

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493298007226

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047 2015

Open to Public
Inspection

			: 04 04 004E	4 F		•	
		L5 calendar year, or tax year beginn C Name of organization	ing 01-01-2015 , and ending 12-31-20	15	D Emplo	ver identific	cation number
	eck if applic Tress change	SIERRA ELECTRIC COOPERATIVE I	INC				acton number
_	ne change				— 85-00 —	93694	
	ial return	Doing business as					
, Inc Fina		Number and street (or P O box if	mail is not delivered to street address) Room/su	uite	E Telepho	one number	
	urn/termina	ted PO BOX 290			(575)	744-5231	<u> </u>
☐ Am	ended retur	,,,,	untry, and ZIP or foreign postal code				
☐ App	olication per	elephant Butte, NM 87935			G Gross r	eceıpts \$ 9,04	42,093 ————
		F Name and address of pr	ncıpal officer	H(a) Is	this a group	return for	
		JIMMY CAPPS PO BOX 290			ubordinates?		ΓYes Γ Nο
		ELEPHANT BUTTE, NM 8	7935		re all subordı cluded?	nates	□Yes □No
				I f	"No," attach	a list (see	e instructions)
I Ta	x-exempt s	tatus 501(c)(3) 501(c) (12)	◀ (insert no)	H(c) (roup exempt	ion number	r⊫
J W	ebsite: 🕨	WWW SIERRAELECTRIC ORG					
K Forr	n of organiz	ration Corporation Trust Associat	cion Cother 🟲	L Year	of formation 19	52 M State	e of legal domicile
Pa	rt I S	Summary					
		y describe the organization's mission	on or most significant activities				
	<u>TO P</u>	ROVIDE ELECTRIC POWER TO RU	JRAL AREAS AT COST ON A COOPER	ATIVE BA	SIS		
Governance							
層							
<u>ş</u>	2 Che	ck this box 🔰 if the organization d	liscontinued its operations or disposed o	of more tha	n 25% of its	net assets	
Ğ	3 Num	her of voting members of the gover	ning body (Part VI, line 1a)		I	з	9
න් ගු			of the governing body (Part VI, line 1b)		ŀ	4	9
Activities			calendar year 2015 (Part V, line 2a)		ŀ	5	21
ਹੁੰ			necessary)			6	0
Q.			Part VIII, column (C), line 12		ŀ	7a	14,207
	b Netu	nrelated business taxable income f	rom Form 990-T, line 34			7b	9,951
	b Netu	nrelated business taxable income f	rom Form 990-T, line 34		 Prior Year		9,951 Current Year
		nrelated business taxable income f					
	8 C 9 P	ontributions and grants (Part VIII, rogram service revenue (Part VIII,	line 1h)		Prior Year 8,902,	0 429	Current Year 0 8,880,713
Payenue	8 C 9 P 10 Ir	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, colun	line 1h)		8,902,4 146,8	0 429 874	0 8,880,713 92,602
Revenue	8 C 9 P 10 Ir 11 O	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, colun ther revenue (Part VIII, column (A	line 1h)		Prior Year 8,902,	0 429 874	Current Year 0 8,880,713
Revenue	8 C 9 P 10 Ir 11 O	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, colun ther revenue (Part VIII, column (A	line 1h)		8,902,4 146,8	0 429 874 565	0 8,880,713 92,602
Revenue	8 C 9 P 10 Ir 11 O 12 T	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, colun ther revenue (Part VIII, column (Aotal revenue—add lines 8 through 1	line 1h)	ne	8,902, 146,3 12,3 9,061,3	0 429 874 565	0 8,880,713 92,602 30,319
Revenue	8 C 9 P 10 Ir 11 O 12 T 1 13 G	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, colum ther revenue (Part VIII, column (Aotal revenue—add lines 8 through 12)	line 1h)	ne	8,902, 146,3 12,3 9,061,3	0 429 874 565 868	0 8,880,713 92,602 30,319 9,003,634
	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, column (A otal revenue—add lines 8 through 12) rants and similar amounts paid (Paenefits paid to or for members (Part alaries, other compensation, emplo	line 1h)	ne	8,902,, 146,, 12,, 9,061,,	0 429 874 565 868 355	0 8,880,713 92,602 30,319 9,003,634 5,343
	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, colum ther revenue (Part VIII, column (Aotal revenue—add lines 8 through 12) rants and similar amounts paid (Paenefits paid to or for members (Part alaries, other compensation, emplo—10)	line 1h)	ne -	8,902,4 146,4 12,4 9,061,4 679,4	0 429 874 565 868 355 057	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590
	8 C 9 P 10 Ir 11 O 12 T 1 1 13 G 14 B 15 S 5	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, colum ther revenue (Part VIII, column (A otal revenue—add lines 8 through 12) rants and similar amounts paid (Pa enefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I	line 1h)	ne -	8,902,4 146,4 12,4 9,061,4 679,4	0 429 874 565 868 355	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107
Expenses Revenue	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 5	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, column ther revenue (Part VIII, column (Aotal revenue—add lines 8 through 12) rants and similar amounts paid (Paenefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I	line 1h)		8,902,4 146,3 12,5 9,061,3 679,0	0 429 874 565 868 355 057 222	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107
	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 16a P b To 17 O	ontributions and grants (Part VIII, rogram service revenue (Part VIII, royestment income (Part VIII, column ther revenue (Part VIII, column (A otal revenue—add lines 8 through 12) rants and similar amounts paid (Pa enefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I otal fundraising expenses (Part IX, column (A))	line 1h)		8,902,4 146,4 12,4 9,061,8 679,4 1,246,4	0 429 874 565 868 355 057 222 0	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0
