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Form **990** 

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

For the 2016 calendar year, or tax year beginning 2016, and ending 20 D Employer identification number C Name of organization Southeastern Electric Cooperative, Inc. Check if applicable Doing business as 46-0454373 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 605-648-3619 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return Marion, South Dakota 57043-0388 Application pending F Name and address of principal officer Brad Schardin, CEO/General Manager H(a) Is this a group return for subordinates? Wes Mo (address same as above) H(b) Are all subordinates included? 🔲 Yes 🔲 No If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) √ 501(c) ( 12 ) 
√ (insert no ) 
√ 4947(a)(1) or 
√ 527 Website: ▶ www.southeasternelectric com H(c) Group exemption number ▶ Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile SD Part I Summary Briefly describe the organization's mission or most significant activities: Providing electric service to approximately 14,000 Expenses 0.080 for the sense 0.000 and 0.000member consumers at 16,600 service locations 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 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 63 Total number of volunteers (estimate if necessary) . . . 6 0 Total unrelated business revenue from Part VIII, column 16 Tine 12 7a 0 Net unrelated business taxable income from Form 990-1, line 34 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g) 54,597,011 61,462,123 Investment income (Part VIII, column (A), lines 3, 4, and 70) 10 295,749 277,504 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11e) 11 21,888 26,114 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 54,914,648 61,765,741 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 2,361,401 5,863,884 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,229,102 4,548,652 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 48,324,145 51,353,205 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 61,765,741 54,914,648 Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 136,731,971 147,215,637 21 Total liabilities (Part X, line 26) . . 91,132,452 96,174,315 22 Net assets or fund balances. Subtract line 21 from line 20 45,599,519 51,041,322 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Man B, Mus Smaly Sign CFO/ASST MOR Here Type or print name and title Print/Type preparer's name Preparer's signature **Paid** Check I if self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.





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Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	It is the cooperative's mission to operate on a cooperative basis. The cooperative is committed to serving our changing and	
	diverse membership with quality electric service through sound business practices, communication, education and progressive	
	leadership, today and in the future	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	=
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	] No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c the total expenses, and revenue, if any, for each program service reported.	thers,
	(O-d	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	***************************************	
	<u> </u>	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶	

Part	V Checklist of Required Schedules			
	to the exemplation described in section 501(a)(2) or 4047(a)(1) (ather these a private foundation)(2 if (i)(a) "		Yes	No
1	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	1	
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	
đ	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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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	\   	1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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		1

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Part	Checklist of Required Schedules (continued)		Vaa	l Na
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
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		<b>✓</b>
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		1	
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	23	_	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	<b> </b> ✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
ď	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		ļ ,
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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30	}—	1
	Part I	31		1
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>/</b>
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
		For	m <b>99</b> 0	(2016)

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Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a		1 i		
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	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 63			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
<b>4a</b>	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		<b>✓</b>
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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	i '		
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
þ	,,,,,,,, .			
	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 services provided to the payor?	7a		<b>✓</b>
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	:	i	١.
	required to file Form 8282?	7c	L	<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year		_	
е	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		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<b></b>	-
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
D	against amounts due or respined from them.)			
40-	1,044,000	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "You" extens the amount of tax exempt interest received during the year.	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	├
<b>L</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	[	l	l
þ	the appropriation is becaused to be a small final bookly when	ļ		
_	100	ł		1
C	Enter the amount of reserves on hand	-	<u> </u>	-
148	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	<del>                                     </del>
P	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	ı	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	for a	ions.
Secti	on A. Governing Body and Management	<u></u> -	<u></u>	<u> </u>
<u> </u>			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			<u> </u>
	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent  1b 10  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_	
3	any other officer, director, trustee, or key employee?	2		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	1	<del>                                     </del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<b>√</b>	
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	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓_	L
p	Each committee with authority to act on behalf of the governing body?	8b		1
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<del> </del> -
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>&gt; &gt;</b>	
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	✓	
13	Did the organization have a written whistleblower policy?	13	✓_	<u> </u>
14 15	Did the organization have a written document retention and destruction policy?	14	<b>✓</b>	
а	The organization's CEO, Executive Director, or top management official	15a	<b>√</b>	1
b	Other officers or key employees of the organization	15b	<u> </u>	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ь	with a taxable entity during the year?	16a		1
	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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	John McDonald, 501 South Broadway Avenue, Marion, South Dakota, 605-648-3619			

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Form **990** (2016)

Form 990 (2016)

