efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

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

DLN: 93493318034167 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

foundations)

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

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

Λ -	or +L	a 2016 ~	alendar vear or tay year ba-	inning 01-01-2016 , and endir	na 12-24	-2016			
		e 2016 c	C Name of organization		ıy 12-31	-2010	D Employ	er identif	ıcatıon number
□ Ad	dress	change	CARROLL ELECTRIC COOPERATIVE	CORPORATION			71-002		
	me ch tıal ret	-	Doing business as					, 000	
Fin	ıal								
	•	minated d return	Number and street (or P O box if PO BOX 4000	mail is not delivered to street address)	Room/suit	:e	E Telephoi		
□ Ар	plication	on pending		untry, and ZIP or foreign postal code			(870) 4	23-2161	
			BERRYVILLE, AR 72616	unitry, and 21P or foreign postar code			<b>G</b> Gross re	eceipts \$ 1	81,395,105
			<b>F</b> Name and address of princi	pal officer		H(a) Is	this a group re	•	
			ROB BOAZ PO BOX 4000			SI	ubordinates?		□Yes ☑No
			BERRYVILLE, AR 72616				re all subordina icluded?	tes	☐ Yes ☐No
I Ta	x-exer	mpt status	☐ 501(c)(3) <b>☑</b> 501(c)(12)	<b>◄</b> (insert no )	□ 527		"No," attach a	list (see	instructions)
J W	ebsit	te:▶ WW	VW CARROLLECC COM			H(c) G	roup exemption	number	<b>&gt;</b>
14 =				. 🗆		<b>L</b> Year of t	formation 1937	M State	of legal domicile AR
K Forr	n of or	rganization	✓ Corporation ☐ Trust ☐ As	sociation L. Other P					
Pa			mary						
			scribe the organization's mission : OUR MEMBERS WITH SAFE, REI	or most significant activities .IABLE, AND AFFORADABLE ELECT	RICITY				
nce	-			<b>,</b>					
E E	-								
Governance	2	Check thi	is box $\blacktriangleright \Box$ if the organization of	iscontinued its operations or dispo	sed of m	ore than	25% of its net a	ssețs	
	l			ing body (Part VI, line 1a)				3	9
æρ √1 do	l		•	of the governing body (Part VI, line				4	9
Activities &	l			alendar year 2016 (Part V, line 2a	•			5	275
<del>,</del>	l		nber of volunteers (estimate if n	• •				6 7a	0
•	l			rt VIII, column (C), line 12				7a 7b	0
		Net ame	iated basiness taxable medine in	5/1/10/11/350 1, IIIIe 5+ 1 1 1		<del></del>	Prior Year	1,2	Current Year
	8	Contribut	tions and grants (Part VIII, line 1	.h)				0	0
Rəvenue	l		service revenue (Part VIII, line 2	•			165,579,	923	176,240,968
ō∧ċ}	10	Investme	ent income (Part VIII, column (A	), lines 3, 4, and 7d )			3,345,	512	3,674,983
ш	11	Other rev	venue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)			1,172,	880	1,039,867
	12	Total rev	enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), lir	ne 12)		170,098,	315	180,955,818
	l		· ·	, column (A), lines 1–3 )				185	30,171
	l		· · · · · · · · · · · · · · · · · · ·	column (A), line 4)			12,186,		12,332,008
Ses	l	•		penefits (Part IX, column (A), lines	5-10)		17,236,		19,297,506
Expenses	١.		onal fundraising fees (Part IX, co	, ,,	•			0	0
핓	l		raising expenses (Part IX, column (D) penses (Part IX, column (A), line	· -			140,646,	191	149,296,133
	l		, , , , , , , , , , , , , , , , , , , ,	qual Part IX, column (A), line 25)	•		170,098,		180,955,818
	l	·	less expenses Subtract line 18					0	0
% &						Begin	ning of Current \	'ear	End of Year
ang et			. (0.1)				507.005		552 554 522
Ass d Ba	l		ets (Part X, line 16)		•		537,285,		552,556,509
Net Assets or Fund Balances	l		ollities (Part X, line 26) ts or fund balances Subtract line			-	310,276, 227,009,		315,863,212 236,693,297
Pai			ature Block	. 22 11 0111 1111 20 1 1 1 1 1			227,003,	3 101	230,033,237
Undei	r pena	alties of p	erjury, I declare that I have exa	mined this return, including accom					
know any k			ef, it is true, correct, and complet	e Declaration of preparer (other t	han office	er) is bas	ed on all inform	ation of v	which preparer has
c:		Signati	* ure of officer				2017-11-13 Date		
Sign Here		POR B	OAZ DDESIDENT/CEO						
	-		OAZ PRESIDENT/CEO or print name and title						
			Print/Type preparer's name	Preparer's signature	Da			PTIN	
Paid	t	Ľ	WILLIAM M MILLER	WILLIAM M MILLER	20	17-11-13	self-employed	P00439459	<del>)</del> 
Pre	pare	ات ⊢		GILBERT AND MOSS LLP			Firm's EIN ► 75		
Use	On	ıly   <sup>F</sup>	Firm's address > 8215 NASHVILLE AV				Phone no (806)	/47-3806	
			LUBBOCK, TX 79423						
			this return with the preparer sh	· · · · · · · · · · · · · · · · · · ·				<u>✓</u> Y	<b>′es □ No</b> Form <b>990</b> (2016)
ror P	aper	work Re	duction Act Notice, see the se	parate instructions.		Cat N	lo 11282Y		Form 990 (2016)

