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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319158287 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

foundations)

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

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

Open to Public

			alendar year, or tax year begin C Name of organization	ning 01-01-2016 , and endir	ng 12-31	2016	–		
	ck if app dress ch	plicable	YAMPA VALLEY ELECTRIC ASSOCIAT	ION					ication number
	me chai	-					84-035	3317	
	tial retu	ırn	Doing business as						
Fin Detur	aı n/termı	ınated	Number and street (or P.O. hox if m	all is not delivered to street address)	Room/sui	to	E Telephor	e number	
	ended		2211 ELK RIVER ROAD	an is not delivered to street address;	rtoorn, sar		(970) 8	79-1160	
⊔ Apı	olication	n pending	City or town, state or province, coun						
			STEAMBOAT SPRINGS, CO 80487				G Gross re	ceipts \$ 59	9,891,779
			F Name and address of principa	officer		H(a) Is	this a group re	urn for	
			DIANE C JOHNSON 2211 ELK RIVER ROAD				bordinates?		□Yes 🗹 No
			STEAMBOAT SPRINGS, CO 8048	7			e all subordinat :luded?	es	☐ Yes ☐No
Tax	(-exem	pt status	☐ 501(c)(3) ☑ 501(c)(12) ◄	(insert no)	□ 527	If	"No," attach a l	•	•
W	ebsite	:► WW	W YVEA COM			H(c) Gr	oup exemption	number	>
						I Vans of fe	ormation 1940	M Ctata	of logal democile. CO
C Forn	n of org	janization	Corporation Trust Asso	ciation U Other >		L real of it	milation 1940	M State	of legal domicile CO
Pa	rt I	Sum	mary						
	1 Br	riefly des	cribe the organization's mission o						
บุ	<u> PF</u>	ROVIDE	ELECTRICAL SERVICE TO MEMBER	S IN OUR DESIGNATED SERVICE	E TERRIT	ORY			
anvelliance	_								
ב ע	_								
A C E			s box >					ssets 3	9
			of independent voting members of	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				4	9
<u>်</u>			nber of individuals employed in cal		•			5	75
ACTIVILIES &			nber of volunteers (estimate if nec	, , ,	•			6	0
¥			elated business revenue from Part					7a	0
	bΝ	Net unrel	ated business taxable income fron	Form 990-T, line 34				7b	0
							Prior Year		Current Year
Qı	8 (Contribut	ions and grants (Part VIII, line 1h		0	C			
Rəvenue	9 F	Program	service revenue (Part VIII, line 2g)			53,064,2	221	58,002,962
Rọv	10 I	investme	nt income (Part VIII, column (A),	lines 3, 4, and 7d)			2,739,6	528	1,177,319
			enue (Part VIII, column (A), lines				52,8		52,899
			enue—add lines 8 through 11 (mu		ne 12)		55,856,		59,233,180
			nd similar amounts paid (Part IX, c				18,:	_	46,543
			paid to or for members (Part IX, co	` '' '			2,668,6		3,430,090
Ses			other compensation, employee be				5,973,:	_	7,553,705
Expenses			nal fundraising fees (Part IX, colui aising expenses (Part IX, column (D), li	, ,,	•			0	
핓			penses (Part IX, column (A), lines		_		44,413,9	35	46,987,269
			enses Add lines 13-17 (must equ	•	-		53,074,0		58,017,607
			less expenses Subtract line 18 fro	, , , , , ,			2,782,		1,215,573
S 9			·			Beginn	ıng of Current Y	ear	End of Year
net Assets or Fund Balances									
Ba			ets (Part X, line 16)		•		103,331,6		107,995,446
E E			ilities (Part X, line 26)				32,426,4		33,856,913
	t II		s or fund balances Subtract line 2 ature Block	1 from line 20	i .		70,905,:	.69	74,138,533
			erjury, I declare that I have exami	ned this return, including accom	panying	schedules	and statements	s, and to	the best of my
	edge a		f, it is true, correct, and complete	Declaration of preparer (other t	han offic	er) is base	ed on all informa	ation of v	which preparer has
illy K	i owice	i i							
		* * * * * *	re of officer				2017-11-11 Date		
Sign		Joignaci	die of officer				Date		
lere	,		C JOHNSON GENERAL MANAGER r print name and title						
		<u> </u>	rint/Type preparer's name	Preparer's signature	l D:	ate	<u> </u>	PTIN	
Paic	1		VILLIAM M MILLER	WILLIAM M MILLER		17-11-01		00439459	9
	are:	r [F	ırm's name BOLINGER SEGARS GII	BERT AND MOSS LLP			Firm's EIN ► 75-	0882037	
-	Only	1 -	ırm's address ▶ 8215 NASHVILLE AVEN	Phone no (806)	747-3806				
			LUBBOCK, TX 79423						
1ay t	he IRS	discuss	this return with the preparer show	n above? (see instructions) .				☑ γ	′es □No