	8 C 9 P 10 Ir 11 O 12 T 1 1 13 G 14 B 15 S 5 16a P b Tc 17 O 18 T	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, column (Aotal revenue—add lines 8 through 12) rants and similar amounts paid (Paenefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I vital fundraising expenses (Part IX, column (A) otal expenses Add lines 13–17 (more vital expenses Vital expenses (more vital expenses Vital expenses Vital expenses (more vital expenses Vital expenses Vital expenses (more vital expenses Vital expenses (more vital expenses Vital expenses (more vital expenses Vital expenses Vital expenses Vital expenses (more vital expenses Vital expenses Vital expenses Vital expenses (more vital expenses Vital expenses Vital expenses Vital expenses Vital expenses Vital expenses (more vital expenses Vi	line 1h)		8,902,4 146,4 12,5 9,061,4 679,4 1,246,5	0 429 874 565 868 355 057 222 0	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107
Expenses	8 C 9 P 10 Ir 11 O 12 T 1 1 13 G 14 B 15 S 5 16a P b Tc 17 O 18 T	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nvestment income (Part VIII, column (Aotal revenue—add lines 8 through 12) rants and similar amounts paid (Paenefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I vital fundraising expenses (Part IX, column (A) otal expenses Add lines 13–17 (more vital expenses Vital expenses (more vital expenses Vital expenses Vital expenses (more vital expenses Vital expenses Vital expenses (more vital expenses Vital expenses (more vital expenses Vital expenses (more vital expenses Vital expenses Vital expenses Vital expenses (more vital expenses Vital expenses Vital expenses Vital expenses (more vital expenses Vital expenses Vital expenses Vital expenses Vital expenses Vital expenses (more vital expenses Vi	line 1h)		8,902,4 146,4 12,5 9,061,4 679,4 1,246,5	0 429 874 565 868 355 057 222 0	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0
Expenses	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 16a P b T 17 O 18 T 19 R	ontributions and grants (Part VIII, rogram service revenue (Part VIII, royestment income (Part VIII, column ther revenue (Part VIII, column (A otal revenue—add lines 8 through 12) rants and similar amounts paid (Pa enefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I otal fundraising expenses (Part IX, column (A) otal expenses Add lines 13–17 (mevenue less expenses Subtract lines)	line 1h)		8,902,4 146,4 12,4 9,061,8 3,4 679,4 1,246,4 7,131,4 9,059,4 2,4	0 429 874 565 868 355 057 222 0 215 849 019 Year	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0 7,181,594 9,003,634 0
Expenses	8 C 9 P 10 Ir 11 O 12 T 1 1 13 G 14 B 15 S 5 16a P b To 17 O 18 T 19 R	ontributions and grants (Part VIII, rogram service revenue (Part VIII, royestment income (Part VIII, column (A otal revenue—add lines 8 through 12) rants and similar amounts paid (Paenefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I otal fundraising expenses (Part IX, column (A) otal expenses Add lines 13–17 (mevenue less expenses Subtract line)	line 1h)	Beginni	8,902,4 146,3 12,3 9,061,3 679,4 1,246,3 7,131,3 9,059,3 2,4 19,796,4	0 429 874 565 868 355 057 222 0 215 849 019 Year	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0 7,181,594 9,003,634 0 End of Year
Expenses	8 C 9 P 10 Ir 11 O 12 T 13 G 14 B 15 S 16a P b T 17 O 18 T 19 R	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nivestment income (Part VIII, column ther revenue (Part VIII, column (Aotal revenue—add lines 8 through 12) rants and similar amounts paid (Palenefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I otal fundraising expenses (Part IX, column (Alenefits paid to part IX, line 16) otal assets (Part X, line 16) . otal liabilities (Part X, line 26)	line 1h)	Beginni	8,902,4 146,4 12,4 9,061,4 679,4 1,246,4 7,131,4 9,059,4 2,4 19,796,4 11,417,4	0 429 874 565 868 355 057 222 0 215 849 019 Year 605	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0 7,181,594 9,003,634 0 End of Year 20,132,012 11,360,691
Net Assets or Expenses Fund Balances	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 5 16a P b T 17 O 18 T 19 R 20 T 21 T 22 N	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nivestment income (Part VIII, column ther revenue (Part VIII, column (Aotal revenue—add lines 8 through 12) rants and similar amounts paid (Palenefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I otal fundraising expenses (Part IX, column (Alenefits paid to part IX, line 16) otal assets (Part X, line 16) . otal liabilities (Part X, line 26)	line 1h)	Beginni	8,902,4 146,3 12,3 9,061,3 679,4 1,246,3 7,131,3 9,059,3 2,4 19,796,4	0 429 874 565 868 355 057 222 0 215 849 019 Year 605	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0 7,181,594 9,003,634 0 End of Year