	<u> </u>	
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 employees."
- 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, and 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 relate	d org	anız			ompe	nsa	ited any curren	t officer, directo	r, or trustee.
				(0	C)					
(A)	(B)	(40.5			ition	. than 4		(D)	(E)	(F)
Name and Title	Average				eck more than one s person is both an l a director/trustee)			Reportable	Reportable	Estimated
	hours per week (list any		er and					compensation from	compensation from	amount of other
	hours for	Individual trustee or director	Inst	Officer	<b>₹</b>	ang High	Former	the	organizations	compensation
	related organizations	irect Vidu	Institutional trustee	<b> </b> §	Key employee	nest	Je .	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	1 5 E	) Na		ş	P S	1			and related
	line)	ste	trus		8	Pen				organizations
	<u> </u>	•	8			Highest compensated employee		_		
(1) Don Heeren	7									
President	· <del> </del>	1		1				11,754	0	0
(2) Steve Holmberg	7	Ť	$\vdash$	Ť	╁╌		$\vdash$	11,734	<u>_</u>	0
Vice President	· <del> </del>	/		1			ĺ	13,729	o	0
(3) Chris Hofer	4	Ť		Ė	†		┢	13,723		<u>_</u>
Secretary		1	Ι,	1	1			9,604	o	o
(4) Daryl Terveen	6				T		İΤ	3,20		<u>_</u>
Treasurer		✓		✓				12,279	o	0
(5) Lynell Hofer	3				T		Γ_	1		
Director		✓						6,779	o	0
(6) Leslie Mehlhaff	6						Γ	}		
Director		✓		L	L		L	9,954	0	0
(7) Richard Olsen	6									
Director		<b>✓</b>	<u> </u>				<u> </u>	13,012	o	0
(8) John Ostraat	5				ĺ					
Director		/			$oxed{igspace}$		L_	9,904	0	
(9) Pat Scheier	4		Ì							
Director		1	<u> </u>	_	<u> </u>	<u> </u>	<b>↓</b> _	8,329	0	
(10) Johnathan Wildeboer	6	,					l			
Director		<b>_</b>	┝	⊢			├	15,717	0	0
(11) Brad Schardin	40	ł		١,					ŀ	
CEO/General Manager	<del></del> _		⊢	<b>✓</b>	-	-	<b>├</b> ─	198,030	0	34,143
(12) John McDonald	40	1		1					_	
CFO/Assistant Manager	<del></del>	-	┼—	<b>  *</b>	$\vdash$		├	121,156	<u> </u>	41,632
(13) Todd Nelson	40	1				/				
Consumer Relations and IT Manager	40		╁┈	╁	$\vdash$	<del>  *</del> -	╁╴	111,589	0	83,774
(14) Mark Neu	40	1				/	1	110.00		
Marketing and Member Services Manager		Щ_		<u> </u>	1		<u> </u>	116,161	0	86,193

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C)													
	(A)	(B)	Position (do not check more than						(D)	(E)	-		(F)	
	Name and title	Average	box, ı	unles	s pe	rson	ıs both	an	Reportable	Reportable	_		mated	
		hours per week (list any	_		_		or/trust	<del></del>	compensation	compensation fro related	'''		ount of ther	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations	.		ensatio	n
		related organizations	neci	Ě	er	3	oye est	₹	organization (W-2/1099-MISC)	(W-2/1099-MISC	"		m the nizatior	1
		below dotted	or tr	nal		οίο	۵ <u>۲</u>	1	( 2		1	_	related	
		line)	uste	tz.		8	pen	]			- }	orgar	nzation	S
		}	•	tee			sate		j		- {			
	<del></del>	<b> </b>		-		<u> </u>	_ <u>a</u>	├-	<del> </del>	<u> </u>				
	hn Euchner	40						ŀ	•		- {			
	er of Operations and Engineering	ļ		$\vdash\dashv$		<u> </u>	<b>-</b>		106,088	ļ	<u> </u>		1	17,132
(16)									1					
(4.50				-		<b>.</b>	<u> </u>	<u> </u>	ļ	ļ				
(17)		<b></b>						]			-			
440)		<b></b>		Н				├—	<b>{</b>					
(18)		}						l	ļ		1			
40		ļ		-				├	<del> </del>					
(19)							}	l	į		1			
(00)	<del></del>			-	_			↓_	<b></b>					
(20)						<b>i</b>	1	1		ri	}			
<del></del>		ļ	<u> </u>				<b></b> -	<del> </del> -	<b>∤</b>	}				
(21)				1		ŀ		ł	<b>[</b>		}			
		<u> </u>		H		<u> </u>		<b>Ļ</b> _	<u> </u>					
(22)				}		ŀ	}	}	Ĭ		- {			
		<u> </u>		Ш		<u> </u>		<del> </del>	<del> </del>					
(23)							ļ	[	ł		- {			
				$\vdash$		_	<u> </u>	<b>├</b>	ļ					
(24)		ļ						l						
						_	ļ	<b> </b>	<b></b> _					
(25)				l			)	l			į			
		L		لــا		L	L	<u>Ļ</u>	<b></b>	<b></b>				
1b	Sub-total							<b>&gt;</b>	<u> </u>					
C	Total from continuation sheets to Part	-						<b>•</b>	ļ		4-			
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	764,085		0		26	<u> 52,874</u>
2	Total number of individuals (including but		to th	ose	list	ed	above	e) w	ho received m	ore than \$100,	000 o	f		
	reportable compensation from the organi	zation >												
_										_			Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compensa	ated		}	
	employee on line 1a? If "Yes," complete s							•			•	3	<u> </u>	<b>✓</b>
4	For any individual listed on line 1a, is the												Í	
	organization and related organizations		an \$7	150,	000	17 1	r "Ye	s,″	complete Sch	edule J for s	ucn		١.	1
_				•		•		•				4	<b>/</b> _	<del> </del>
5	Did any person listed on line 1a receive of for services rendered to the organization											_	}	
<del></del>		111 165, 0	ompi	ele	301	ieut	ile J i	0/ 3		· · · · · ·		5	<u> </u>	<b>✓</b>
	on B. Independent Contractors	<del></del>			<del>-</del>		<del></del>			<del></del>			<del></del>	
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsauc	א חכ	or tr	те с	areno	ar y	year ending wit	n or within the	orgai	nizatio	วก ร ช	ax
	year.									<del></del>				
	(A) Name and business add	race						]	(B) Description of s	on/icos	Co	(C) Impens	otion	
	<del></del>							├_		ervices		mpens		
	Construction, Inc., 5104 Harvestore Rd , Sig		5710	7				$\overline{}$	ility construction					83,929
	K Scholz Co , PO Box 27067, Raiston, NE 6							Ele	ectronic switche	s			\$69	95,27 <u>5</u>
	se Utilities Service, Inc., 635 Hwy 74 S, Peach	tree City, G	A 302	69				7	ile testing and tr					13,646
Flyger	Concrete, PO Box 264, Hurley, SD 57036	<del></del> .						Ins	stall concrete pa	vement			\$10	05 <u>,326</u>
	<del></del>	F												
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compens	ation from	ne or	gan	ızat	ion	<u> </u>		4					

