

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



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493255006017 OMB No. 1545-0047 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 Open to Public Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization BON HOMME YANKTON ELECTRIC D Employer identification number B Check if applicable ☐ Address change ASSOCIATION INC 46-0211846 ☐ Name change Doing business as ☐ Initial return Number and street (or P O box if mail is not delivered to street address) POBOX 158 Deturn/terminated E Telephone number ☐ Amended return (605) 463-2507 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 10,213,930 Name and address of principal officer **H(a)** Is this a group return for STEPHANIE HORST ☐Yes ☑No subordinates? POBOX 158 H(b) Are all subordinates TABOR, SD 57063 ☐Yes ☐No included? Tax-exempt status 501(c)(3) 4947(a)(1) or 501(c) (12) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BYELECTRIC COM L Year of formation 1946 M State of legal domicile SD K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE ELECTRICITY TO RURAL COMMUNITIES Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 23 Total number of volunteers (estimate if necessary) . . . 7a 95,147 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 7b -3,977 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . **9** Program service revenue (Part VIII, line 2g) . . . 9,241,657 9,873,260 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 20,285 31,423 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -18,691 12,989 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,254,389 9,906,534 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 4,110 7,347 585,288 Benefits paid to or for members (Part IX, column (A), line 4) . . 922,510 1,517,319 1,636,667 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 7,147,673 7,340,010 9,254,390 9,906,534 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . Assets or d Balances End of Year **Beginning of Current Year** 28,948,998 20 Total assets (Part X, line 16) . 28,253,875

Signature Block

Signature of officer

STEPHANIE HORST GENERAL MANAGER

21 Total liabilities (Part X, line 26) .

22 Net assets or fund balances Subtract line 21 from line 20 .

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

	L
Paid	
Prepare	ľ

Use Only

Sign Here

> Type or print name and title Print/Type preparer's name LAURIE HANSON Preparer's signature LAURIE HANSON Date PTIN Check \square if 2017-08-21 P00851848 self-employed Firm's name ► EIDE BAILLY LLP Firm's EIN ► 45-0250958 Firm's address ≥ 200 EAST 10TH ST PO BOX 5125 Phone no (605) 339-1999

SIOUX FALLS, SD 571175125 May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

✓ Yes 🗆 No

18,934,689

10,014,309

2017-08-21

18,694,148

9,559,727

Form	990 (2016)				Page 2
Par	t IIII Statem	ent of Program Service Acc	omplishments		
	Check If	Schedule O contains a response or	note to any line in this Part III .		🗆
1	Briefly describe	the organization's mission			
		N ELECTRIC ASSOCIATION, INC IS D OTHER PRODUCTS TO OUR MEME	DEDICATED TO PROVIDING HIGH Q BER CONSUMERS	UALITY, RELIABLE AND COMPET	TITIVELY PRICED
2	Did the organiza	ation undertake any significant prog	ram services during the year which	were not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	e these new services on Schedule ()		
3	Did the organiza	ation cease conducting, or make sig	nificant changes in how it conducts,	any program	
					☐ Yes 🗹 No
4	Section 501(c)(ganization's program service accom 3) and 501(c)(4) organizations are evenue, if any, for each program se	plishments for each of its three large required to report the amount of gra ervice reported	est program services, as measur ints and allocations to others, th	ed by expenses e total
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Dat	ta			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedule 0) including g	rants of \$	(Revenue \$)
4e	Total program	service expenses >			

1

2

3

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

or X as applicable

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

No No No

Page 3

No

No No

Nο

Nο

No

No

No

Nο

No

Nο

No

Nο

No

Νo

No

No

Νo

Form **990** (2016)

29

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

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,"

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

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

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

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

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

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

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Form 990 (2016)

Yes

Page 4

Nο

Nο

Nο

Nο

No

Nο

Νo

Νo

Nο

No

Nο

Nο

Nο

Nο

Nο

	990 (2016)			Page
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Fortunation according to the Control of Cont	4	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	<u>†</u>		
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		165	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		30		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	s 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	 		
9	required?	7 g		
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?			
۸-	Did the succession arranged as well and the subject of the success	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12	-		
		-		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	6		
	Gross income from other sources (Do not net amounts due or paid to other sources	7		
,	against amounts due or received from them)	5		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b	_		
3	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			
	Enter the amount of reserves on hand	7		
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

orm :	990 (2016)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·		
Sec	Check if Schedule O contains a response or note to any line in this Part VI			✓
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? •	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	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			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b		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
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶NICOLE EINREM 134 S LIDICE STREET PO BOX 158 TABOR, SD 57063 (605) 463-2507			

organization and any related organizations

Part VII

 $\overline{\mathbf{V}}$

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- year List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- 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 (F) (D) Name and Title Average Position (do not check more Reportable Reportable Estimated