Mot Assets of Expenses of Fund Balances	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 16a P b T 17 O 18 T 19 R 20 T 21 T 22 N 11 S r penaltie	ontributions and grants (Part VIII, rogram service revenue (Part VIII, rogram service revenue (Part VIII, colum ther revenue (Part VIII, column (A otal revenue—add lines 8 through 12) rants and similar amounts paid (Pa enefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I otal fundraising expenses (Part IX, column (A) otal expenses (Part IX, column (A) otal expenses Add lines 13–17 (mevenue less expenses Subtract line) otal liabilities (Part X, line 16) otal liabilities (Part X, line 26) . et assets or fund balances Subtract Signature Block s of perjury, I declare that I have e	line 1h)	Beginni	8,902,4 146,4 12,4 9,061,8 3,4 679,4 1,246,4 7,131,4 9,059,8 2,4 19,796,4 11,417,8 8,378,4 dules and sta	0 429 874 565 868 355 057 222 0 215 849 019 Year 605 839 766	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0 7,181,594 9,003,634 0 End of Year 20,132,012 11,360,691 8,771,321
Met Assets or Expenses of Fund Balances	8 C 9 P 10 Ir 11 O 12 T 1 13 G 14 B 15 S 16a P b T 17 O 18 T 19 R 20 T 21 T 22 N 11 S r penaltie	ontributions and grants (Part VIII, rogram service revenue (Part VIII, rogram service revenue (Part VIII, column ther revenue (Part VIII, column (A otal revenue—add lines 8 through 12) rants and similar amounts paid (Pa enefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I otal fundraising expenses (Part IX, column (A) otal expenses (Part IX, column (A) otal expenses Add lines 13–17 (mevenue less expenses Subtract line) otal assets (Part X, line 16)	line 1h)	Beginni	8,902,4 146,4 12,4 9,061,8 3,4 679,4 1,246,4 7,131,4 9,059,8 2,4 19,796,4 11,417,8 8,378,4 dules and sta	0 429 874 565 868 355 057 222 0 215 849 019 Year 605 839 766	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0 7,181,594 9,003,634 0 End of Year 20,132,012 11,360,691 8,771,321
Signature State of St	8 C 9 P 10 Ir 11 O 12 T 13 G 14 B 15 S 16a P b To 17 O 18 T 19 R 20 T 21 T 22 N 11 S r penaltie nowledge erer has a	ontributions and grants (Part VIII, rogram service revenue (Part VIII, rogram service revenue (Part VIII, column ther revenue (Part VIII, column (A otal revenue—add lines 8 through 12) rants and similar amounts paid (Pa enefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I otal fundraising expenses (Part IX, column (A otal expenses (Part IX, column (A otal expenses Add lines 13–17 (mevenue less expenses Subtract lines) otal assets (Part X, line 16) otal liabilities (Part X, line 26) et assets or fund balances Subtract Signature Block s of perjury, I declare that I have e and belief, it is true, correct, and cony knowledge	line 1h)	Beginni	8,902,4 146,3 12,1 9,061,3 679,0 1,246,3 7,131,3 9,059,3 2,0 19,796,0 11,417,3 8,378,3 dules and sta	0 429 874 565 868 355 057 222 0 215 849 019 Year 605 839 766	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0 7,181,594 9,003,634 0 End of Year 20,132,012 11,360,691 8,771,321
Signature State of St	8 C 9 P 10 Ir 11 O 12 T 13 G 14 B 15 S 16a P b To 17 O 18 T 19 R 20 T 21 T 22 N 11 S r penaltie nowledge erer has a	ontributions and grants (Part VIII, rogram service revenue (Part VIII, nivestment income (Part VIII, column ther revenue (Part VIII, column (Aotal revenue—add lines 8 through 12) rants and similar amounts paid (Palenefits paid to or for members (Part alaries, other compensation, emploidal fundraising fees (Part I otal fundraising expenses (Part IX, column (Alexandraising expenses (Part IX, column (Alexandraising expenses Subtract line) otal expenses Add lines 13–17 (mevenue less expenses Subtract line) otal assets (Part X, line 16)	line 1h)	Beginni	8,902,4 146,3 12,3 9,061,3 679,4 1,246,3 7,131,3 9,059,3 2,4 19,796,4 11,417,8 8,378,3 dules and sta) is based on	0 429 874 565 868 355 057 222 0 215 849 019 Year 605 839 766	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0 7,181,594 9,003,634 0 End of Year 20,132,012 11,360,691 8,771,321
Met Assets of As	8 C 9 P 10 Ir 11 O 12 T 13 G 14 B 15 S 16a P b To 17 O 18 T 19 R 20 T 21 T 22 N 11 S r penaltie nowledge erer has a	ontributions and grants (Part VIII, rogram service revenue (Part VIII, rogram service revenue (Part VIII, column ther revenue (Part VIII, column (A otal revenue—add lines 8 through 12) rants and similar amounts paid (Pa enefits paid to or for members (Part alaries, other compensation, emplo—10) rofessional fundraising fees (Part I otal fundraising expenses (Part IX, column (A) otal expenses (Part IX, column (A) otal expenses Add lines 13–17 (Mevenue less expenses Subtract lines) otal liabilities (Part X, line 16) et assets or fund balances Subtract Signature Block s of perjury, I declare that I have e and belief, it is true, correct, and cony knowledge	Iline 1h)	Beginni	8,902,4 146,3 12,3 9,061,3 679,4 1,246,3 7,131,3 9,059,3 2,4 19,796,4 11,417,8 8,378,3 dules and sta) is based on	0 429 874 565 868 355 057 222 0 215 849 019 Year 605 839 766	0 8,880,713 92,602 30,319 9,003,634 5,343 591,590 1,225,107 0 7,181,594 9,003,634 0 End of Year 20,132,012 11,360,691 8,771,321