	m 990 (2016)	Page <b>2</b>
Pa	Statement of Program Service Accomplishments	
	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	
<u>WE</u>	EXIST TO SERVE OUR MEMBERS WITH SAFE, RELIABLE, AND AFFORDABLE ELECTRICITY	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	☐ Yes ☑ 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	
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Form	n 990 (2016)			Page <b>3</b>
Pai	rt IV Checklist of Required Schedules			
	<u> </u>		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete			
1	Schedule A	1		No
_				NI-
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	ایا		No
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Date the organization operate one or more hospital facilities? If "Yes," complete Schedule H.  10 bit f"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20 bit the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II.  21 bit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.  22 column (A), line 2 if "Yes," complete Schedule I, Parts I and II.  23 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 3 about compensation of the organization's current and former officers, retectors, trustees, key employees, and highest compensated employees? If "Yes," 23 Yes complete Schedule I.  24 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 3 about compensation of the organization's current and former officers, greatery than the series of the last day of they sept. That was issued after December 31, 2002? If "Yes," answer interes 246 through 24d and complete Schedule I.  25 bit the organization maintain an escrow account other than a refunding escrow at any time during the year?  26 bit the organization maintain an escrow account other than a refunding escrow at any time during the year?  27 bit the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule I. Part II.  28 bit the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II.  28 bit the organization engage in an excess benefit transaction with a disqualified person on in a prior year, and that the transaction is the propriet of t	2611	Checklist of Required Schedules (Continued)			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III.  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.  23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IV, IIII, or to line 25a  24a Did the organization on west any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization at as an "on behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  35 Section 501(C(3), 301(C(3), 301 dS(1)(2)) and 501(C(3) and 501(C(3)) and 501(C(3) and 501(C(3) and 501(C(3)) and 501(C(3)) and 501(C(3)) and 501(C(3)) and 501(C(3) and 501(C(3)) and 501(C(3)) and 501(C(3)) and 501(C(3)) and 501(C(3) and 501(C(3)) and 501(C(3)				Yes	No
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operation or part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II .  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 27 if "Yes," complete Schedule I, Parts I and III .  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 I I "Yes,	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
column (A), line 2º If "Yes," complete Schedule I, Parts I and III.  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 I.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If "No," go to him 25a.  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization engage in an excess benefit transaction with a disqualified person during the year?  28 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  29 Did 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 promptes Schedule L, Part II.  29 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, director, trustees, everyphoyees, philoset compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  28 No  29 A family member of a current or former offic	21		21		No
current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 Yes complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions of Armily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  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 to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  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  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 II  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  7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution 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  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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28b No  No  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	23	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	23	Yes	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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-E2?  If "Yes," complete Schedule L, Part I I  25b II  25c II  25d II  26d II  27d II		the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a		No
to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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-E27  1f "Yes," complete Schedule L, Part II  25b  25c  25d  25d  25a  25b  25b  26	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?  25b  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  26 No  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 No  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 No  28 No		to defease any tax-exempt bonds?	24c		
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .  1. If "Yes," complete Schedule L, Part I .  2. If "Yes," complete Schedule L, Part I .  2. If "Yes," complete Schedule L, Part I .  2. If "Yes," complete Schedule L, Part I .  2. If "Yes," complete Schedule L, Part I .  2. If "Yes," complete Schedule L, Part II .  2. If "Yes," complete Schedule L, Part II .  2. If "Yes," complete Schedule L, Part II .  2. If "Yes," complete Schedule L, Part II .  2. If "Yes," complete Schedule L, Part II .  2. If "Yes," complete Schedule L, Part III .  2. If "Yes," complete Schedule L, Part III .  2. If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  2. If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  2. If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  3. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  3. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  3. No  3. No  3. No  3. No  4. If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  3. No  4. If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  4. No  4. If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions in the filing thresholds for the filing thr	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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  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  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  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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a No  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b No	25a	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"	25a		
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  26 No  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  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 A current or former officer, director, trustee, or key employee? If "Yes," complete 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 IV  28a No  10 No  28a No  10 No  28b No		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		
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		former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		No
instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete 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 IV  28a No No	27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		No
Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a No No					
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	а				
1V			28a		No
	b	<i>IV</i>	28b		No
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C (Code ) (Expenses \$ Including grants of \$ ) (Revenue \$ )

) (Revenue \$

Other program services (Describe in Schedule O )

including grants of \$

(Expenses \$

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-orm	990 (2016)			Page <b>6</b>
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	_
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   9		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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	Yes	
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	
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	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?	<b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> 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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	Light the States with which a copy of this Form 900 is required to be filed.			
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			
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 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  CHAD ALLEN 920 HWY 62 SPUR BERRYVILLE, AR 72616 (870) 423-2161			
				_ /

organization and any related organizations

Part VII

# 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

- 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
- ercops in the following order, individual trustees or directors, institutional trustees, officers, key employees,

Phouse per share of the state at ordinary and state at ordinary	Check this box if neither the organization no	(B)			(C	)		•	(D)	(E)	(F)
Comparison   Com	Name and Title	week (list any hours	than o	ne bo oth a direct	ox, ι n of	inle: ficei	ss pers	son	compensation from the organization	from related organizations	
X		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related
X			X		x				33,666	0	4,524
37 MATERIA PRICES	· · · · · · · · · · · · · · · · · · ·		х		×				25,744	0	-233
X					х				30,658	0	-9,826
X   32,296   0   2,2									25,086	0	-279
A									32,296	0	2,215
X   25,546   0   4,3			х						43,326	0	2,073
X   39,826   0   3,1     OIRECTOR			Х						25,546	0	4,388
36,986   0   8   8   10   10   10   10   10									39,826	0	3,182
X   425,222   0   251,9			Х						36,986	0	852
11   CHAD ALLEN					х				425,222	0	251,943
X   213,898   0   169,3     VP EXECUTIVE SERVICES					х				156,237	0	98,774
X   209,729   0   84,44							×		213,898	0	169,397
X   201,065   0   99,90							×		209,729	0	84,464
X							x		201,065	0	99,906
(10) CHRIS DAINES							х		157,658	0	74,955
							x		139,307	0	59,284