Name and Title	hours per week (list any hours for related	than o	ne bo	ox, ι n of or/t	inle: ficer rust	and a	son	compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) RICHARD KOUPAL PRESIDENT	8 50	X		×				9,250	0	0
(2) PAUL VOIGT VICE PRESIDENT	3 70	Х		x				6,675	0	0
(3) ERNEST NAMMINGA SECRETARY UNTIL 08/2016	3 00	х		х				4,700	0	0
(4) DAVID STERNHAGEN SECRETARY FROM 08/2016	8 30	Х		×				6,675	0	0
(5) DARRELL BERAN TREASURER	3 30	X		×				6,900	0	0
(6) DAVID SYKORA DIRECTOR	3 10	Х						8,025	0	0
(7) JOHN LILLEVOLD DIRECTOR	4 30	Х						8,025	0	0
(8) ROBERT RUPPELT DIRECTOR FROM 08/2016	5 50	X						2,875	0	0
(9) MERLIN GOEHRING GENERAL MANAGER/CEO	40 00			х				125,343	0	54,113
										Form 990 (2016)

Forn	n 990 (2016)												Page 8	
Pai	t VII Section A. Officers, Direc	ctors, Trustees	, Key	Emp	loye	es,	and I	High	nest Compensate	d Employees	(cont	inued)		
	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-		(F) Estima amount o compens from	ited f other sation the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	<i>-</i> ,	2/1099-MIS0	-)	organizati relati organiza	ed	
1 h	Sub-Total				<u> </u>		▶				\top			
	Total from continuation sheets to I						•							
d	Total (add lines 1b and 1c)						_▶[178,468		0		54,113	
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rec	eived more than \$1	00,000				
												Yes	No	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k •	еу е •	mplo •	oyee, o	or hi	ghest compensated	employee on	3		No	
4	For any individual listed on line 1a, i organization and related organizatio									the				
	ındıvıdual			•	٠	•					4	Yes		

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

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

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

(A)

Name and business address

Section B. Independent Contractors

compensation from the organization ▶ 2

1

LARSON DIGGING INC

601 LINCOLN AVE NW HURON, SD 57350 **ELLIOT CONSTRUCTION**

263 KNIEST AVE YANKTON, SD 57078

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
_		103	

(C)

Compensation

Form **990** (2016)

221,522

112,717

(B)