Form	990 (2016)				Page 2
Par	t IIII Statem	ent of Program Service Acc	omplishments		
	Check if S	Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe t	the organization's mission			
		RIC ASSOCIATION IS A COOPERATI AN ENVIRONMENTALLY AND FINAI	VE THAT PROVIDES VALUE TO ITS M NCIALLY RESPONSIBLE MANNER	EMBER-OWNERS BY DELIVERIN	NG SAFE AND RELIABLE
2	Did the organiza	tion undertake any significant prog	ram services during the year which w	vere not listed on	
	the prior Form 9	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	e these new services on Schedule (
3	Did the organiza	tion cease conducting, or make sig	nıfıcant changes ın how ıt conducts, a	iny program	
		e these changes on Schedule O			☐ Yes 🗹 No
4	Section 501(c)(3		plishments for each of its three larges required to report the amount of gran ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
40					
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s	services (Describe in Schedule O) including g	rants of \$) (Revenue \$)
4e	Total program	service expenses ▶			

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

No

No

No

No

No

Nο

Nο

No

No

No

Νo

Nο

No

Nο

No

Nο

No

Νo

No

No

Nο

Form **990** (2016)

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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

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

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

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

4

5

6

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Yes

Yes

Yes

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

29

Part IV Checklist of Required Schedules (continued)			
		Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Yes 22

Νo

Page 4

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 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,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

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

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

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

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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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

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

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

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

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

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

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

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

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

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

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

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

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

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

Yes 23

Nο

24a 24b 24c 24d

25a

25b

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28a

28b

28c

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32

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35a

35h

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Yes

Yes

Form 990 (2016)

Nο Nο

No

Nο

Nο

Nο

Nο

No

Nο

Nο

No

Nο

orm !	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 52			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		-110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		110
	in res, has it lieu a rotti 720 to report these payments in No, provide an explanation in Schedule O		orm 99	0 (201)

Par	t VI	Governance, Management, and DisclosureFor each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI $$. $$.					✓
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
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	g			
2		ny officer, director, trustee, or key employee have a family relationship or a busing, director, trustee, or key employee?	2		No		
3		e organization delegate control over management duties customarily performed b cers, directors or trustees, or key employees to a management company or other			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior l	Form 990 was filed?	4	Yes	
5	Did th	e organization become aware during the year of a significant diversion of the orga	anızatıo	on's assets?	5		No
6		e organization have members or stockholders?			6	Yes	
7a		e organization have members, stockholders, or other persons who had the power	to elec	t or appoint one or more			
		pers of the governing body?			7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by ns other than the governing body?	') mem • •	bers, stockholders, or	7b	Yes	
8		e organization contemporaneously document the meetings held or written actions llowing	under	taken during the year by			
а	The g	overning body?			8 a	Yes	
b	Each (committee with authority to act on behalf of the governing body?			8b		No
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>		t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ured b	by the Internal Revenu	e Code		
						Yes	No
		e organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activit ranches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its g	overnir •	ng body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Forn	า 990				
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually in	terests	s that could give rise to	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the full of how this was done	policy •	? If "Yes," describe in	12c		No
13	Did th	e organization have a written whistleblower policy?			13	Yes	
14	Did th	e organization have a written document retention and destruction policy?			14	Yes	
15		e process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation ar					
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
b		officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		e organization invest in, contribute assets to, or participate in a joint venture or s le entity during the year?	ımılar a	arrangement with a	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organiza it venture arrangements under applicable federal tax law, and take steps to safeg with respect to such arrangements?	uard th	evaluate its participation e organization's exempt	16b		
		C. Disclosure					
17		ne States with which a copy of this Form 990 is required to be filed▶					
18	avaıla	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ble for public inspection - Indicate how you made these available - Check all that ap	ply				
		own website Another's website 🗹 Upon request 🔲 Other (explain in S		•			
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year					
20		the name, address, and telephone number of the person who possesses the orgar MAHON FINANCE MANAGER 2211 ELK RIVER ROAD STEAMBOAT SPRINGS, CO					

Part VII

(3) SCOTT MCGILL

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(4) GEORGE RUSSELL GARRITY

(5) FRANKLYN W ROITSCH

(6) GLYNDA S SHEEHAN DIRECTOR

(8) JAMES MICHAEL BRINKS

(9) PATRICK MCCLELLAND

(10) DIANE C JOHNSON

GENERAL MANAGER

(11) STEVE JOHNSON

(12) AMY MAHON

(14) TRAVIS COX

(15) EDDIE PIERCE

(16) JOHN CROMER

(17) REX STAFFORD

WAREHOUSE SUPERVISOR

FOREMAN

FOREMAN

LINEMAN

FINANCE MANAGER

(13) KATHY BERTRAND

MEMBER RELATIONS MANAGER

MANAGER OF OPERATIONS

(7) THOMAS FOX

✓

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

5 70

8.00

6 50

5 30

6.00

9 00

8 00

55 30

50 00

50 00

40.00

40 00

40 00

40 00

40 00

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compensated employees, and former such perso —	ns									
Check this box if neither the organization no (A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not chan one box, and a director/t Institutional Trustee or director			t che ox, u h an or/tr	eck m inless i office	ore er	(D)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) QUENTIN DEAN BROSIOUS CHAIRMAN	10 00	х		x				23,935	0	0
(2) LARRY ELLGEN VICE CHAIRMAN	4 90	Х		х				15,670	0	0