Firm's address 🕨 8215 NASHVILLE AVENUE

Preparer

Use Only

Firm's name
BOLINGER SEGARS GILBERT AND MOSS LLP

LUBBOCK, TX 79423
May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's EIN 🟲 75-0882037

Phone no (806) 747-3806

. ▼Yes □No

Par	Statem	ent of Program Service A	ccomplishments		r age z
			or note to any line in this Part III	<u></u>	·
1	Briefly describe	e the organization's mission			
PRO!	DUCTS TO OUR XCELLED IN OU	MEMBERS AT COMPETITIVE PRINDUSTRY WE ARE COMMIT	TO PROVIDING HIGH QUALITY RICES OUR MEMBERS DESERV TED TO MAINTAINING AN ENV TENTIAL TO BENEFIT OUR COM	E AND SHALL RECEIVE QUAL IRONMENT WHERE THE BOAF	ITY SERVICE
2			ogram services during the year wh		Yes ✓ No
	If "Yes," descri	be these new services on Schedu	ile O		
3	services? .		significant changes in how it condu		Yes ▼No
	If "Yes," descri	be these changes on Schedule O			
4	expenses Sect		omplishments for each of its three anizations are required to report th program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		C POWER TO MEMBERS - 4,141 ACTIVE ATRONAGE CAPITAL	SERVICES WERE PROVIDED POWER AT YE	AR END AT COST ON A COOPERATIVE	BASIS THROUGH THE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		services (Describe in Schedule	•) (D	
	(Expenses \$		grants of \$) (Revenue \$)
4e	Total program	service expenses ►			

Form 990 (2015)		Page:
Part IV Checklist of Required Schedules		
	Yes	No

			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
	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	
	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
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

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	

	990 (2015)			Page		
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					
			Yes	No		
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 25 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 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	2b	Yes			
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
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		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	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?					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?					
	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?	7c				
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?					
0-	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					
	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				

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

Se	ection A. Governing Body and Management	•		,,
<u> </u>	action A. Governing body and rianagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 9			
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	110
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	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	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	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			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14		No
L 5	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		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	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	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶JIMMY CAPPS GENERAL MANAGER 610 HWY 195 ELEPHANT BUTTE, NM 87935 (575)744-5231

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

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	more pers and	than on is	one bot rect	not box h ar or/tr	chec c, unle n office	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) JOHN BOKICH	4 15	, ,		,				22.450	0	
PRESIDENT	1 00	X		X				23,150	0	(
(2) DARRYL SULLIVAN VICE PRESIDENT	9 10	х		х				18,690	0	(
(3) OSCAR WOOD SECRETARY	3 21	х		х				5,501	0	(
(4) GEORGE BIEL TREASURER	1 00	x		х				17,393	0	(
(5) CHARLES MCMATH TRUSTEE	6 60	х						8,308	0	(
(6) JUDY SMITH TRUSTEE	4 12	х						10,176	0	(
(7) PATRICIA BASON TRUSTEE	4 83	х						5,839	0	(
(8) JAY SIETZ TRUSTEE (1/2015 - 4/2015)	1 83	х						1,835	0	(
(9) TAMI GARRETT TRUSTEE	3 44	х						22,100	0	(
(10) THOMAS STROUP TRUSTEE (4/2015 - 12/2015)	7 15	х						5,632	0	1
(11) JIMMY CAPPS CEO/GENERAL MGR	50 00			x				129,278	0	36,146
	1									

art VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (conti
--

	(A) Name and Tıtle				one I both	oox, an	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	- '	(F) Estima amount of compens from t	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relat organiza	ed
				<u> </u>									
				<u> </u>									
				_							_		
											_		
											-		
				<u> </u>							_		
				<u> </u>									
1b c	Sub-Total Total from continuation she				•		•						
d	Total (add lines 1b and 1c)						Þ		247,902	0			36,146
2	Total number of individuals (\$100,000 of reportable com	•					d abov	e) wl	ho received more th	nan			
												Yes	No
3	Did the organization list any on line 1a? If "Yes," complete					key •	emplo	yee,	or highest compen	sated employee	3		N -
4	For any individual listed on I	ıne 1a, ıs the sum	of repo	rtabl	e co	mpe	nsatio	n and	d other compensati	on from the	3		No
	organization and related organization	anızations greateı	than \$	150,	000	? If	"Yes,"	comp	lete Schedule J for s	uch			
	muividual		•		•	•		•			4	Yes	

Section B.	Independent	t Contractors

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule I for such person

(A) Name and business address	(B) Description of services	(C) Compensation
	INDEPENDENT CONTRACTOR	322,918
PO BOX 2429 SILVER CITY, NM 88062		
T & D LLC	ENGINEERING SERVICE	136,395
9550 SAN MATEO BLVD NM SUITE G ALBUQUERQUE, NM 87113		