Description of services

UNDERGROUND CABLE

UNDERGROUND CABLE

INSTALLATION

INSTALLATION

Part	VII	Statement of	Revenue									rage J
		Check if Schedul	e O contains	a resp	onse or note to	any line in t	this Part VII	Ι.,				🗆
							(A) revenue	e fu	(B) lated or xempt inction	(C) Unrelate busines revenu	ss	(D) Revenue excluded from tax under sections
	1:	a Federated campaign	ns	1a				re	evenue			512-514
nts nts		b Membership dues		1b	<u> </u>							
iral 10 u		c Fundraising events		10 1c	<u> </u>							
S. G An		d Related organizatio		10 1d	<u> </u>							
iii je		_		L	<u> </u>							
S, (e Government grants (co		1e	<u> </u>							
ion	1	 All other contributions, and similar amounts no 		1f								
but		above										
ĒĎ		9 Noncash contribution in lines 1a-1f \$	ons included									
Contributions, Giffs, Grants and Other Similar Amounts		Total.Add lines 1a-1	f									
	<u> </u>				1	 iness Code		I				
JH.	2 a	SALE OF POWER				221000	9,0	28,929	9,028	,929		
<u>د</u> بخ	b CAPITAL CREDITS					221000	6	56,091	655	,234	85	57
Ce F	С	INTERNET SALES				519100	1	.00,006	47	,243	52,76	63
er vi	d	OTHER OPERATING				900099		46,707	46	,707		
s r	е	MEDICAL MONITORING				517000		41,527			41,52	27
Program Service Revenue	f	All other program se	rvice revenue									
P	g	Total. Add lines 2a-2f	f		>	9,873,260						
		Investment income (ii			ınterest. and o	ther		Τ				
	9	similar amounts) .		•		▶	20,28	5				20,285
		Income from investme		mpt b	ond proceeds	•						
	5	Royalties				<u>▶</u>						
	6-	Gross rents	(ı) Rea	l	(II) Person	al						
	Va	GIOSS TEIRS										
	b	Less rental expenses										
		: Rental income or										
	٠	(loss)										
	c	Net rental income o	r (loss)			>						
			(ı) Securit	ies	(II) Other	-						
	7 a	Gross amount from sales of										
		assets other than inventory										
	L	Less cost or										
		other basis and sales expenses										
		Gain or (loss)										
		Net gain or (loss) .			1	▶						
	8a	Gross income from fo										
ne		(not including \$ contributions reporte		of								
-E-		See Part IV, line 18		a								
Other Revenue	Ŀ	Less direct expense	s	b								
ler		: Net income or (loss)			ents	<u> </u>						
Ott	9a	Gross income from g See Part IV, line 19		es								
		,		а								
	Ŀ	Less direct expense	s	b								
	c	: Net income or (loss)	from gaming	activit	ies	<u> </u>						
	10	Gross sales of invent returns and allowand	ory, less									
		recurris and anoward		а	320	0,385						
	Ŀ	Less cost of goods s	sold	b		7,396						
		: Net income or (loss)		inven	torv	▶	12,98	9	12,989			
		Miscellaneous			Business Co							
	11	а										
	Ŀ)										
	c	:						+				
		All other revenue .						+				
	•	Total. Add lines 11a	-11d			>						
	12	: Total revenue. See	Instructions					+				
						-	9,906,53	4	9,791,102		95,147	20,285 Form 990 (2016)

Form 990 (2016) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) lacksquareCheck if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 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, line 15 and 16 4 Benefits paid to or for members 922,510 209,307 Compensation of current officers, directors, trustees, and key employees . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 7 Other salaries and wages 1,116,561 8 Pension plan accruals and contributions (include section 401 216,217 (k) and 403(b) employer contributions) . . **9** Other employee benefits . 94.582 10 Payroll taxes . . . 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 434,882 **20** Interest . . . 21 Payments to affiliates . . . 855,975 22 Depreciation, depletion, and amortization

5,344,773

731,297

488,087

448.120

-963,124 9,906,534

Form 990 (2016)

23 Insurance .

expenses on Schedule O) a COST OF POWER

c DISTRIBUTION-OPERATIONS

d DISTRIBUTION-MAINTENANC

b ADMIN & GENERAL

e All other expenses

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

25 Total functional expenses. Add lines 1 through 24e 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)

Page **11**

457,102

32,812

980,604

18,934,689

0

10,014,309

10,014,309

28.948.998

Form **990** (2016)

861,503

18,694,148

9,559,727

9,559,727

28.253.875

17

18

19

20

26

27

28

29

30 0

31

32

33

34

Form 990 (2016)

17

18

19

20

25

26

27

28

29

31

32

33

34

Fund Balances

Assets or 30

Net

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > 🗹 and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

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

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

1	Cash–non-interest-bearing		1	
2	Savings and temporary cash investments	1,593,450	2	616,182
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	812,326	4	990,629
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Ι 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . . Inventories for sale or use . 411.931 46.107 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 31,311,394 10a basis Complete Part VI of Schedule D 10,197,234 20.224.749 10c b Less accumulated depreciation 10b

21,114,160 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 . 5.165.312 5.738.113 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 . 28,253,875 28.948.998 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16

21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 16.971.960 17.253.636 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 860.685 25 700.449

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1			906,534
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	906,534
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))	4		9	559,727
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			454,582
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10	.014,309
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
2.	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
Za	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	20		140
	separate basis, consolidated basis, or both	JII a			
	☐ 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 separate consolidated basis, or both	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			

За

3b

Νo

Form **990** (2016)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 46-0211846

Form 990 (2016)

Form 990, Part III, Line 4a:

PROVIDED ELECTRIC SERVICE TO APPROXIMATELY 2,979 UNIOUE MEMBERS. ADDED 20 703 MILES OF LINE AND REMOVED 17 698 MILES OF LINE

Name: BON HOMME YANKTON ELECTRIC

ASSOCIATION INC.