Part	VIII	Statement of Reve Check if Schedule O		spansa ar nota ta	any lina in thia	Dort VIII		
	`	Check ii Schedule C	Contains a re	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns	s 1a	1				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1t					
	С	Fundraising events .	10					
Gift	d	Related organizations	s <u>10</u>			Į.		
E E	е	Government grants (con						
er S	f	All other contributions, g			ļ			1
혈		and similar amounts not inc			1			
nd	g	Noncash contributions includ						}
	h	Total. Add lines 1a-1	<u> </u>	Business Code			1	
Program Service Revenue	2a	Sale of Electricity		221000		56 OOE 014		<del>-</del>
Rev	b	Other Electric Revenue	2	221000	56,995,814 224,523	56,995,814 224,523		
8	C	Cooperative Capital Cr			4,241,786	4,241,786		
Serv	d				.,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ē	е			1 1				
ogra	f	All other program ser						
<u>.</u>	g	Total. Add lines 2a-2			61,462,123			
	3	Investment income						
		and other similar amo	•	<b>I</b>	277,504			277,504
	4	Income from investmen	•	· · ·				<del></del>
	5	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents	}					
	b	Less: rental expenses						Į.
	С	Rental income or (loss)						
	d	Net rental income or	(loss)					1
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		13,229				
	b	Less: cost or other basis						
		and sales expenses .		17,057				
	C	Gain or (loss)	L	(3,828)				
	ď	Net gain or (loss) .			(3,828)			(3,828)
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported						,
ĕ		See Part IV, line 18 .		a				
₹		Less: direct expenses		b				
-		Net income or (loss) f					<del></del> -	<del> </del>
		Gross income from gasee Part IV, line 19 .		a				
	С	Less: direct expenses Net income or (loss) f	rom gaming a		-			
	10a	Gross sales of in returns and allowance	•	a 141,670				
	b	Less: cost of goods s		b 111,728				
	С	Net income or (loss) f			29,942	29,942		<del> </del>
	44-	Miscellaneous F	revenue	Business Code				}
	11a							<del> </del>
	b							<del>  - · · · · · · · · · · · · · · · · · · </del>
	d	All other revenue .				_ <del></del>		<del>                                     </del>
	e	Total. Add lines 11a-		· · · · · <b>&gt;</b>	_		······	<del>                                     </del>
	12	Total revenue. See in		•	61,765,741	61,492,065		273,676
								Form <b>990</b> (2016)

Part IX Statement of Fi	unctional Expenses
-------------------------	--------------------