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 ► 2

5

Νo

Part V	1 🛊 🛊 1	Statement o						
		Check if Schedu	ile O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S	1a	Federated camp	paigns 1a					
Grants mounts	ь	Membership du	es 1b					
ا <u>۵</u> وت	С	Fundraising eve	ents 1c					
ξĒ	d	Related organiz						
Giffts, illar A								
Si E	е	Government grants	(contributions) 1e					
er e	f	All other contribution similar amounts no	ns, gifts, grants, and 1f t included above					
tributions, Giffs, Grants Other Similar Amounts	g	Noncash contribution	ons included in lines					
Contributions, and Other Sirr		1a-1f \$ Total. Add lines	10.16		-			
<u>ة ت</u>	h	iotal. Add lines	3 1 a - 1 f	•				
en l				Business Code				
ven	2a	ELECTRIC SALES		221000	8,593,414	8,593,414		
<u>a</u>	Ь	PATRONAGE DIVIDE	ENDS	221000	287,299	287,299		
MC e	С							
Se.	d							
Program Serwce Revenue	e	A.II						
iBo	f	All other progra	m service revenue					
Δ	g	Total. Add lines	2a-2f		8,880,713			
	3		ome (ıncludıng dıvıden		129,525			129,52
	4		ar amounts) tment of tax-exempt bond	<u> </u>				
	5							
		[(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
		expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
	7 -	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other						
		than inventory						
	ь	Less cost or						
		other basis and sales expenses	36,923					
	С	Gain or (loss)	-36,923					
	d	Net gain or (los	s)		-36,923			-36,92
venue	8a	Gross income frevents (not incl	uding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 a					
5	b		penses b					
	C		loss) from fundraising (events 🛌				
	9a	Gross income fr See Part IV, lin	om gaming activities					
		· · - · · · · · · / ////	a					
	b	Less direct exp	penses b					
	С	Net income or (loss) from gamıng actı	vities				
	10a	Gross sales of i						
		recuins and allo	wances . a	5,387				
	b	Less cost of go	oods sold b	1,536				
	С		loss) from sales of inve	· · ·	3,851	3,851		
		Miscellaneous	Revenue	Business Code				
	11a	INTERNET CO	MMISSIONS	517000	14,207		14,207	
	b	POLE ATTACH	MENT INCOME	221000	12,261			12,26
	С							
	d	All other revenu	ıe					
	е	Total. Add lines	11a-11d		26,468			
	12	Total revenue.	See Instructions		9,003,634	8,884,564	14,207	104,863

	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 organiz	ations must som	anlata salumn (A)	
Section	Check if Schedule O contains a response or note to any line in t				
Do no	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	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	5,343			
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	591,590			
5	Compensation of current officers, directors, trustees, and key employees	284,048			
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	473,087			
8	Pension plan accruals and contributions (include section 401(k)				
_	and 403(b) employer contributions)	43,422			
9	Other employee benefits	375,512			
10	Payroll taxes	49,038			
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				_
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	562,029			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	556,500			
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	5,227,501			
b	ADMIN & GENERAL	417,996			
c	DISTRIBUTION EXPENSE	284,173			
d	CUSTOMER ACCOUNTS	124,537			
e	All other expenses	8,858			
25	Total functional expenses. Add lines 1 through 24e	9,003,634			
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** Check if Schedule O contains a response or note to any line in this Part X▽ (A) (B) Beginning of year End of year Cash-non-interest-bearing 240,797 270,864 1 1 660,000 750,000 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net . . . 629.875 654,449 4 4 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

22		II of Schedule L		,			
ें इं						6	
Assets	7	Notes and loans receivable, net				7	
_	8	Inventories for sale or use			159,483	8	136,873
	9	Prepaid expenses and deferred charges		[662,390	9	631,354
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	20,805,836			
	b	Less accumulated depreciation	10b	6,964,449	12,776,964	10c	13,841,387
	11	Investments—publicly traded securities			1,630,572	11	571,318
	12	Investments—other securities See Part IV, line 11 .				12	
	13	Investments—program-related See Part IV, line 11 .			3,010,743	13	3,275,767
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11		[25,781	15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34) .	[19,796,605	16	20,132,012
	17	Accounts payable and accrued expenses			709,847	17	701,259
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
_	21	Escrow or custodial account liability Complete Part IV		21			
₌iabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d					
į		persons Complete Part II of Schedule L		[22	
Ę	23	Secured mortgages and notes payable to unrelated third	partie	s	10,031,573	23	9,990,608
	24	Unsecured notes and loans payable to unrelated third pa	rties	[24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D					
			676,419		668,824		
	26	Total liabilities. Add lines 17 through 25			11,417,839	26	11,360,691
Balances		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ►	and complete			
เลก	27	Unrestricted net assets	•			27	
Ва	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117 (ASC 958), c	heck h	ere ► 🔽 and			
ō		complete lines 30 through 34.			_		
Assets or	30	Capital stock or trust principal, or current funds			0	30	0
SSE	31	Paid-in or capital surplus, or land, building or equipment			0	31	0
t A	32	Retained earnings, endowment, accumulated income, or		unds	8,378,766	32	8,771,321
Net	33	Total net assets or fund balances			8,378,766		8,771,321
	34	Total liabilities and net assets/fund balances	•		19,796,605	34	20,132,012
							Form 990 (2015)

Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,(9	003,634
2	Total expenses (must equal Part IX, column (A), line 25)	2		9 (003,634
3	Revenue less expenses Subtract line 2 from line 1	3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5		8,3	378,766 17,875
6	Donated services and use of facilities	6			17,073
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			374,680
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8,7	771,321
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			 Yes	. [
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		Νo
	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				
ь	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				
c	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	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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

DLN: 93493298007226

OMB No 1545-0047

SCHEDULE D

(Form 990)

► 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.