SCHEDULE D

Supplemental Financial Statements

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

DLN: 93493255006017 OMB No 1545-0047

Open to Public

(Form 990)

► Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** BON HOMME YANKTON ELECTRIC ASSOCIATION INC 46-0211846 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

d Equipment .

Page **2**

Fal	1111	Organizations Ma	aintaining Collection	ons of Art, H	iistori	cai i	reasu	ires, or c	otner	Similar A	ssets (con	tinued)
3		g the organization's acqu s (check all that apply)	uisition, accession, and	other records,	check a	any of	the fol	llowing tha	at are a	significant	use of its co	llection
а		Public exhibition			d		Loan	or exchan	ge prog	grams		
b		Scholarly research			e		Other	r				
C		Preservation for future	generations									
4	Provi Part	ide a description of the o	organization's collection	ns and explain h	now the	ey furt	her the	e organizat	tion's e	xempt purpo	ose in	
5		ng the year, did the orga ts to be sold to raise fun								nılar	☐ Yes	□ No
Pa	rt IV		odial Arrangement ganızatıon answered		m 990	, Part	IV, lı	ne 9, or r	reporte	ed an amoi	unt on For	m 990, Part
1a		e organization an agent, ded on Form 990, Part >		other intermedia	ary for	contri	bution:	s or other	assets	not	☐ Yes	□ No
ь	If "Y	es," explain the arrange	ment in Part XIII and o	complete the fol	llowing	table				<u> </u>	Amount	
С		nning balance			-				1c			
d	Addıt	tions during the year							1d			
е	Dıstr	butions during the year							1e			
f	Endır	ng balance							1f			
2 a	Dıd t	he organization include	an amount on Form 99	0, Part X, line 2	21, for	escrov	or cu	stodial acc	count li	ability?	Yes	 □ No
b		es," explain the arrange										
Pa	rt V	Endowment Fund	ds. Complete if the c									\
1 2	Reginn	ning of year balance .	<u> </u>	Current year	(b) Pi	rior yea	r	(c)Two year	rs back	(d)Three ye	ars back (e)Four years back
	-	butions	· · ·	+								
			us and losses	+								
		vestment earnings, gain	· —	+								
		s or scholarships										
	and pr	expenditures for facilitie rograms										
		istrative expenses .										
g	End of	year balance										
2		de the estimated percer	,	ar end balance	(line 1	g, colu	mn (a))) held as				
а	Boar	d designated or quasi-ei	ndowment 🟲									
b	Perm	nanent endowment 🟲										
c	Temp	porarily restricted endov	vment ▶									
	The p	percentages on lines 2a,	, 2b, and 2c should equ	ıal 100%								
3a	orgai	here endowment funds nization by	·	of the organizati	on that	t are h	eld and	d administ	ered fo	or the		Yes No
	(i) u	nrelated organizations				•					3a(i)	
		related organizations									3a(ii)
		es" on 3a(II), are the rel	-	·			.7 .		•		. 3b	
4		ribe in Part XIII the inte	_	iization s endow	vment f	runas						
Рa	rt VI	,	and Equipment. ganization answered	'Yes' on Form	n 990	Part	IV. lın	ne 11a. Se	ee For	m 990. Pai	rt X. line 1	0.
	Descr	ription of property	(a) Cost or other bas (investment)							depreciation		Book value
1a	Land						10,265					10,265
	Buildir	nas					56,391			452,371		1,404,020
		nold improvements				•	•			•		

26,316,375

3,128,363

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

17,128,612

2,571,263

21,114,160

9,187,763

557,100

Part VII Investments—Other Securities. Complete if the organ	nization answe	red 'Yes' on Form	990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book		thod of valuation
(Including name of security) (1)Financial derivatives	value	Cost or end	d-of-year market value
(2)Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organic See Form 990, Part X, line 13.	anızatıon answ	ered 'Yes' on Form	n 990, Part IV, line 11c.
) Book value		ethod of valuation d-of-year market value
See Additional Data Table			or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on	5,738,113 Form 990, Part	IV, line 11d See For	m 990, Part X, line 15
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Part X Other Liabilities. Complete if the organization answere	d 'Yes' on Forn	n 990, Part IV, line	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Boo	k value	
(1) Federal income taxes			
DEFERRED CREDITS		596,627	
CONSUMER DEPOSITS		103,822	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	<u> </u>	700,449	
2. Liability for uncertain tax positions In Part XIII, provide the text of the foor organization's liability for uncertain tax positions under FIN 48 (ASC 740) Che			_
organization's nability for uncertain tax positions under FIN 46 (ASC 740). CR	con here il the te	At or the loothote ha	Schedule D (Form 990) 2016

Donated services and use of facilities . 2b b 2c c Recoveries of prior year grants . . .