Part VII

PO BOX 2627

compensation from the organization ▶ 33

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page **8** 

Little	3771 Section A. Officers, Direct	tors, musices	<del>3, 10, 1</del>	<u></u> ,			, and	<u> </u>	1030 001	препзак	ta Employees	100170	mucuy	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an of	ot che unles fficer	neck mo ess pers er and a etee)	son	Repo compe fror organiz	(D) ortable ensation m the zation (W-	(E) Reportable compensatior from related organizations (\)	n d (W-	(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensatential employee	Former	2/1099	99-MISC)	2/1099-MISC	.)	organızatı relatı organıza	ed
			นระย	Trustee		- P	npensated							
					$\vdash$	<u> </u>	<del> </del>	<u></u>				<del> </del>		
					$\vdash$	<u> </u>	<del>                                     </del>	<del>                                     </del>				$\frac{1}{1}$		
				<del>                                     </del>	$\vdash$	$\vdash$	<del>                                     </del>	<del>                                     </del>				$\frac{1}{1}$		
					<u> </u>	<del> </del>	<del>                                     </del>	<del>                                     </del>				$\frac{1}{1}$		
с Т	Sub-Total					<u> </u>	<b> </b>		1,	796,250		0		845,619
2	Total number of individuals (including of reportable compensation from the	g but not limited	d to thos					rec <sup>,</sup>	eived mo	re than \$1	00,000			
	Did the organization list any <b>former</b> line 1a <sup>7</sup> If "Yes," complete Schedule .			tee, k				or hi	-	mpensated	employee on	3	Yes	No No
	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization											5		No
	ection B. Independent Contract Complete this table for your five high from the organization Report compe	hest compensate ensation for the c									n's tax year	mpen		
ARKAN	Name a	(A) and business addre	ess							1	(B) cription of services		Compen	nsation
РО ВО	DX 194208 E ROCK, AR 72219									CONSTRUCT	ION		10	),565,805
NABHO PO BO	OLZ CONSTRUCTION CORPORATION									CONSTRUCT	ION		3	3,688,588
BARRO 49 CR	OWS EXCAVATION INC									EXCAVATIO	N/CONSTRUCTION		2	2,840,806
PAR EL	LETRICAL CONTRACTORS DX 846234									CONSTRUCT	TION		2	2,095,584
	AS, TX 75284 EIER MARTIN & ASSOCIATES INC				_	_				CONSTRUCT	LION			779,869

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

Form 9 Part	90 (2016) VIIII Statement of	Pavanua								Page <b>9</b>
Paru	Check if Schedule		esponse or n	ote to anv l	ine in this Part VI	ш				. 🗹
					(A) Total revenue	Rela ex fur	(B) ated or empt action	(C) Unrelated business revenue	Rev exclud tax unde	venue led from er sections 2-514
	1a Federated campaign	ns <b>1</b>	.a			1 16	venue		1 312	314
ınts	<b>b</b> Membership dues .	1	.ь							
Grants tmounts	<b>c</b> Fundraising events	1	LC							
fs.	d Related organization	ns <b>1</b>	.d							
ig ig	e Government grants (co	ontributions) 1	.e							
Sin Sin	f All other contributions, and similar amounts no	st included								
Contributions, Gifts, Grants and Other Similar Amounts	above	included 1	Lf							
를	g Noncash contribution in lines 1a-1f \$	ns included								
Cont and	h Total.Add lines 1a-1	f	•							
	II Totali Add IIIIes 1a-1		<u> </u>	Business	Code					
<u>ا</u> ا	2a SALES OF ELECTRICITY		-		221000 172	2,451,076	172,45	1,076		
ž Ž	<b>b</b> PATRONAGE DIVIDENDS	j			221000 2	2,567,859	2,56	7,859		
10.6	c SERVICE FEES				221000	977,634		7,634		
<u> </u>	d SURGE SUPPRESSOR RE				221000	175,523 68,876		5,523		
an	e other program reven				221000	00,070		8,876		
Program Service Revenue	<b>f</b> All other program ser		L	176.2	40,968	I		1		
<u>•</u>	<b>gTotal.</b> Add lines 2a-2f		<u> </u>							
	<b>3</b> Investment income (in similar amounts).	ncluding dividend		and other ►	3,482,7	70				3,482,770
	4 Income from investme	ent of tax-exemp	ot bond proce	eeds 🕨						
	<b>5</b> Royalties			<b>•</b>						
	<b>6a</b> Gross rents	(ı) Real	(II) P	ersonal						
	Va Gross rents	13,	770							
	<b>b</b> Less rental expenses		0							
	c Rental income or	13,	770							
	(loss)	- (			13,7	770				12 770
	<b>d</b> Net rental income or	(i) Securities		<b>▶</b> Other	13,7	70				13,770
	7a Gross amount	(i) Securities	(11)							
	from sales of assets other			406,400						
	than inventory									
	<b>b</b> Less cost or other basis and sales expenses			214,187						
	C Gain or (loss)			192,213						
	d Net gain or (loss) .		<u> </u>	<b>&gt;</b>	192,2	!13				192,213
	8a Gross income from fu (not including \$	ındraısıng event of	s							
ň	contributions reporte	d on line 1c)	J							
eve	See Part IV, line 18		a							
<del>ب</del> ۳	<b>b</b> Less direct expenses <b>c</b> Net income or (loss)		<b>b</b> events .							
Other Revenue	9a Gross income from g	aming activities								
0	See Part IV, line 19		a							
	<b>b</b> Less direct expenses	S	b							
	c Net income or (loss)		tivities	<b>&gt;</b>						
	10aGross sales of inventor									
	recarns and anowane	<b>C3 1 1</b>	a	263,950						
	<b>b</b> Less cost of goods s	old	b	225,100						
	C Net income or (loss)				38,8	50	38,850			
	Miscellaneous		Busine	ess Code 221000	987,2	147				987,247
	11apole attachment	TINCOME		221000	307,2					JJ1,271
	b		-							
	с		+			+				
	d All other revenue .		+							
	e Total. Add lines 11a-	-11d		<b>&gt;</b>	987,2	:47				
	12 Total revenue. See	Instructions .			·		176 270 919			4 676 000
					180,955,8		176,279,818	<u> </u>	0	4,676,000