Supplemental Financial Statements

Open to Public

Department of the Treasury Internal Revenue Service

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

me of the organization RRA ELECTRIC COOPERATIVE INC		Employer iden	tification number
		85-0093694	
rt I Organizations Maintaining Donor Advi Complete if the organization answered "Ye		unds or Acco	unts.
	Oonor advised funds	(b)Funds and	d other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor advisor funds are the organization's property, subject to the org		nor advised	┌ Yes ┌ No
Did the organization inform all grantees, donors, and doi used only for charitable purposes and not for the benefit conferring impermissible private benefit?			┌ Yes ┌ No
t II Conservation Easements. Complete if t	he organization answered "Yes" (on Form 990, P	art IV, line 7.
Purpose(s) of conservation easements held by the orga Preservation of land for public use (e.g., recreation of Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education) Preservation of ar Preservation of a	certified historic	structure
easement on the last day of the tax year		Held a	t the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified histor	ıc structure ıncluded ın (a)	2c	
Number of conservation easements included in (c) acquired historic structure listed in the National Register	ired after 8/17/06, and not on a	2d	
Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminate	ed by the organiza	ation during the
Number of states where property subject to conservatio	n easement is located 🗠		
Does the organization have a written policy regarding the violations, and enforcement of the conservation easeme		dling of	┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring, inspect year	ting, handling of violations, and enforc	ing conservation	easements during the
<u> </u>			
A mount of expenses incurred in monitoring, inspecting, \$\blue{\mathbb{F}} \\$	handling of violations, and enforcing c	onservation ease	ments during the year
Does each conservation easement reported on line $2(d)$ (B)(i) and section $170(h)(4)(B)(ii)$?	above satisfy the requirements of sec		┌ Yes ┌ No
In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financia		
t III Organizations Maintaining Collections Complete if the organization answered "Ye		or Other Simi	lar Assets.
If the organization elected, as permitted under SFAS 11 works of art, historical treasures, or other similar assets service, provide, in Part XIII, the text of the footnote to	s held for public exhibition, education,	or research in fur	
If the organization elected, as permitted under SFAS 11 works of art, historical treasures, or other similar assets service, provide the following amounts relating to these	s held for public exhibition, education,		
Revenue included on Form 990, Part VIII, line 1		► \$	
) Assets included in Form 990, Part X		► \$	
If the organization received or held works of art, historic following amounts required to be reported under SFAS 1			provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	1111	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal T	reasures,	or Ot	her Similar As	ssets	
3		the organization's acquisition, acco tion items (check all that apply)	ession, and other rec	ords, cl	heck a					e of its	
а	┌ P	ublic exhibition		d	ı	Loan	or exchange	progra	ms		
b	Г s	cholarly research		е	Γ	Othe	r				
c	┌ P	reservation for future generations									
4	Provi Part)	de a description of the organization' KIII	s collections and exp	olaın ho	w they	/ furth	er the organız	ation's	s exempt purpose	ın	
5		g the year, did the organization solic s to be sold to raise funds rather th								┌ No	
Par		Escrow and Custodial Arra									
		Complete if the organization a Part X, line 21.		Form	990,	Part :	IV, line 9, o	r repo	orted an amoun	t on Form	990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inter	mediary	for c	ontribi	utions or othe	rasse	ts not	┌ No	
b	If'	Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowin	g table	<u> </u>		Amo	ount	
c		ginning balance						1c			
d	Αd	ditions during the year						1d			
e		tributions during the year						1e			
f		ding balance						1f			
2a		ne organization include an amount o	n Form 990 Part V I	ina 21	for ac	crow	or custodial a	CCOUNT	t liability2 F Vec	Г №	
Za	Dia ti	ie organization include an amount o	111 OTH 330, Fate X, 1	ille ZI,	101 63	CIOW	or custoular a	ccoun	chability. Tes	, 140	
		es," explain the arrangement in Part									Γ
Par	τV	Endowment Funds. Comple	(a)Current year		nor yea				d)Three years back	(e)Four year	re hack
1a	Beau	nning of year balance	(a)current year	(5)	nor yea	<u> </u>	S (C) NO Years	back (dyrinee years back	(c) our year	13 Dack
b	_	ributions						_			
С	Net i losse	nvestment earnings, gains, and es									
d	Gran	ts or scholarships									
e		r expenditures for facilities programs 									
f	A dmi	nistrative expenses									
g		ofyearbalance									
2		de the estimated percentage of the	current vear end hala	ance (lu	ne 1 a	colum	n (a)) held as	<u></u>			
– a		I designated or quasi-endowment	carrent year end bare	ance (m	19,	colum	(4))	-			
_		anent endowment									
b											
С	•	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%								
За	organ	nere endowment funds not in the pos ization by related organizations	_	nızatıon	that a	ire hel	d and adminis	stered	for the		No
	• •	-							3a(``	
b		elated organizations es" on 3a(ii), are the related organiz					· · ·		3	· · · · · ·	
4		ribe in Part XIII the intended uses of									
Par	t VI	Land, Buildings, and Equip	ment.								
		Complete if the organization a		Form 9				See Fo		_	
		Description of property			(a st or ot (invest	ther bas	is Cost or othe		Accumulated (c) depreciation	(d)Book	value
1 a L	.and							29,241			29,241
b E	Buildin	gs									
-	• •			<u> </u>				608,118	183,358	•	424,760
		nold improvements		·							05= -
		nent		·			19,0	648,152	6,781,091	12,	867,061
e (ther							520,325			520,325

