Open to Public Inspection

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.

| Name of the organization ROOSEVELT COUNTY ELECTRIC COOPERATIVE | Employer identification number |
|---|--------------------------------|
| INC | 85-0065332 |

| 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 TRUSTEES ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS |

| Return Reference | Explanation |
|---------------------|---|
| | 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, 5 AMENDMENT TO THE BY LAWS |

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

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 11 | MANAGEMENT PROVIDED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION AND REVIEW ANY COMMENTS RECEIVED FROM THE BOARD ARE ADDRESSED PRIOR TO FILING |

| Return Reference | Explanation |
|---------------------|---|
| 1 | THE BOARD OF TRUSTEES EVALUATES THE PERFORMANCE OF THE EXECUTIVE VP/GENERAL MANAGER AND THEN VOTES ON THE ANUALLY SALARY THE DECISION IS PARTIALLY BASED ON A COMPENSATION SURVEY, WHICH INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT NEW MEXICO AND THE NATION THE BOARD OF TRUSTEES AND EXECUTIVE VP/GENERAL MANAGER EVALUATES THE PERFORMANCE OF THE ORGANIZATION'S OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEES A COMPENSATION SURVEY, WHICH INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT NEW MEXICO AND THE NATION, IS THEN USED TO HELP SET COMPENSATION |

| Return Reference | Explanation |
|---------------------|--|
| Section C, line 19 | THE BY LAWS OF THE COOPERATIVE ARE LOCATED ITS WEBSITE. THE COOPERATIVE ALSO ANNUALLY PROVIDES A COPY OF THE AUDITED BALANCE SHEET AND INCOME STATEMENT TO THE MEMBERS OF THE COOPERATIVE WITH THE ANNUAL REPORT ADDITIONALLY, THE COOPERATIVE PROVIDES A COMPLETE COPY OF ITS CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS UPON REQUEST OF A MEMBER |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section A, Line 1 | THE COOPERATIVE HAS 7 BOARD MEMBERS, ALL 7 ARE ALLOWED TO VOTE, HOWEVER THE BOARD PRESIDENT VOTES ONLY IN THE CASE OF A TIE |

| Form 990, Part VII, COLUMN (F) FOR THE ELIGIBLE EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE EMPLOYER CONTRIBUTIONS TO THE PLAN ARE MADE PURSUANT TO THE PLAN DOCUMENT ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH AND LIFE INSURANCE TO ALL ELIGIBLE EMPLOYEES THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICERS AND HIGHLY COMPENSTAED EMPLOYEES IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN, THE TOTAL AMOUNT CONTRIBUTED BY THE COOPERATIVE TO THE DEFINED CONTRIBUTION PLAN AND INSURANCE PAID ON BEHALF OF AND FOR THEIR BENEFIT IN ADDITION TO THE ABOVE | Return Reference | Explanation |
|---|---------------------|--|
| 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 | Part VII, | CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. EMPLOYER CONTRIBUTIONS TO THE PLAN ARE MADE PURSUANT TO THE PLAN DOCUMENT. ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN. CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS. THE COOPERATIVE ALSO PROVIDES HEALTH AND LIFE INSURANCE TO ALL ELIGIBLE EMPLOYEES THROUGH A QUALIFIED PLAN. THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICERS AND HIGHLY COMPENSTAED EMPLOYEES IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN, THE TOTAL AMOUNT CONTRIBUTED BY THE COOPERATIVE TO THE DEFINED CONTRIBUTION PLAN AND INSURANCE PAID ON BEHALF OF AND FOR THEIR BENEFIT. IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN |