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	· Check if Schedule O contains a respon	se or note to any lir	e in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		<del></del>		
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	5,863,884 764,085			
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 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,887,870			
9	Other employee benefits	1,896,697			
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	27,462			
b	Legal	47,276			<u> </u>
C	Accounting	14,523			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		<del>-</del>		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	148,924	<del></del>		
13	Office expenses	826,558			
14	Information technology	020,000			
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 .	53,838		<u> </u>	ļ <u> </u>
20	Interest	2,799,960		ļ	ļ
21	Payments to affiliates		<del></del>	<del> </del>	ļ
22	Depreciation, depletion, and amortization .	3,882,342	<del></del>		
23	Insurance	ļ. <del></del>		<del></del>	ļ
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.)				
а	Purchased power	41,021,579		1	
b	KWH tax	1,022,799			
C	Other deductions	69,385			
d					
е	All other expenses	1,438,559			
25	I otal functional expenses. Add lines 1 through 24e	61,765,741	<del>_</del>		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 577,707 608,987 2 2 Savings and temporary cash investments . . . . . . 2,500,104 1,030,000 3 Pledges and grants receivable, net . . . . . . . 3 4 5,716,887 5,667,235 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . . . . . . . . 6 Assets 7 7 8 Inventories for sale or use . . . . . . 8 4,504,479 3,231,103 9 Prepaid expenses and deferred charges 1,262,236 1,190,967 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 135.031.363 10b Less: accumulated depreciation . . . . 96,362,535 10c b 34,796,019 100,235,344 11 11 Investments—publicly traded securities . . . . 12 12 Investments—other securities. See Part IV, line 11 . . . 13 13 Investments-program-related. See Part IV, line 11 . . . 23,396,184 27,401,957 14 14 15 Other assets. See Part IV, line 11 . . . . . . . 15 3,850,663 6,411,220 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 136,731,971 16 147,215,637 17 Accounts payable and accrued expenses . . . . . . . . . . . . 5,202,003 17 5,946,788 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 80,854,204 85,549,571 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 5,076,245 4,677,956 26 Total liabilities. Add lines 17 through 25 91,132,452 96,174,315 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . . . . . . . 27 Temporarily restricted net assets . . . . 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 45,599,519 51,041,322 33 33 45,599,519 51,041,322 34 Total liabilities and net assets/fund balances . . 136,731,971 147,215,637 Form **990** (2016)

Page	1	2

	0 (20.0)				9
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		61,76	55,532
2	Total expenses (must equal Part IX, column (A), line 25)	2		61,76	5,532
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		45,59	9,519
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		5,44	1,803
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		51,04	1,322
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u></u> :	
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n		i
	Schedule O.		ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			ļ	<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled o	or [	[	:
	reviewed on a separate basis, consolidated basis, or both:		-	[	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b			. 2b	1	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a	(	
	separate basis, consolidated basis, or both:			1	i
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			l	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	_		1	l
	of the audit, review, or compilation of its financial statements and selection of an independent account		<u> </u>	✓	L
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın i	in	1	
	Schedule O.		_		ا ا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n	}	
	the Single Audit Act and OMB Circular A-133?	• •	· 3a	<u> </u>	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo			-	}
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	<u> </u>	<u> </u>
			Foi	т <b>99</b> 0	(2016)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

Attach to Form 990.

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

OMB No 1545-0047 2016

Open to Public Inspection

Name of	the organization		Employer identification number
Southea	stern Electric Cooperative, Inc		46-0454373
Part			ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1 '	Total number at end of year		
2	Aggregate value of contributions to (during year)	[	
	Aggregate value of grants from (during year) .	,	<u> </u>
	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, conly for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that grai	nt funds can be used or any other purpose
Part	Conservation Easements.  Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		<del></del>
	Preservation of land for public use (e.g., recrea		f a historically important land area
j	Protection of natural habitat	·	f a certified historic structure
	☐ Preservation of open space		
	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
_	Total acreage restricted by conservation easemen	its	2b
	Number of conservation easements on a certified		
d	Number of conservation easements included in		on a
	Number of conservation easements modified, trar		
	tax year	isterred, released, extinguished, or terr	mated by the organization during the
	Number of states where property subject to conse	envation excement is located	
	Does the organization have a written policy re		enection handling of
	violations, and enforcement of the conservation e	asements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b> \$		
	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · Yes   No
	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easem		Otto Circilor A A
Part			
	Complete if the organization answered		
	If the organization elected, as permitted under SI works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
Đ	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts related to the service of the service	r assets held for public exhibition, ed	
	(i) Revenue included on Form 990, Part VIII, line	-	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of ar following amounts required to be reported under	t, historical treasures, or other simila	r assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	, , ,	_
	Assets included in Form 990, Part X		<b>b</b> ¢

Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, o	r Oth	er Similar Ass	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):							
а	☐ Public exhibition		a [	□ Loan o	or exchange	progra	ıms	
b	☐ Scholarly research							
	☐ Preservation for future generations		٠.					
4	Provide a description of the organizati		and expla	in how th	ev further th	e orga	nızation's exem	pt purpose in Part
•	XIII.		O/-P		,	J		p. p. p. p. c
5	During the year, did the organization	solicit or receive	donation	s of art. h	nistorical trea	sures.	or other simila	r
•	assets to be sold to raise funds rather							☐ Yes ☐ No
Part			<del></del>					
	Complete if the organization 990, Part X, line 21.	answered "Yes						
1a	Is the organization an agent, trustee, included on Form 990, Part X?							t Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing ta	ble:			
		·		-			Ar	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun					todial a	account liability	?  Yes  No
b	If "Yes," explain the arrangement in Pa							
Par				<u> </u>				
	Complete if the organization	answered "Yes	" on For	m 990, P	art IV, line 1	10.		
		(a) Current year	(b) Prid	or year	(c) Two years b	ack (	d) Three years back	(e) Four years back
1a	Beginning of year balance					$\neg \uparrow$		
b	Contributions							1
С	Net investment earnings, gains, and losses				<del></del>			
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	ne current vear er	nd balanc	e (line 1g	column (a)) i	held as	s:	<u> </u>
а	Board designated or quasi-endowmen							
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2		00%.					
3a	Are there endowment funds not in the			zation tha	it are held an	nd adm	ninistered for the	е
	organization by:	•	Ū					Yes No
	(i) unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" on line 3a(ii), are the related or			red on Sc	hedule R? .			3b
4	Describe in Part XIII the intended uses							ــــــــــــــــــــــــــــــــــــــ
Par						-		<del></del>
	Complete if the organization		" on For	m 990. F	Part IV. line	11a. S	ee Form 990.	Part X. line 10.
	Description of property	(a) Cost or of			r other basis		ccumulated	(d) Book value
		(investm			ther)		preciation	• • • • • • • • • • • • • • • • • • • •
1a	Land				462,988			462,988
b	Buildings				3,949,336		1,191,955	2,757,381
C	Leasehold improvements				3,373,530		1,131,333	2,737,301
d	Equipment	·			7,744,979		4,808,778	2,936,201
e	Other			1	22,874,060		28,795,286	94,078,774
	Add lines 1a through 1e. (Column (d) m	oust equal Form 9	90 Part			)	20,793,200	100 235 344