Other (Describe in Part XIII) . . d Add lines 2a through 2d

е 3 Subtract line 2e from line 1 . 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Schedule D (Form 990) 2016

Part XI

b

Part XII

5

1

2

а b

d

е 3

а

b

c

Part XIII

5

4

Other (Describe in Part XIII)

Add lines 4a and 4b . . .

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

4a

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4b

2a

2b 2c

2d

4b

Explanation

2d

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

-126,341

4c Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2e

3

4c

5

1.048.851

2e

3

Page 4

9,780,193

-126,341

9,906,534

9,906,534

8,857,683

8.857.683

1,048,851

9,906,534

Schedule D (Form 990) 2015

Page 5		Schedule D (Form 990) 2015
	tal Information <i>(continued)</i>	Part XIII Supplemental Info
xplanation		Return Reference

Schedule D (Form 990) 2016

Additional Data

PART X, LINE 2

Software ID:

Software Version:

EIN: 46-0211846

Name: BON HOMME YANKTON ELECTRIC

(c) Method of valuation

ASSOCIATION INC

THE ASSOCIATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(12) OF THE INTERNAL REVEN UE CODE ON ANY INCOME RELATED TO ITS EXEMPT PURPOSE THE ASSOCIATION INCURS UNRELATED BUSI NESS TAXABLE INCOME (UBI) UNDER THE CODE ON CERTAIN REVENUE STREAMS. THE ASSOCIATION EVALU ATED ITS INCOME TAX POSITIONS ON AN ANNUAL BASIS MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2016 AND 2015 THAT MEET THE CRITERIA FOR RECOG NITION IN THE FINANCIAL STATEMENTS THE ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTERES T AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED

Form 990, Schedule D, Part VIII - Investments Program Related (a) Description of investment (b) Book value

(a) Desamplion of investment	(D) Doon talue	Cost or end-of-year market value
(1)EAST RIVER ELECTRIC POWER COOPERATIVE, INC	5,084,612	С
(2)COOPERATIVE RESPONSE CENTER	2,700	С
(3) NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	344,007	С
(4) FEDERATED RURAL ELECTRIC INSURANCE CORPORATION	67,944	С
(5) NATIONAL RURAL TELECOMMUNICATION COOPERATIVE	121,391	С
(6)NATIONAL INFORMATION SOLUTIONS COOPERATIVE	13,360	С
(7)RURAL ELECTRIC SUPPLY COMPANY	56,407	С
(8)COBANK	20,342	С
(9)RURAL ELECTRIC ECONOMIC DEVELOPMENT, INC.	24 000	C

Return Reference		Ex	planation	
Supplemental Information				
(10)MEMBERSHIPS		3,350	С	
(9)RURAL ELECTRIC ECONOMIC DEVELOPMENT, INC		24,000	С	
(8)COBANK		20,342	С	
(7)RURAL ELECTRIC SUPPLY COMPA	PANY 56,407 C			

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	MERCHANDISING EXPENSES -126,341

Sı

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ALLOCATIONS OF 2016 MARGINS IN 2017 922,510 MERCHANDISING EXPENSES 126,341