Forr	n 990 (2016)				Page <b>10</b>
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,071			
2	Grants and other assistance to domestic individuals See Part IV, line 22	15,100			
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	12,332,008			
5	Compensation of current officers, directors, trustees, and key employees	1,232,206			
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	10,973,355			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,327,728			
9	Other employee benefits	2,872,616			
10	Payroll taxes	891,601			
11	Fees for services (non-employees)				
	Management				
_	Legal				
	· · · · · · · · · · · · · · · · · · ·				
	· Accounting · · · · · · · · · · · · · · · · · · ·				
	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				
	Royalties				
	Occupancy				_
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
		10.015.317			
	Interest	10,815,317			_
	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,420,049			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a PURCHASED POWER	108,008,834			
		2 425 274			
	b DISTRIBUTION EXPENSE	8,485,974			
	c ADMIN AND GENERAL EXPEN	4,480,722			
	d CONSUMER EXPENSE	580,919			
	e All other expenses	504,318			
	Total functional expenses. Add lines 1 through 24e	180,955,818			_
		100,233,010			
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2016)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form	1 990	(2016)					Page <b>11</b>
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any lir	ne in this Part IX			🗹
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			714,121	1	1,196,206
	2	Savings and temporary cash investments .		[	18,112,310	2	12,682,894
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			17,991,935	4	15,661,772
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L				5	
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in section contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	3)(B), and ction 501(c)(9)		6		
et	7	Notes and loans receivable, net		_		7	
SS	8	Inventories for sale or use			3,782,975	8	4,050,278
Assets	9	Prepaid expenses and deferred charges			7,803,088	9	6,740,595
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	577,469,541			
	ь	Less accumulated depreciation	10b	147,704,481	413,867,120	<b>10</b> c	429,765,060
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11	[		12	
	13	Investments—program-related See Part IV, lin	e 11		68,128,773	13	66,579,183
	14	Intangible assets		[		14	
	15	Other assets See Part IV, line 11		[	6,885,477	15	15,880,521
	16	Total assets.Add lines 1 through 15 (must equ	ial line 34)		537,285,799	16	552,556,509
	17	Accounts payable and accrued expenses			7,194,483	17	14,747,301
	18	Grants payable				18	

19

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21

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34

284.737.357

16.378.554

315,863,212

1,825,925

234,867,372

236,693,297

552.556.509

Form **990** (2016)

283.880.467

19.201.501

310,276,451

1,786,740

225,222,608

227,009,348

537,285,799

	s e
	alance
7	2
	2 2
	Assets
1	ě

19

20

21

23

24

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34

Liabilities

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

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

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

26 Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

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

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

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

Nο

Form 990 (2016)

3b

#### Additional Data

Software ID:

Software Version:

**EIN:** 71-0027635

Form 990 (2016)

ALLOCATION OF PATRONAGE CAPITAL

Form 990, Part III, Line 4a:

Name: CARROLL ELECTRIC COOPERATIVE CORPORATION

SALES OF ELECTRIC POWER TO MEMBERS - 96,233 ACTIVE SERVICES WERE PROVIDED POWER AT YEAR END AT COST ON A COOPERATIVE BASIS THROUGH THE

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

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.

DLN: 93493318034167 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

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** CARROLL ELECTRIC COOPERATIVE CORPORATION 71-0027635 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 Part II 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 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 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) 2c 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 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2016

Par	11111	Organizations Ma	aintaining Col	lections o	of Art, Hi	istori	cal T	reası	ıres, oı	Other	Similar A	ssets (con	itinued)
3		g the organization's acqu s (check all that apply)	uisition, accessioi	n, and other	records, o	check a	any of	the fo	llowing t	hat are a	sıgnıfıcant ı	use of its co	ollection
а		Public exhibition				d		Loan	or excha	ange prog	ırams		
Ь		Scholarly research				е		Othe	r				
С		Preservation for future	generations										
4	Provi Part	ide a description of the o	organization's col	lections and	l explain h	ow the	ey furtl	ner the	e organız	ation's ex	kempt purpo	ose in	
5		ng the year, did the orga ts to be sold to raise fur									ular	☐ Yes	□ No
Pai	rt IV	Escrow and Custon Complete of the organic X, line 21.			" on Forn	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on For	m 990, Part
1a		e organization an agent ded on Form 990, Part )		an or other	ıntermedia	ary for	contri	bution	s or othe	er assets	not	Yes	☑ No
ь	If "Y	es," explain the arrange	ment in Part XIII	and comple	ete the foll	owina	table				Α	mount	
С		nning balance								1c			
d	_	tions during the year								1d			
e	Dıstr	ributions during the year								1e			
f	Endır	ng balance								1f			
<b>2</b> a	Dıd t	the organization include	an amount on Fo	rm 990, Pai	t X, line 2	1, for	escrow	or cu	stodial a	ccount lia	ability?	☐ Yes	 ☑ No
b	TE !!\/	- "	D VIII	Charle har	<b>c</b> +l	.   4.				J D )	./***		
	rt V	es," explain the arrange  Endowment Fund											
- ( •	1 C V	Endowment Fund	is. Complete ii	(a)Currer			rior yea				(d)Three year		)Four years back
1a	Beginr	ning of year balance .		(2)0001101	700.	(-).	,,,,,		(-) /		(2)	(2	<u>,, , , , , , , , , , , , , , , , , , ,</u>
b	Contri	butions											
С	Net in	vestment earnings, gain	s, and losses										
d	Grants	s or scholarships											
е		expenditures for facilitie	es										
f	Admın	istrative expenses .											
g	End of	f year balance											
2	Provi	ide the estimated percer	ntage of the curre	ent year end	balance (	line 1g	g, colu	mn (a	)) held a	s			
а	Boar	d designated or quasi-ei	ndowment 🟲										
b	Perm	nanent endowment 🕨											
С	Tem	porarily restricted endov	vment 🟲										
3а	Are t	percentages on lines 2a, here endowment funds nization by				on that	are h	eld an	d admini	stered fo	r the		Yes No
	-	nrelated organizations										3a(i	$\rightarrow$
		related organizations .										3a(ii	
b		es" on 3a(11), are the rel		s listed as r	equired or	n Sche	dule R	? .				3b	
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endowi	ment f	unds						
Pai	rt VI					000	<b>D</b> :	T. / ·		c	000 -		
	Descr	Complete if the org	ganization ansv (a) Cost or oth		on Form (b)Cost or						m 990, Par		LO. Book value
	Descr	aption of property	(a) Cost of oth (investme		(D)COSE OF	outer	(C	Julei)	(C)ACCI	amulated d	ергесіаціон	(a)	
1a	Land						6,87	74,269					6,874,26
b	Buildir	ngs					44,29	94,043			4,731,143		39,562,90
c	Leasel	hold improvements											
d	Equipr	ment					473,76	53,066			142,973,338		330,789,72