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category as the control of the c	Part VII	Investments - Other Securities.		_			
(1) Financial derivatives (2) Closely-held equity intorests (3) Ofter (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		Complete if the organization answ	vered "Yes" on For	m 990	0, Part IV, lin	<u>e 11b. See F</u>	Form 990, Part X, line 12.
22 Closely-held equity interests	, 			(b)	Book value		
(3) Other   (4)   (5)   (6)   (7)							
(G)							
(G)	(3) Other						
(G)	(A)						
(5) (6) (7) (8) (8) (7) (8) (8) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(B)						
(G)						L	
(G) (G) (H) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(D)					<u> </u>	
(ii)  Total, Column (ii) must equal Form 990, Part X, col. (ii) line 12.) ▶  Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, Jine 11c. See Form 990, Part X, Jine 13.  (a) Description of investment (b) Book value (c) Method of valuation Coast or end-of-year market value (d) Method and several coast at in associated organizations 26,057,286 Cost (2) Capital term certificates - NRUCFC 725,024 Cost (3) Member capital securines - NRUCFC 285,000 Cost (4) Investments in economic development 101,600 Cost (5) Member stapits accurines - NRUCFC 285,000 Cost (6) Other investments 217,347 Cost (7) (8) Other investments 217,347 Cost (8) Other mostments 217,347 Cost (9) (9) Total, Column (ii) must equal form 990, Part X, col. (ii) line 13.) ▶  Part IX Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (iii)	(E)						
(b)	(F)						
Total. (Column (b) must equal Form 990, Part X, col. (b) line 12.) ►   Part VIII   Investments — Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.							
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation   (cot or end-of-year market value   (c) Method of valuation   (cot or end-of-year market value   (c) Method of valuation   (cot or end-of-year market value   (c) Method of valuation   (cot or end-of-year market value   (c) Method of valuation   (cot or end-of-year market value   (c) Method of valuation   (cot or end-of-year market value   (c) Method of valuation   (c) Method						<u> </u>	
(a) Description of Investment (b) Book value Cast or end-of-year market value (1) Patronage capital in associated organizations 26,067,286 Cost (2) Capital term certificates - NRUCFC 725,024 Cost (3) Member capital securities - NRUCFC 285,000 Cost (4) Investments in economic development 101,600 Cost (5) Memberships in associated organizations (6) Other investments (7) (8) Cost (7) (9) Cost (9) Total, (Column (b) must equal Form \$90, Part X, col. (B) line 13, ▶  27,401,957  Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (6) (6) (7) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Part VIII						
(1) Patronage capital in associated organizations		Complete if the organization answ	vered "Yes" on For	m 990	), Part IV, lin	e 11c. See F	Form 990, Part X, line 13.
22   Capital term certificates - NRUCFC   725,024   Cost     39   Member capital securities - NRUCFC   285,000   Cost     40   Investments in economic development   101,600   Cost     50   Memberships in associated organizations   5,700   Cost     60   Other investments   217,347   Cost     77     8                 8		(a) Description of investment		(b)	Book value		
22   Capital term certificates - NRUCFC   725,024   Cost     39   Member capital securities - NRUCFC   285,000   Cost     40   Investments in economic development   101,600   Cost     50   Memberships in associated organizations   5,700   Cost     60   Other investments   217,347   Cost     77     8                 8	(1) Patrona	ge capital in associated organizations			26,067,286	Cost	
49   Investments in economic development   101,600   Cost	(2) Capital t	erm certificates - NRUCFC					
(5) Memberships in associated organizations (6) Other investments (7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (7) (8) (9) (9) (1) (8) (9) (1) (9) (1) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (1) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (9) (9) (1) (8) (9) (9) (9) (9) (1) (9) (1) (8) (9) (9) (1) (8) (9) (9) (9) (9) (1) (8) (9) (9) (9) (1) (9) (1) (1) (1) (2) (1) (2) (2) (2) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(3) Member	capital securities - NRUCFC			285,000	Cost	
(6) Other investments (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (9) (9) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (7) (8) (9) (7) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (7) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (8) (9) (9) (9) (9) (1) (8) (9) (9) (9) (9) (1) (8) (9) (9) (9) (9) (1) (8) (9) (9) (9) (9) (1) (8) (9) (9) (9) (9) (1) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(4) Investme	ents in economic development			101,600	Cost	
(7)   (8)   (9)     (9)     (9)     (1)   (1)   (1)   (2)   (2)   (2)   (3)   (4)   (2)   (4)   (2)   (3)   (4)	(5) Member	ships in associated organizations			5,700	Cost	
(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 Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued operating provisions 447,650 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3.028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities 653,284 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956	(6) Other in	vestments			217,347	Cost	
[9] Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 27,401,957  Part X Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) Accrued operating provisions 447,650 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956	(7)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	_(8)						
Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accrued operating provisions 447,650 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Regulatory habilities 653,284 (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col. (B) line 25, ▶ 4,677,956					<u>27,4</u> 01,957	<u>L</u>	
(a) Description (b) Book value  (1) (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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) Accrued operating provisions 447,650 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3.028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25,) ▶ 4,677,956	Part IX						
(1) (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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued operating provisions 447,550 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Requilatory liabilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956				m 990	0, Part IV, lin	<u>e 11d. See F</u>	
(2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued operating provisions 447.650 (3) Consumer deposits 477.102 (4) Current maturities on long term debt 3.028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities 653,284 (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956		(a)	Description		<del></del>		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
(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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued operating provisions 447,650 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities 653,284 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956	(2)						
(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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued operating provisions 447,650 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956	_(3)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(4)						
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(6)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accrued operating provisions 447,650 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956			<u></u>				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accrued operating provisions 447,650 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956							
Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accrued operating provisions 447,650 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956	(9)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1 (D) (m = 45.)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Accrued operating provisions 447,650 (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  4,677,956			oi. (B) iine 15.)	• •	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · ·	· •
line 25.         1. (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) Accrued operating provisions       447,650         (3) Consumer deposits       477,102         (4) Current maturities on long term debt       3,028,000         (5) Deferred credits       71,920         (6) Regulatory liabilities       653,284         (7)       (8)         (9)       4,677,956	Part X			00/	O Don't N/ Ilm	_ 44446	. C F 000 Deat V
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) Accrued operating provisions       447,650         (3) Consumer deposits       477,102         (4) Current maturities on long term debt       3,028,000         (5) Deferred credits       71,920         (6) Regulatory liabilities       653,284         (7)       (8)         (9)       4,677,956			vered "Yes" on Foi	m 990	J, Part IV, IIN	e He or Hi	r. See Form 990, Part X,
(1) Federal income taxes (2) Accrued operating provisions (3) Consumer deposits (4) Current maturities on long term debt (5) Deferred credits (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 447,650 477,102 477,102 477,102 477,102 477,102 477,102 477,102 477,956			(h) Deek velve	r			
(2) Accrued operating provisions (3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Regulatory liabilities (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956			(b) Book value				
(3) Consumer deposits 477,102 (4) Current maturities on long term debt 3,028,000 (5) Deferred credits 71,920 (6) Regulatory habilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956		<del></del>	<del></del>				
(4) Current maturities on long term debt  (5) Deferred credits  (6) Regulatory habilities  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  4,677,956				_			
(5) Deferred credits 71,920 (6) Regulatory habilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956	(4) Consum	ner deposits					
(6) Regulatory habilities 653,284 (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956	(5) Defer	maturities on long term debt					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956							
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 4.677,956		ory nabilities	b;	3,284			
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956							
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,677,956							
<u> </u>		b) must equal Form 990. Part X. col. (R) line 25.)	4.00	77 05 6			
		<u> </u>			the organization	n's financial sta	atements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