| 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 VIII, LINE 2 | THE COOPERATIVE AND WESTERN FARMERS ELECTRIC COOPERATIVE (WFEC), A RURAL ELECTRIC GENERATION AND TRANSMISSION COOPERATIVE, HAVE ENTERED INTO A WHOLESALE POWER CONTRACT WHERE WFEC WILL PROVIDE THE COOPERATIVE WITH ELECTRIC POWER AS PART OF THE AGREEMENT THE COOPERATIVE MUST CONTRIBUTE EQUITY TO WFEC IN A MANNER AND AMOUNT SUCH THAT, AS OF JUNE 1, 2026, THE COOPERATIVE HAS CONTRIBUTED EQUITY TO WFEC COMPARABLE TO THE AMOUNT OF EQUITY CONTRIBUTED TO WFEC BY PRIOR EXISTING MEMBERS THE PURPOSE OF THE CONTRIBUTION IS TO OBTAIN A POWER SUPPLY IN ORDER TO MEET THE TERMS OF THE WHOLESALE PURCHASE CONTRACT PURUSANT TO APPROVAL BY THE NEW MEXICO PUBLIC REGULATION COMMISSION, THE EQUITY CONTRIBUTION IS RECOVERED MONTHLY FROM THE MEMBERS THROUGH THE SALE OF ELECTRICITY |

| 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) THE UNIFORM SYSTEM OF ACCOUNTING DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT WILL BE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 WILL BE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS |

| Return Reference | Explanation |
|------------------------------------|--|
| Form 990, Part IX, 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 \$ 1,913,428 LESS DIRECTORS FEES REPORTED ON 1099-MISC (59,218) LESS EMPLOYEE OFFICER BENEFITS REPORTED ON LINE 5 (202,337) PLUS SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 509,257 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING AND OTHER ACCOUNTS 567,138 TOTAL WAGES ACCRUED AND/OR PAID \$ 2,728,268 |

| Return Reference | Explanation |
|----------------------------------|---|
| Form 990, Part IX, Line 24 | THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS ADMINISTRATIVE AND GENERAL EXPENSE ON FORM 990, PART IX, LINE 24 ACCOUNTING EXPENSE \$ 15,932 ADVERTISING 22,222 ANNUAL MEETING EXPENSE 27,422 CAPITAL CREDIT EXPENSE 3,035 DUES PAID TO ASSOCIATED ORGANIZATIONS 57,530 MAINTENANCE OF GENERAL PLANT 92,094 OFFICE AND SUPPLIES 14,734 OUTSIDE SERVICES 61,907 REGULATORY COMMISSION EXPENSE 84,708 TRUSTEE TRAINING & TRAVEL EXPENSE 22,963 INSURANCE - INJURIES AND DAMAGES 1,507 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$ 404,054 |

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART IX, LINE 4 | PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS THE COOPERATIVE BASIS 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 DEFRATES AS SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE BASIS OF PATRONAGE (IE PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PENDO AFTER THE CLOSE OF THE COOPERATIVES YEAR-END OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVES BYLAWS THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2015 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATIVE FOR THE 2015 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHING ITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE NOT AN EXPENSE F |
| | |

| Return Reference | Explanation |
|------------------------------|--|
| Form 990, Part IX, LINE 1 | ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE EACH GRANT, SCHOLARSHIP AND/OR DONATION MADE DURING THE YEAR WAS BELOW THE REPORTING THRESHOLD OF SCHEDULE I, PART II |

| Return Reference | Explanation |
|---|---|
| Form 990, Part X, LINES 17 AND 25 | THE COOPERATIVE PREVIOUSLY INCLUDED "ACCRUED EMPLOYEE COMPENSATED ABSENCES AND "OTHER CURRENT ACCRUED LIABILITES" AS COMPONETS OF OTHER LIABILITIES ON LINE 25 OF PART X HOWEVER, FOR THE 2015 CALENDAR YEAR, THE COOPERATIVE BEGAN REPORTING THESE AMOUNTS ON LINE 17 IN ACCORDANCE WITH FORM 990 INSTRUCTIONS TO INCREASE CONSISTENCY, THE AMOUNT OF \$314,436 FOR "ACCRUED EMPLOYEE COMPENSATED ABSENCES AND \$7,927 FOR "OTHER CURRENT ACCRUED LIABILITES" FOR THE 2014 CALENDAR YEAR HAVE BEEN RECLASSED FROM LINE 25 TO LINE 17 |

| Return Reference | Explanation |
|------------------------------|--|
| Form 990, Part XI, line 9 | EQUITY METHOD INCOME (LOSS) FROM SUBSIDIARY -23,282 OTHER COMPREHENSIVE INCOME (LOSS) - PROVISION FOR PENSIONS & BENEFITS -528,600 PATRONAGE CAPITAL - ASSIGNABLE 610,017 PATRONAGE CAPITAL - RETIRED - 83,728 |

| Return Reference | Explanation |
|--------------------------------|---|
| Form 990, Part XII, Line 2C | THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR PROCEDURAL CHANGES DID NOT OCCUR DURING THE YEAR |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE R