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

13,841,387

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
(2)Closely-held equity interests			
3) Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•		
Complete if the organization answered 'Y	es' on Form 990,	Part IV, line 11c.se	Form 990 Part V line 13
(a) Description of investment	1	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)CAPITAL TERM CERTIFICATES - CFC (2)PATRONAGE CAPITAL - CFC		142,237 81,886	C
(2)PATRONAGE CAPITAL - CFC (3)PATRONAGE CAPITAL - TRI-STATE G&T		2,977,850	C
(4)OTHER INVESTMENTS IN ASSOCIATED ORGANIZAT.	IONS	56,337	С
(5)PATRONAGE CAPITAL - NISC		17,457	С
		3,275,767 rm 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization a	answered 'Yes' on Fo		
Part IX Other Assets. Complete if the organization a	answered 'Yes' on Fo		
Part IX Other Assets. Complete if the organization a (a) Descript	answered 'Yes' on Fo		(b) Book value
Other Assets. Complete if the organization a (a) Descript (a) Descript (b) Mark Equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization a	answered 'Yes' on Fo	rm 990, Part IV, line 1	(b) Book value
Other Assets. Complete if the organization a (a) Descript Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organical See Form 990, Part X, line 25.	answered 'Yes' on Fo	rm 990, Part IV, line 1	(b) Book value
Other Assets. Complete if the organization a (a) Descript Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organical See Form 990, Part X, line 25.	answered 'Yes' on Fo	rm 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' on Fo	rm 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. (a) Description of liability Federal income taxes) Ization answered '	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CONSUMER DEPOSITS	answered 'Yes' on Fo	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organication of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST)	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organisee Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFITS	(b) Book value	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organisee Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFITS)	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organisee Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFITS	(b) Book value	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organication of See Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFITS	(b) Book value	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organisee Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFITS	(b) Book value	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organisee Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFITS	(b) Book value	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organication of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFITS	(b) Book value	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organication of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFITS	(b) Book value	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organic See Form 990, Part X, line 25.	(b) Book value	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organication of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFITS	(b) Book value	Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organication of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes CONSUMER DEPOSITS ACCUMULATED PROVISION FOR OTHER POST RETIREMENT BENEFITS	(b) Book value	Yes' on Form 990, P	(b) Book value

9,003,634

	(, age
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	9,000,378
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
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	0
3	Subtract line 2e from line 1	3	9,000,378
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) 4b 3,256		
С	Add lines 4a and 4b	4c	3,256
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,003,634
Par	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	8,408,788
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		, ,
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,408,788
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)		
c	Add lines 4a and 4b	4c	594,846
_			1 221,010

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

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

Return Reference	Explanation
Part X, Line 2	THE COOPERATIVE UTILIZES 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, OR OTHER STATE TAXING AUTHORITY, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES
Part XI, Line 4b - Other Adjustments	EXPENSES RECLASSED FROM NON-OPERATING INCOME 3,256
Part XII, Line 4b - Other Adjustments	PATRONAGE CAPITAL ASSIGNABLE 591,590 EXPENSES RECLASSED FROM NON-OPERATING INCOME 3,256
SCHEDULE D	Part XII, Line 4B FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE DIVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL STATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPECT OF HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BASIS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS PROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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

DLN: 93493298007226

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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

2015 Open to Public

Inspection

Name	of the	orga	anızat	ion	
SIERRA	ELECTR	IC C	OOPER	ATIVE	INC

Employer identification number

85-0093694

Pai	rt I Questions Regarding Compensatio	n			
				Yes	No
1a		ovided any of the following to or for a person listed on Form I 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		rganization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe	reimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all t used by a related organization to establish compens				
	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, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4 c		No
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
a	The organization?		5a		
Ь	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 compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
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 payments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" on line 8, did the organization also follow th	ne 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	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 JIMMY CAPPS CEO/GENERAL MGR	(i)	109,593	8,550	11,135	12,494	23,652	165,424	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

Return Reference Explanation

Schedule J (Form 990) 2015

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

DLN: 93493298007226

OMB No 1545-0047

2015

Open to Public Inspection

SCHEDULE 0 (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 **Employer identification number** SIERRA ELECTRIC COOPERATIVE INC 85-0093694

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

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

Return Reference	Explanation
	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 PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE THE FILING OF THE FORM 990

Return Reference	Explanation
Section B, line 15b	THE GENERAL MANAGER USES YEARLY EVALUATIONS AND THE NRECA NATIONAL BENEFIT SURVEY WHEN DETERMINING THE COMPENSATION OF THE COOPERATIVE'S EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEE, IF ANY THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT NEW MEXICO AND THE NATION

Return Reference	Explanation
, ,	THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS TO ANY MEMBER WHO REQUESTS A COPY OF ANY SUCH DOCUMENT ANNUALLY THE COOPERATIVE PROVIDES A COPY OF THE BALANCE SHEET AND STATEMENT OF OPERATIONS TO THE MEMBERS OF THE COOPERATIVE WITH THE ANNUAL REPORT

Return Reference	Explanation
Form 990, Part VII, Column F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. EMPLOYER CONTRIBUTIONS TO THE PLAN ARE MADE PURSUANT TO THE PLAN DOCUMENT. EMPLOYER CONTRIBUTIONS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, 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 OFFICER IS 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 UNFUNDED WELFARE BENEFIT PLAN. THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED.