52,538,163

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

52,538,163

429,765,060

See Form 990, Pert X, line 12.	Schedule D (Form 990) 2016  Part VII Investments—Other Securities. Complete if the organ	ization answei	red 'Yes' on Form 990	Page 3
(A) (3) (3) (4) (5) (5) (6) (7) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	See Form 990, Part X, line 12.			
(2)   Classify-lead equatry interests   (A)   (B)   (B)   (C)	(including name of security)			
(6) (7) (8) (8) (9) (9) (9) (14) Total. (Column (9) must equal form 990. Fast X, col. (8) line 12)  See Additional Data Table  See Additional Data Table  (1) See Additional Data Table  (2) See Additional Data Table  (3) See Additional Data Table  (4) (5) See Additional Data Table  (6) See Additional Data Table  (1) See Additional Data Table  (1) See Additional Data Table  (1) See Additional Data Table  (2) See Additional Data Table  (3) See Additional Data Table  (4) See Additional Data Table  (5) See Additional Data Table  (6) See Additional Data Table  (7) See Complete If the organization answered Yes on Form 999, Part IV, line 116 See Form 990, Part X, line 15 See Form 990, Part X, line 25 See Form 9	(2)Closely-held equity interests	-		
(C) (D) (E) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(A)			
(C) (E) (F) (G) (H)  Total. (Column (b) result equal Form 990, Part X, col (b) line 12.)  See Form 990, Part X, line 13.  See Additional Data Table  (1)  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) result equal Form 990, Part X, col (b) line 13.)  Fart X Other Assets. Complete if the organization answered Yes' on Form 990, Part X, line 15.  (a) Description (b) Book value  (c) Method of valuation Cost or enc-of-year market value  Cost or enc-of-year market value  (d) Method of valuation Cost or enc-of-year market value  (e) Method of valuation Cost or enc-of-year market value  (f)  (g)  (h) Book value  (h) Book value  (h) Book value  (h) Book value  (c)  (d) Book value  (d)  (e)  (f)  (f)  (g)  (h) Book value	(B)			
(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(C)			
F	(D)			
(6) (H)  Total. (Column (b) must equal form 990, Part X, col (8) line 12)  For I VIII Investments—Program Related. 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 Cost or end-of-year market value  (c) Method of valuation Cost or end-of-year market value  (d)  (e)  (a)  (f)  (f)  (g)  (g)  (g)  (g)  (g)  (g	(E)			
(c) must equal form 990, Part X, col (8) 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.  (a) Description of investment (b) Book value  Cost or end-of-year market value  See Additional Data Table  (1)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (8) must equal form 980, Part X, col (8) line 13) (a) Description  (b) Book value  (c) Method of valuation.  Cost or end-of-year market value  Cost or end-of-year market value  Cost or end-of-year market value  (d)  (e)  (f)  (e)  (f)  (f)  (g)  Total. (Column (a) must equal form 980, Part X, col (B) line 13) (a) Description  (b) Book value  (c)  (d)  (d)  (e)  (f)  (f)  (g)  Total. (Column (b) must equal form 990, Part X, col (B) line 15)  (g)  Total. (Column (b) must equal form 990, Part X, col (B) line 15)  (h) Book value  (f)  (g)  Total. (Column (b) must equal form 990, Part X, col (B) line 15)  (h) Book value				
Total. (Column (b) must equal Form 990, Part X, cot (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.  (a) Description of investment  See Additional Data Table  (b) Book value  Cost or end-of-year market: value  Cost or end-of-year market: value  (c) Method of valuation  Cost or end-of-year market: value  (d)  (d)  (d)  (e)  (f)  (e)  (f)  (e)  (f)  (f)  (g)  (g)  (g)  (h)  (g)  (h)  (h)  (h	(G)			
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c.	(H)			
See Form 990, Part X, Line 13.	Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		
(a) Description of investment (b) Book value (c) Method of Valuation See Additional Data Table (Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (10) must equal Four 990, Part X, col (8) line 13) (6) Escription (a) Description (b) Book value (1) (6) Book value (1) (6) Book value (1) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		nization answ	ered 'Yes' on Form 99	90, Part IV, line 11c.
(1) (2) (3) (4) (5) (6) (7) (8) (9) 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) Describtion (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Potal. (Column (b) must equal Form 990, Part X, col (8) line 13) (9) 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) Describtion (b) Book value (c) (c) (d) (d) (e) (e) (f) (f) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(a) Description of investment (b)	Book value		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col (8) line 13)				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal form 990, Part X, col (β) line 13)	(2)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	(3)			
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (8) line 13)	(4)			
(7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	(5)			
(7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13)				
(8)  (9)  Total, (Column (b) must equal Form 990, Part X, col (B) line 13)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  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  (c)  (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  ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  (a) Description  (b) Book value  (c)  (d)  (d)  (e)  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (h)  (h				
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 (c) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		66 570 192		
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes  ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024	Part IX Other Assets. Complete if the organization answered 'Yes' on		IV, line 11d See Form 9	
(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  ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024				(b) Book value
(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  ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024				
(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  ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024				
(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  ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024				
(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  ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024				
(7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				
(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  ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )				
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  ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024				
1. (a) Description of liability (b) Book value  (1) Federal income taxes  ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024	Part X Other Liabilities. Complete if the organization answered	Yes' on Forn	n 990, Part IV, line 1	le or 11f.
ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS 4,283,024		<b>(b)</b> Boo	k value	
	(1) Federal income taxes			
	ACCUMULATED PROVISION FOR PAST RETIDEMENT RENIETTS		4 282 024	
CONSUMER DEPOSITS 5,383,911				
ACCRUED OPERATING TAVES				
ACCRUED OPERATING TAXES 5,072,979				
DEFERRED CREDITS 1,638,640 (5)			1,638,640	
(6)	(6)			
(7)	(7)			
(8)	(8)			
(9)	(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )         ▶         16,378,554				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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.				——————————————————————————————————————