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	ta -		DLN: 93	49325	5006	017
Sch	edule J	C	ompensat	tion	Information	OI	MB No	1545-0	0047
(Forr	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.					20	16	<u></u>	
•	tment of the Treasury	▶ Information a	bout Schedule :	J (Fori	m 990) and its instructions	is at	open t		
	nl Revenue Service ne of the organiz	<u> </u> ation	<u>www.irs</u>	s.gov/1	<u>form990</u> .	Employer identifica		ectio Imber	
BON	HOMME YANKTON OCIATION INC					46-0211846			
Pa	rt I Questi	ons Regarding Compensa	ition						
								Yes	No
1a		opiate box(es) if the organizatio section A, line 1a Complete Part							
		s or charter travel	님		sing allowance or residence for	•			
	_	companions			nents for business use of perso				
		nification and gross-up payment	is \square		th or social club dues or initiati				
	□ Discretion	nary spending account		Perso	onal services (e g , maid, chau	rreur, cner)			
b		xes in line 1a are checked, did t all of the expenses described ab				nent or reimbursement	1b		
2		ation require substantiation prio ees, officers, including the CEO/				e 1a [?]	2		
3	organization's C	If any, of the following the filing EO/Executive Director Check a ed organization to establish com	Il that apply Do	not che	eck any boxes for methods				
	☐ Compens	ation committee		Writt	en employment contract				
		ent compensation consultant	✓		pensation survey or study				
	☐ Form 990	of other organizations	✓	Appr	oval by the board or compensa	ition committee			
4	During the year related organiza	r, did any person listed on Form ation	990, Part VII, Se	ection /	A, line 1a with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-cor	itrol payment?				4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqua	alified re	etirement plan?		4b		No
С		r receive payment from, an equ of lines 4a-c, list the persons an			_	t III	4c		No
5	For persons liste	e), 501(c)(4), and 501(c)(29 ed on Form 990, Part VII, Section contingent on the revenues of	-		-				
а	The organization	n?					5a		
b	Any related orga						5b		
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section contingent on the net earnings o		I the or	ganization pay or accrue any				
a	The organization						6 a		
b	Any related orga						6b		
_	•	6a or 6b, describe in Part III							
7	payments not d	ed on Form 990, Part VII, Section Sescribed in lines 5 and 67 If "Ye	s," describe in Pa	art III		ea	7		
8		ints reported on Form 990, Part nitial contract exception describe				escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	e presu	mption procedure described in	Regulations section	9		
For F	Paperwork Redu	uction Act Notice, see the Ins	structions for F	orm 9	90. Cat No 5	50053T Schedule 3	(Form	990)	2016

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base 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 MERLIN GOEHRING GENERAL MANAGER/CEO	(i)	123,929	0	1,414	53,915	2,056	181,314	0
	(ii)	0	0	0	0	0	0	0
See Additional Data Table	_							

Schedule J (Form 990) 2016 Page 3 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, PART II, LINE 1, COLUMN PART II COLUMN C INCLUDES \$48,159 OF CHANGE IN ACTUARIAL BENEFITS FOR GENERAL MANAGER, MERLIN GOEHRING'S DEFINED BENEFIT PLAN ACTUAL CONTRIBUTIONS TO THIS PLAN BY THE COOPERATIVE WERE \$23,027

Schedule J (Form 990) 2016

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DLI	N: 93493255006017
SCHEDULE O		Supplemental Information to Form 9	190 or 990-F7	OMB No 1545-0047
(Form 990 or EZ) Department of the T	• 990-	Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) an www.irs.gov/form990.	de information for responses to specific questions on 990-EZ or to provide any additional information. • Attach to Form 990 or 990-EZ. chedule O (Form 990 or 990-EZ) and its instructions is at	
Name of the organization BON HOMME YANKTON ELECTRIC ASSOCIATION INC 990 Schedule O, Supplemental Information		RIC	Employer ider 46-0211846	ntification number
Return Reference	(0, 345)	Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE ORG	GANIZATION HAS ONE CLASS OF MEMBERS		

Return Explanation

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

Return Explanation
Reference

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

Return Explanation

FORM 990,	THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH BROAD AUTHORITY TO ACT ON BEHALF OF THE BOARD OF
PART VI,	DIRECTORS
SECTION A,	
LINE 8B	

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION B,
LINE 11B

THE GENERAL MANAGER AND FINANCE OFFICER REVIEW THE 990 IN DETAIL AFTER THEIR REVIEW, THE
990 IS PROVIDED TO EACH BOARD MEMBER THE GENERAL MANAGER AND/OR FINANCE OFFICER PRESENT T
HE 990 TO THE BOARD OF DIRECTORS AT THE MEETING HELD PRIOR TO ITS FILING IF SO REQUESTED B
Y ANY BOARD MEMBER WHETHER PRESENTED IN A BOARD MEETING OR NOT, THE 990 IS NOT FILED UNTI
L EACH BOARD MEMBER HAS BEEN GIVEN A COPY OF IT AND GIVEN AMPLE TIME TO REVIEW IT