		m 990) 2016	. D.4.	Page 4
Part	ΧI	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Ketu	im.
	Takal	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. revenue, gains, and other support per audited financial statements	1	24 705 744
1		revenue, gains, and other support per audited financial statements	<u> </u>	61,765,741
2				
a		Inrealized gains (losses) on investments	$\dashv$	
b		veries of prior year grants	┪	
C			┥	
d		,	2e	1
е 3		ines <b>2a</b> through <b>2d</b>	3	C1 7C5 741
4		unts included on Form 990, Part VIII, line 12, but not on line 1:		61,765,741
⊸a		ants included on Form 990, Fart VIII, line 12, but not on line 1.		
b		r (Describe in Part XIII.)	┥	İ
C		lines 4a and 4b	4c	-
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	61,765,741
Part		Reconciliation of Expenses per Audited Financial Statements With Expenses p		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total	expenses and losses per audited financial statements	1	55,901,857
2		unts included on line 1 but not on Form 990, Part IX, line 25:		00,001,001
a		ated services and use of facilities		
b	Prior	year adjustments		
C		r losses	7	
d	Othe	r (Describe in Part XIII.)		
е		lines 2a through 2d	2e	1
3		ract line <b>2e</b> from line <b>1</b>	3	55,901,857
4		unts included on Form 990, Part IX, line 25, but not on line 1:		
а		stment expenses not included on Form 990, Part VIII, line 7b 4a		
b		r (Describe in Part XIII.)		
С		lines <b>4a</b> and <b>4b</b>	4c	5,863,884
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	61,765,741
Part	XIII	Supplemental Information.		
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2		
2; Par	t XI, lır	nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	inform	ation.
Paret 2	X, line	2 - The cooperative adopted the provisions of Financial Accounting Standards Board Accounting S	tandar	ds Codification Topics
ASC 7	40-10 (	previously Financial Interpretation No. 48, Accounting for Uncertainty in Income Taxes), on Januar	<u> 1, 200</u>	9 The
impler	nentati	on of this standard had no impact on the financial statements. As of both the date of adoption, and	as of	December 31, 2016,
thoro	was no	recognized tay approach. The economistive would recognize future approach and populties re-	atad ta	unrecognized
triere y	was IIU	recognized tax accrual. The cooperative would recognize future accrued interest and penalties rel	ateu to	uniecognizeu
tax he	nefits i	n income tax expense if incurred Generally, the cooperative is no longer subject to Federal tax ex	amınatı	ons by tax
1917.510				
author	rities fo	or years before 2009		
			•••	
Part X	II, line	4b, Other - GAAP doesn't recognize book vs tax and the net margin of \$5,863,884 is the amount all	ocated	as patronage
			_	
capita	l credi	ts for 2016 which was reported as "benefits paid to or for members" on Form 990, Part IX, line 4 in t	ne Stat	ement of Functional
F				
Expen	ses			

Schedule D (For	rm 990) 2016	Page <b>5</b>
Part XIII	Supplemental Information (continued)	

#### **SCHEDULE J** (Form 990)

OMB No 1545-0047 2016

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 46-0454373 Southeastern Electric Cooperative, Inc.

Part	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	<ul> <li>☑ First-class or charter travel</li> <li>☐ Travel for companions</li> <li>☐ Payments for business use of personal residence</li> <li>☐ Tax indemnification and gross-up payments</li> <li>☐ Housing allowance or residence for personal residence</li> <li>☐ Payments for business use of personal residence</li> <li>☐ Health or social club dues or initiation fees</li> </ul>			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	46	<b>√</b>	
	ехран	1b		-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	<b>✓</b>	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			<u> </u>
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7_		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
	in Part III	8_	<del>  -</del>	-
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