1

2

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3

5

1

2

b

d

3

4

C 5

Part XIII

Part XII

Schedule D (Form 990) 2016

Page 4

#### Amounts i Investmen b Other (De:

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Other losses .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants
Other (Describe in Part XIII )
Add lines 2a through 2d
Subtract line <b>2e</b> from line <b>1</b>
Amounts included on Form 990, Part VIII, line 12, bu
Investment expenses not included on Form 990, Part
Other (Describe in Part XIII )
Add lines <b>4a</b> and <b>4b</b>

Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25

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

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

ut not on line 1 t VIII, line 7b .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

> 4a 4b

> > 2a

2b

2c

2d

2a

2b 2c

2d

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c

						Γ
_			 	 	 	ı

2e	
3	
4c	
5	

2e

3

3	Subtract line <b>2e</b> from line <b>1</b> .	3				
4	Amounts included on Form 990, F					
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c	Add lines 4a and 4b	4c				
5	Total expenses Add lines 3 and 4	5				
Par	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9, Part III, lines 1a and 4 ines 2d and 4b, and Part XII, lines 2d and 4b			de any	addıtıonal ınformatıon
	Return Reference Explanation					
ee A	Additional Data Table					
		, and the second				

Schedule D (Form 990) 2015

Page <b>5</b>	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

#### Additional Data

(1)CAPITAL TERM CERTIFICATES

(2) PATRONAGE CAPITAL - AECC

(3)PATRONAGE CAPITAL - AECI

(4)PATRONAGE CAPITAL - CFC

(5)PATRONAGE CAPITAL - COBANK

#### Software ID:

Software Version:

**EIN:** 71-0027635

1,823,217

58,616,511

3,485,104

1,008,249

549,304

ORE LIKELY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERN AL REVENUE SERVICE (IRS) AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEME

Name: CARROLL ELECTRIC COOPERATIVE CORPORATION

(c) Method of valuation Cost or end-of-year market value

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

(a) Description of investment (b) Book value

NT WITH TAXING AUTHORITIES

(-)	•	- 15/55 1	_			
(6)PATRONAGE CAPITAL - FEDERA	TED	840,789	С			
(7)PATRONAGE CAPITAL - ARESIT		252,194	С			
(8)MEMBERSHIPS & OTHER		3,420	С			
(9)PATRONAGE CAPITAL - FARMER	S	354	С			
(10)PATRONAGE CAPITAL - SOUTH	I COOP	41	С			
Supplemental Information						
Return Reference	Explanation					
PART X, LINE 2	HE COOPERATIVE FOLLOWS THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES SENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPER ATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS M					

Supplemental Information	
Return Reference	Explanation
	THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTL Y IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BEEN LEFT BLANK

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efile GRAPHIC print - DO NOT PROCESS DLN: 93493318034167 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2016 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** CARROLL ELECTRIC COOPERATIVE CORPORATION 71-0027635 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, organization if applicable non-cash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

(6) (7)

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part IV

Return Reference Explanation

SCHEDULE I, PART II

ALL GRANTS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE EACH GRANT AND/OR DONATION MADE DURING THE YEAR WAS BELOW THE

REPORTING THRESHOLD OF SCHEDULE I. PART II EACH HIGH SCHOOL IN THE COOPERATIVE'S SERVICE TERRITORY SELECTS ONE SCHOLARSHIP RECIPIENT THAT IS CHOSEN BY THE COUNSELAR OF EACH

SCHEDULE I, PART III

Schedule I (Form 990) 2016

DLN: 93493318034167

OMB No 1545-0047

2015

#### Schedule J

(Form 990)

### 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.qov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CARROLL ELECTRIC COOPERATIVE CORPORATION

Name of the organization

**Employer identification number** 

			71-0027635			
Pa	rt I Questions Regarding Compensation					
					Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	─ Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgar reimbursement or provision of all of the expenses desci		, , , , ,	1b		No
2	Did the organization require substantiation prior to reim			<u> </u>		110
	directors, trustees, officers, including the CEO/Executi			2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation	appl	y Do not check any boxes for methods			
	□ Compensation committee	Г	Written employment contract			
	Independent compensation consultant	Ľ	Compensation survey or study			
	Form 990 of other organizations	Ľ	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Pa or a related organization	rt V I	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	mer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplemental	l non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns m	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a	a, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a	a, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6? If "Yes," described in lines 5 and 6.			7		
8	Were any amounts reported on Form 990, Part VII, pair subject to the initial contract exception described in Re					
	ın Part III	-	, , , , , , , , , , , , , , , , , , , ,	8		
9	If "Yes" on line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) 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 ROB BOAZPRESIDENT/CEO	(i)	417,491	4,353	3,378	233,457	18,486	677,165	0
	(ii)	0	0	0	0	0	0	0
2 CHAD ALLEN VP FINANCIAL SERVICES	(i)	152,337	2,986	914	81,048	17,726	255,011	0
	(ii)	0	0	0	0	0	0	0
3 JAMES SANDERS VP EXECUTIVE SERVICES	(i)	205,023	3,672	5,203	151,328	18,069	383,295	0
	(ii)	0	0	0	0	0	0	0
4 KEAN STEELY VP ENGINEERING &	(i)	203,975	3,396	2,358	66,408	18,056	294,193	0
OPERATIONS	(ii)	0	0	0	0	0	0	0
5 MICHAEL DODGE VP BENTONVILLE DISTRICT	(i)	196,285	3,397	1,383	81,900	18,006	300,971	0
	(ii)	0	0	0	0	0	0	0
6 DAVID BROCK VP OFFICE SERVICES	(i)	153,652	2,964	1,042	57,224	17,731	232,613	0
	(ii)	0	0	0	0	0	0	0
7 CHRIS BANKS JOURNEYMAN LINEMAN	(i)	137,816	1,275	216	42,471	16,813	198,591	0
	(ii)	0	0	0	0	0	0	0

THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS

PART I. LINE 1A PURSUANT TO COOPERATIVE POLICY. THE PRESIDENT/CEO RECEIVES THE TRAVEL FOR COMPANION BENEFIT AS APPROVED BY THE BOARD ON AN AS NEEDED BASIS HOWEVER. THERE WERE NO TRAVEL FOR COMPANION EXPENSES PAID DURING THE YEAR PART I, LINE 4B QUALIFYING DIRECTORS AND THE PRESIDENT/CEO PARTICIPATE IN A NONQUALIFIED RETIREMENT AND DEFERRED COMPENSATION PLAN PURSUANT TO BOARD POLICY BENEFITS VEST ONLY ON RETIREMENT AND BOARD APPROVAL AT THAT TIME THE ACTUARIAL INCREASE OF BENEFITS POTENTIALLY PAYABLE UNDER THE PLAN ARE REPORTED ON FORM 990, PART VII, SECTION A, COLUMN FAND ARE SUMMARIZED AS FOLLOWS DIRECTORS \$ 6,896 PRESIDENT/CEO (226) TOTAL ACCRUED UNDER THE PLAN \$ 6,670 PART II, COLUMN C INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED IBENEFIT RETIREMENT PLAN THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER,

Schedule J (Form 990) 2015

SCHEDULE 1

Schedule J (Form 990) 2015

Page 3

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93493318034167	
SCHEDUL (Form 990 or EZ)	990- Complete to pr Form 990 ► Information about	ovide information fo or 990-EZ or to prov ▶ Attach to Forn ut Schedule O (Form	al Information to Form 990 or 990-EZ vide information for responses to specific questions on r 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			
	anization c COOPERATIVE CORPORATION e O, Supplemental Informati	on		71-0027635	ntification number	
Return Reference			Explanation			
FORM 990, PART VI, SECTION A, LINE 1	THE COOPERATIVE HAS 9 BOAI VOTES ONLY IN THE CASE OF A	•	ARE ALLOWED TO VOTE, HOV	VEVER THE BO	ARD CHAIRMAN	

Return Explanation
Reference

FORM 990,	BUSINESS RELATIONSHIP ALAN HUNNICUTT (DIRECTOR) AND KRISTY ESTREM (DIRECTOR) SHARE A BUSI
PART VI,	NESS RELATIONSHIP ROB BOAZ (PRESIDENT/CEO) AND ALAN HUNNICUTT (DIRECTOR) BOTH SERVED ON T
SECTION A,	HE BOARD OF ARKANSAS ELECTRIC COOPERATIVE CORPORATION AT THE REQUEST OF AND FOR THE BENEFI
LINE 2	T OF THE COOPERATIVE ROB BOAZ (PRESIDENT/CEO) AND CARLA HATHORN (DIRECTOR) BOTH SERVED ON
	THE BOARD OF ARKANSAS ELECTRIC COOPERATIVE, INC. AT THE REQUEST OF AND FOR THE BENEFIT OF
	THE COOPERATIVE

Explanation Return Reference

FORM 990. DURING THE YEAR. ARTICLE VI. SECTION 4 "RIGHT OF RECOUPMENT" OF THE BYLAWS WAS ADDED TO CL PART VI. ARIFY THE COOPERATIVE'S RIGHTS TO RECOVER OUTSTANDING AMOUNTS OWED TO THE COOPERATIVE

SECTION A. LINE 4

990 Schedule O, Supplemental Information

Return

Reference		ı
FORM 990, PART VI.	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS	l
SECTION A,		ı
LINE 6		ı

Explanation

Return Explanation
Reference

FORM 990,	THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE VIA UNIT
PART VI,	ED STATES MAIL ON A ONE MEMBER ONE VOTE BASIS MEMBERS COMPLETE AND RETURN WRITTEN BALLOTS
SECTION A,	IN A SEALED ENVELOPE ADDRESSED TO THE SECRETARY OF THE COOPERATIVE
LINE 7A	

Return Reference	Explanation
EORM_990	THE EQUI OWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUE

Return Explanation
Reference

FORM 990,	THE COOPERATIVE HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY T
PART VI,	HEREFORE, AND PURSUANT TO FORM 990 INSTRUCTIONS, THE QUESTION HAS BEEN ANSWERED "NO"
SECTION A,	
LINE 8B	

Return Explanation
Reference

FORM 990,	MANAGEMENT PROVIDED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION AND REVIEW PRIOR TO
PART VI,	FILING
SECTION B,	
LINE 11B	

# Return Explanation Reference

OFFICIALS MUST COMPLETE AND SIGN A CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM

990 Schedule O, Supplemental Information

FORM 990.