Return Reference	Explanation
Form 990, Part VII, Section A	THE BOARD OF DIRECTORS CONSIDER THE GENERAL MANAGER TO BE BOTH THE TOP MANAGEMENT OFFICIAL AND THE TOP FINANCIAL OFFICIAL THEREFORE, ONLY THE GENERAL MANAGER IS LISTED AS AN EMPLOYEE OFFICER

Return Reference	Explanation
· ·	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSMISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS

Return Reference	Explanation
Form 990, 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 SERVICE(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
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 \$ 757,135 LESS DIRECTORS FEES REPORTED ON 1099-MISC (118,624) LESS EMPLOYEE OFFICER BENEFITS REPORTED ON LINE 5 (36,146) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGIN 2,356 PLUS SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 168,646 PLUS SALARIES AND WAGES CAPITALIZED AND OTHER ACCOUNTS 172,732 TOTAL WAGES ACCRUED AND/OR PAID \$ 946,099

Return Reference	Explanation
Form 990, Part IX, Line 24	ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING OFFICE AND SUPPLIES \$30,778 OUTSIDE SERVICES 45,685 REGULATORY COMMISSION EXPENSE 65,085 DUES AND MEMBERSHIPS 52,993 EMPLOYEE TRAINING 35,793 BOARD OF DIRECTORS EXPENSE 60,899 RURAL DEVELOPMENT 7,776 CAPITAL CREDIT EXPENSE 3,102 ANNUAL MEETING EXPENSE 19,968 MAINTENANCE OF GENERAL PLANT 61,045 MISCELLANEOUS GENERAL EXPENSE 34,872 TOTAL ADMINISTRATIVE AND GENERAL EXPENSES PER 990 \$417,996

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 ON A 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 BASIS" AS SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST. THE COOPERATIVE OPERATES AT COST. THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL). TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE BASIS OF PATRONAGE (IE. PURCHASES). ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER 31. EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS. THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2015 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHING ITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE NOT AN EXPENSE FOR FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, HOWEVER

Return Reference	Explanation
Form 990, Part IX, LINE 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 EXPENSES, COMPRISED OF (1)ACCRUED EMPLOYEE COMPENSATED ABSENCES, (2) ACCRUED TAXES, AND (3) OTHER CURRENT AND ACCRUED LIABILITIES, AS COMPONENTS OF OTHER LIABILITIES ON LINE 25 OF PART X HOWEVER, FOR THE 2015 CALENDAR YEAR, THE COOPERATIVE BEGAN REPORTING THESE AMOUNTS ON LINE 17 IN ACCORDANCE WITH FORM 990 INSTRUCTIONS TO INCREASE CONSISTENCY, THE TOTAL AMOUNT OF \$245,201 FOR THESE ACCRUED EXPENSES FOR THE 2014 CALENDAR YEAR HAVE BEEN RECLASSIFIED FROM LINE 25 TO LINE 17

Return Reference	Explanation
Form 990, Part XI, line 9	DONATED CAPITAL 1,330 PATRONAGE CAPITAL ASSIGNED 591,590 PATRONAGE CAPITAL RETIRED -218,240

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 AUDITOR PROCEDURAL CHANGES DID NOT OCCUR DURING THE YEAR

DLN: 93493298007226

OMB No 1545-0047

2015

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization SIERRA ELECTRIC COOPERATIVE INC		entification number					
Part I Identification of Disregarded Entities Cor	mplete if the organization	n answered "Yes" o	n Form 990, Par	85-0093694 t IV, line 33.	<u>+</u>		
(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) ind-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga	anizations Complete if	the organization an	swered "Yes" or	Form 990 Part	IV line 34 because it	had on	e
or more related tax-exempt organizations during (a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e)	(f) us Direct controlling	Section (13) co ent	(g) n 512(t ontrolle itity?
(1)SIERRA ELECTRIC COOPERATIVE EDUCATION FOUNDATION PO BOX 290 ELEPHANT BUTTE, NM 87935 85-0352648	TO PROVIDE COLLEGE SCHOLARSHIPS TO STUDENTS	NM	501(c)(3)	PF	SIERRA ELECTRIC COOPERATIVE INC	Yes Yes	No
							\perp
Ear Dananwork Poduction Act Notice can the Instructions for Form	. 000	Cat No FO1	2EV		Schodulo P (For		1015

chedule R (Form 990) 2015												Page 2
Part III 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.											ŀ	
(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	al Direct cile controlling or entity gn	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership
				514)			Yes	No		Yes	No	
												-

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
									<u> </u>

Part V Transactions With Related Organizations Complete if the organization and	swered "Yes" on Form	990, Part IV, line	e 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or mor	e related 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)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1 f		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)				1 i		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
I Performance of services or membership or fundraising solicitations for related organization(s) .				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				1 o	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q		No
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must compl	lete this line, including co	overed relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	volved	
L)SIERRA ELECTRIC COOPERATIVE EDUCATION FOUNDATION	0	1,664	HOURS X EMPLOYEE COMPENSATE	ON		

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

evenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	Ī

Part VII Supplemental Information

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

Explanation

Return Reference

Schedule R (Form 990) 2015