Name of the organization

Department of the Treasury

Internal Revenue Service

DLN: 93493228013096

OMB No 1545-0047

2015

Schedule R (Form 990) 2015

Employer identification number

Related Organizations and Unrelated Partnerships (Form 990) ▶ 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.

Open to Public Inspection

| ROOSEVELT COUNTY ELECTRIC COOPERATIVE INC | | | | 85-00653 | 32 | | |
|--|---|---|----------------------------|---|---|---|-------------------|
| Part I Identification of Disregarded Entities Comp | lete if the organization a | answered "Yes" or | n Form 990, Part | IV, line 33. | | | |
| (a) Name, address, and EIN (ıf applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income E | (e) nd-of-year assets | (f) Direct controlling entity | | |
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| Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during | izations Complete if th the tax year. | e organization an | swered "Yes" on | Form 990, Par | rt IV, line 34 because it h | iad one | е |
| (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 sta (if section 501(c) | | Section (13) co | 512(b Introlle |
| (1)ROOSEVELT COUNTY ELECTRIC EDUCATION FOUNDATION PO BOX 389 PORTALES, NM 88130 85-0350615 | TO PROVIDE COLLEGE SCHOLARSHIPS TO MEMBERS OF THE COOPERATIVE | NM | 501(c)(3) | PF | ROOSEVELT COUNTY ELECTRIC COOPERATIVE INC | Decause it had one (f) (g) controlling Section 512(b) (13) controlle entity? Yes No COUNTY Yes | |
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Cat No 50135Y

| | Identification of Related Organizations Taxable as a Partnership Complete of 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 | (c) Legal domicile (state or foreign country) | 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 Disprop alloca | rtionate | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mana parti | ral or nging | (k) Percentage ownership |
|---|---|--------|---|---------------------------------|--|--------------------------------|----------|--|---------------|-----------------|---------------------------------------|
| | | | | | | Yes | No | | Yes | No | |
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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 (b)(i contro entit | n 512 13) olled ty? |
|--|--------------------------------|---|---|---|--|---|---------------------------------------|--|------------------------------|
| ESTACADO ENERGY (1)SERVICES INC PO BOX 389 PORTALES, NM 88130 68-0602988 | ELECTRICIAN SERVICES | NM | ROOSEVELT COUNTY ELECTRIC COOPERATIVE INC | С | 62,186 | 12,001 | 100 000 % | Yes Yes | No |
| | | | | | | | | | |
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| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No | |
|---|---|------------------------|--|---------------|-----|----|--|
| $f 1$ During the tax year, did the orgranization engage in any of the following transactions with one or more r_0 | elated organizations li | sted in Parts II-IV? | | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | No | |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | | No | |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1 c | | 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) | | | | 11 | | No | |
| ${f m}$ 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 | Yes | | |
| o Sharing of paid employees with related organization(s) | | | | 10 | Yes | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1 p | | No | |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | | No | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | Yes | | |
| s Other transfer of cash or property from related organization(s) | | | | 1 s | | No | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete | this line, including co | vered relationships | and transaction thresholds | | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining am | ount involved | | | |
| L)NA - LESS THAN 50000 | N | | | | | | |
| 2)NA - LESS THAN 50000 | 0 | | | | | | |
| B)NA - LESS THAN 50000 | R | | | | | | |
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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 | (g) Share of end-of-year assets | (g) (h) are of Disproprtional of-year allocations | (h) Isproprtionate allocations? | | (j) General or managing partner? | | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2015