PART VI,
SECTION B,
LINE 12C

ATTACHED TO THE CONFLICT OF INTEREST POLICY EACH OFFICIAL IS RESPONSIBLE FOR ENSURING THA
T THE FORM IS KEPT CURRENT AND MUST IMMEDIATELY SUBMIT AN UPDATED FORM TO THE APPROPRIATE
ETHICS COMMITTEE IF THERE IS ANY MATERIAL CHANGE TO ANY OF THE INFORMATION CONTAINED IN TH
E FORM PER THE POLICY DEFINITION, OFFICIAL MEANS A DIRECTOR, OFFICER, AN EMPLOYEE WHO IS
RESPONSIBLE FOR THE PROCUREMENT OF GOODS AND SERVICES INCLUDING THE SELECTION, AWARD, OR A
DMINISTRATION OF CONTRACTS DURING NORMAL OR EMERGENCY SITUATIONS, OR KEY EMPLOYEE AS DEFIN
ED BY THE INTERNAL REVENUE SERVICE

Return

Reference	· ·
FORM 990,	THE BOARD OF DIRECTORS USE A COMPENSATION SURVEY AND COMPARE COMPENSATION REPORTED ON OTHE
PART VI,	R COOPERATIVES' IRS FORMS 990 WHEN DETERMINING THE COMPENSATION OF THE PRESIDENT/CEO THE
SECTION B,	SURVEY SHOWS COMPARATIVE SALARIES FOR PRESIDENTS/CEOS FROM SIMILARLY SITUATED COOPERATIVES
LINE 15	LOCATED IN ARKANSAS AND THE NATION THE BOARD AND THE PRESIDENT/CEO USE A COMPENSATION SU
	RVEY WHEN DETERMINING THE COMPENSATION OF THE COOPERATIVE'S OTHER EMPLOYEES MEETING THE DE
	FINITION OF OFFICER AND KEY EMPLOYEES, IF ANY THE SURVEY INCLUDES SALARIES FROM SIMILARLY
	SITUATED COOPERATIVES THROUGHOUT ARKANSAS AND THE NATION

Explanation

# Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE COOPERATIVE ARE PROVIDED IN WRITTEN OR ELECTRONIC FORM UPON REQUEST THE BYLAWS ARE AVAILABLE ON THE COOPERATIVE'S WEBSITE THE ANNUAL FINANCIAL REPORT IS DISTRIBUTED TO ALL MEMBERS IMMEDIATELY PRIOR TO THE ANNUAL MEET ING OF THE MEMBERS ANY MEMBER, UPON REQUEST, IS PROVIDED A COMPLETE COPY OF THE COOPERATIVE'S AUDIT REPORT

Return Explanation
Reference

FORM 990,	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSM
PART VIII,	ISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOP
LINE 2B	ERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIO
	NS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZAT
	IONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO
	ITS MEMBERS

Return Reference	Explanation
FORM 990, PART IX	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE RUS UNIFOR M SYSTEM OF ACCOUNTS AS PRESCRIBED FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICES (RUS) THE UNIFORM SYSTEM OF ACCOUNTS DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATE GORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND W AGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCO UNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS

990 Schedule O, Supplemental Information

Return Explanation

Reference

Return Explanation

FORM 990, ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING OFFICE AND SUPPLIES \$ 97 5,445 OUTSIDE SERVICES 348,050 REGULATORY COMMISION EXPENSE 288,274 DUPLICATE CHARGES (128 ,150) DIRECTORS EXPENSES 51,945 GENERAL PLANT MAINTENANCE 1,145,356 MISCELLANEOUS GENERAL EXPENSE 1.799,802 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$ 4,480,722

Return Reference	Explanation
FORM 990, PART IX, LINE 4	PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBE RS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRAS E "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE C COPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRON S THE COOPERATIVE'S TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS PATRONS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATING ON A COOPERATIVE BASIS" AS SUBORDIN ATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT C OST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCAT ION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE B ASIS OF PATRONAGE (I E PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SH OULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS THE AMOUNT REPORTED O N PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2016 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATICS OF THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE HEP ROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHIN G ITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE FOR FORM 99

Return Explanation

Reference	
	OTHER EXPENSES ARE COMPRISED OF THE FOLLOWING TRANSMISSION EXPENSE \$ 494,987 OTHER DEDUCT IONS 9,331 TOTAL OTHER EXPENSES PER FORM 990, LINE 24E \$ 504,318
LINE 24E	

Return Explanation

OR THE 2015 CALENDAR YEAR HAVE BEEN RECLASSED FROM LINE 15 TO LINE 9.

990 Schedule O, Supplemental Information

Reference

AND 15

FORM 990, THE COOPERATIVE PREVIOUSLY INCLUDED DEFERRED CHARGES AS COMPONENTS OF OTHER ASSETS ON LINE 15 OF PART X. HOWEVER, FOR THE 2016 CALENDAR YEAR, THE COOPERATIVE BEGAN REPORTING THESE LINES 9 AMOUNTS ON LINE 9 TO INCREASE CONSISTENCY, DEFERRED CHARGES IN THE AMOUNT OF \$7,712,504 F

Return Explanation Reference

FORM 990,	NET CHANGE IN MEMBERSHIPS 39,185 PATRONAGE CAPITAL ASSIGNED 12,332,008 PATRONAGE CAPITAL
PART XI,	RETIRED - DECLARED -2,173,577 PATRONAGE CAPITAL RETIRED - UNCLAIMED ADJUSTMENTS PER STAT

LINE 9 E LAW -17,177 OTHER COMPREHENSIVE INCOME -496,490

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART XII.	AUDITED FINANCIAL STATEMENTS WERE PREPARED BY AN INDEPENDENT ACCOUNTANT FOR THE COOPERATIV  L'S FISCAL YEAR END OF FEBRUARY 28TH, THE TAX RETURN HAS BEEN AND CONTINUES TO BE PREPARED.
1	BASED ON A CALENDAR YEAR END OF DECEMBER 31

Explanation

Return Explanation
Reference

FORM 990,	THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELEC
PART XII,	TING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR PROCEDURES DID NOT CHANGE DURING THE YEA
LINE 2C	R