990 Schedule O, Supplemental Information Return Explanation

Peference

11010101100	
FORM 990,	ALL BOARD MEMBERS AND EMPLOYEES ARE COVERED BY THE CONFLICT OF INTEREST POLICY. THE BOARD
PART VI,	OF DIRECTORS MAKES THE DETERMINATION AS TO WHETHER A CONFLICT EXISTS IF ANY EMPLOYEE IDEN
SECTION B,	TIFIES A POTENTIAL CONFLICT, THE BOARD WILL REVIEW THE POTENTIAL CONFLICT AND DETERMINE IF

SECTION B,

ITIFIES A POTENTIAL CONFLICT, THE BOARD WILL REVIEW THE POTENTIAL CONFLICT AND DETERMINE IF

LINE 12C

A CONFLICT EXISTS IF IT IS DETERMINED THAT A DIRECTOR HAS A CONFLICT OF INTEREST, THE DI

RECTOR IS REQUIRED TO RESIGN FROM THE BOARD IF DUE TO THE COMPETING BUSINESS CLAUSE

Return Explanation
Reference

THE BOARD RECOMMENDS A REPOENT OF CHANGE IN BASE SALARY BASED ON THE INCREASES IN TOTAL CO.

990 Schedule O, Supplemental Information

FORM 990

I CINIVI 990,	THE BOARD RECOMMENDS A PERCENT OF CHANGE IN BASE SALARY BASED ON THE INCREASES IN TOTAL CO
PART VI,	MPENSATION IN ADDITION, MANAGEMENT USES OTHER INFORMATION GATHERED AS WELL AS RESULTS OF
SECTION B,	PERFORMANCE EVALUATIONS TO SET INDIVIDUAL WAGES SALARY INFORMATION IS COMPARED USING THE
LINE 15A	SDREA WAGE & SALARY SURVEY ANNUALLY THE SDREA SURVEY ALONG WITH OTHER SOUTH DAKOTA LABOR
	SURVEY INFORMATION MAY BE USED TO ESTABLISH A MARKET RATE FOR APPLICABLE POSITIONS THE PR
	OCESS IS DONE ANNUALLY

Return
Reference

Explanation

THESE DOCUMENTS ARE AVAILABLE LIDON REQUEST AT THE ORGANIZATION'S MAIN OFFICE

LINE 19

FORM 990, PART VI, SECTION C.

Return Reference Explanation

990 Schedule O, Supplemental Information

FORM 990, PART INCLUDED IN OTHER COMPENSATION IS THE ESTIMATED CURRENT YEAR INCREASE OR DECREASE IN THE A VII, COLUMN F, OTHER CTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR THE GENERAL MANAGER/CEO THE CURRENT YEAR INCREASE OR DECREASE DOES NOT REPRESENT CURRENT YEAR CONTRIBUTIONS TO THE PLAN RATHER, IT COMPENSATION IS AN ESTIMATE OF THE INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE PLAN AS CALCULATE DBY THE PLAN ADMINISTRATOR

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART IX, LINE 4, TO MEAN PATRONAGE CAP ITAL ALLOCATED FOR THE YEAR, RATHER THAN PATRONAGE CAPITAL RETIRED THIS IS CONSISTENT WIT H THE BY-LAWS OF THE COOPERATIVE BENEFITS PAID TO OR FOR MEMBERS

Return Explanation

Reference	
	ALLOCATIONS OF 2016 MARGINS IN 2017 922,510 RETIREMENT OF CAPITAL CREDITS -526,115 CHANGE IN OTHER EQUITIES 58,187

LINE 9

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information Return Explanation

Reference	
FORM 990, PART IX, LINE 24E STATEMENT OF FUNCTIONAL EXPENSES	ALLOCATED AND OTHER EXPENSE THE LABOR, PENSION AND PAYROLL TAXES REPORTED ON LINES 5-10 A RE INCLUDED IN DISTRIBUTION EXPENSE, ADMINISTRATIVE & GENERAL EXPENSE AND CUSTOMER EXPENSE THEREFORE, LABOR, PENSION AND PAYROLL TAXES ARE SHOWN AS A REDUCTION TO OTHER EXPENSES ON LINE 24E