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 Ta, applicable column (U) and (E) amounts for that individual.	or eac	n listed individual mu	st equal the total am	Sunt of Form 990, Pa	It VII, Section A, line	a, applicable column	n (U) and (E) amounts	s tor that individual.
		(b) Breakdown o	r w-z and/or 1099-mis	oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	in column (B) reported as deferred on prior Form 990
Brad Schardin	8	198,030	0	0	9'000	28,143	232,173	
1 CEO/General Manager		0	0	0	0	0	0	0
John McDonald	(1)	121,156	0	0	15,947	25,685	162,788	0
2 CFO/Assistant Manager	⊞	00		0	0	0	0	0
Todd Nelson	(1)	111,589	0	0	57,213	26,561	195,363	0
3 Consumer Relations & IT Mgr	<b>(E)</b>	00		0	0	0	0	0
Mark Neu	ε	116,161	0	0	61,812	24,381	202,354	0
4 Mktg & Member Services Mgr	Ξ	0	0	0	0	0	0	0
John Euchner	ε	106,088	0	0	16,314	17,132	139,534	0
5 Mgr of Operations & Engineering	<b>(E)</b>	0		0	0	0	0	0
	(1)							
9	<b>=</b>							
	Ξ							
7	€							
	(1)							
8	€							
	Ξ							
6	Œ							
	8							
10	(ii)							
	(1)							
11	Ξ							
	8							
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	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						3
13	€							
	8							
14	⊞							
	€							
15	<b>E</b>							
	<b>E</b>						***************************************	
16								
							Sche	Schedule J (Form 990) 2016

Page 3	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.	Part 1. line 1a - The cooperative occasionally provides charter travel for directors, officers and key employees to attend meetings of associated organizations when it is more	on or commercial air travel								Schedule J (Form 990) 2016
Schedule J (Form 990) 2016	Provide the information, explanation, or descriptions required for Part for any additional information.	Part 1, line 1a - The cooperative occasionally provides charter travel for directors.	cost effective and expedient than ground transportation of commercial air travel								

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
Southeastern Electric Cooperative, Inc	46-0454373
Form 990, Part VI, Section A, line 6 - Every consumer becomes a member of the cooperative upon rece	eipt of electric service
Form 990, Part VI, Section A, line 7a - Each member has one vote	
Form 990, Part VI, Section A. line 7b - Members must approve any bylaw amendments, the substantial any mergers or consolidations, and the removal of any directors	disposition of cooperative property,
Form 990, Part VI, Section A, line 8b - There are no committees with authority to act on behalf of the gr	overning body
Form 990, Part VI, Section B, line 11 - The Form 990 will be provided to, and reviewed with, all member management staff at a meeting of the board held prior to filing.	s of the board of directors by the
Form 990, Part VI, Section B, line 12c - To monitor and enforce compliance of the conflict of interest p disclosure form upon election or appointment to the board and then annually during their tenure on the are disclosed to the board at the next board meeting	
Form 990, Part VI, Section B, line 15 - The compensation of the CEO/General Manager is determined b	y the board of directors taking into
consideration the results of a state, regional and national compensation survey. The board also applied	es the cooperative's policy on
wage and salary administration in their decision making process. The most recent adjustment to the o	compensation of the CEO/General
Manager was effective November 2013	
Form 990, Part VI, Section B, line 15b - The CEO/General Manager is responsible for proposing an ago	regate wage and salary package
to the board of directors for their approval. Individual compensation levels are determined by the CEC	O/General Manager in compliance
with the cooperative's wage and salary administration policy which utilizes a state, regional and natio	nal compensation survey

Schedule O (Form 990 or 990-EZ) (2016)	Page Z
Name of the organization	Employer identification number
Southeastern Electric Cooperative, Inc	46-0454373
•	
orm 990, Part VI, Section C, line 19 - The cooperative's governing documents, conflict of interest policy a	nd financial statements are
available to the cooperative's members but not the general public. Bylaws and financial statements are rou	utinely provided to the
nembers. The conflict of interest policy would be provided to a member upon request.	
Form 990, Part IX, line 4 - Although technically not an expense, we have included the capital credit allocati	on as "benefits paid
Company of the Compan	
o or for members" because within the Non-Profit Operation section of our bylaws, it states "All such amo	unts credited to the capital
account of any patron shall have the same status as though they had been paid to the patron in cash in pu	irsuance of a legal obligation
o do so and the patron had then furnished the Cooperative corresponding amounts for capital "	
~	
Form 990, Part XI, line 9 - The increase in net assets results from the allocation of \$5,863,884 in patronage	capital credits, the retirement
refund) of \$901,241 in patronage capital credits and an increase in other equities of \$479,160 for a total of	\$5,441,803
Form 990, Part VII, Column F, Other Compensation - Included in Other Compensation is the estimated curr	ent year increase or decrease
are the entire reliance of the defined benefit plan as calculated by the Administrator. The current year incr	ence or decrease does not
in the actuarial values of the defined benefit plan as calculated by the Administrator. The current year incr	ease of decrease does not
represent current year contributions to the plan	
	***************************************