28,260

17,750

17,181

14,310

24,660

17,185

21,285

266,873

149.134

110,851

125,434

119.417

116,743

128,684

117.717

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

51,459

68.508

39,405

76,139

36.920

72,680

48,345

64.189

Form 990 (2016)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related from the compensation organization (Worganizations (Wdirector/trustee) any hours from the organization and for related 2/1099-MISC) 2/1099-MISC) **Solution** Individual trustee organizations related lighest Institutional director below dotted organizations employee line) t compensated Trustee c Total from continuation sheets to Part VII, Section A . . . 457,645 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 2 of reportable compensation from the organization > 23 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Yes

1b Sub-Total	 		•		

Name and business address

4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5

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

5 **Section B. Independent Contractors**

Nο

(C)

Compensation

1,184,181

612,234

610,702

602.782

521,580

Form **990** (2016)

Description of services

CONTRACT LABOR

CONTRACT LABOR

CONTRACT LABOR

CONTRACT LABOR

CONTRACT METER READING

CRAIG, CO 81626 ROGUE RESOURCES

PO BOX 368

HIGH VOLTAGE INC

INTERMOUNTAIN ELECTRIC SERVICES

701 SOUTH FEDERAL BLVD RIVERTON, WY 82501 UTILITY SALES & SERVICE

PO BOX 428 VERNAL, UT 84078

9771 NWOT RD LONGMONT, CO 80504 CROMER CONTRACTING CO INC

PO BOX 772503 STEAMBOAT SPRINGS, CO 80477 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 14

		(2016)	7.5									Page 9
Part \	<u>'/ </u>			3 room	onse or note to any l	ina in thia	Doet VIII					🗹
		Check II Schedu	ie O contains	a respo	onse or note to any i	(A) Total rev		(E Relat exe func	ed or mpt tion	(C) Unrelated business revenue		(D) Revenue excluded from ax under sections 512-514
	18	a Federated campaig	ıns	1a				reve	inue			312-314
nts Ints		b Membership dues		1b								
3ra nou	١,	c Fundraising events		1c	<u> </u>							
S. (d Related organization		1d	<u> </u>							
Giff Ilar		e Government grants (c		1e	<u> </u>							
ıs,		f All other contributions	•		<u> </u>							
Contributions, Gifts, Grants and Other Similar Amounts	'	and similar amounts r	not included	1f								
컐첉	١,	g Noncash contributi	ons included									
<u>a</u>		ın lınes 1a-1f \$										
<u>ة ت</u>	<u></u> l	Total. Add lines 1a-:	1f		<u> </u>							
ᆲ					Business	Code						
Ven	_	SALES OF ELECTRICITY				221000	•	58,106	57,258			
dž ∣		MISC SERVICE FEES &				221000		47,914 50,126		,914 ,126		
<u>ې</u>		PATRONAGE DIVIDEND OTHER PROGRAM REVE				221000		46,816		,816		
₹												
ram	e f	All other program se	ervice revenue									
Program Service Revenue					58,0	02,962						
<u> </u>		Total.Add lines 2a-2										
		Investment income (i similar amounts) .	· · · ·		Interest, and other		57,044					57,044
	4	Income from investm	ent of tax-ex	empt b	ond proceeds							
	5	Royalties			1							
	6a	Gross rents	(ı) Rea	11	(II) Personal							
	b	Less rental expenses										
	c	Rental income or										
	٠	(loss)	(1)			 						
		1 Net rental income o	(i) Securi		(II) Other							
	7a	Gross amount	(i) Securi	ues .	(II) Other							
		from sales of assets other			1,778,874							
		than inventory										
	b	 Less cost or other basis and 			658,599							
		sales expenses Gain or (loss)			1,120,275							
		Net gain or (loss)			<u> </u>		1,120,275					1,120,275
	8a	Gross income from f										
ne		(not including \$ contributions reporte		of								
₹ 		See Part IV, line 18										
- g		Less direct expense		Ь	L							
Other Revenue		Net income or (loss) Gross income from o			ents •							
ŏ	Ja	See Part IV, line 19	• • •	.165								
				а								
		Less direct expense Net income or (loss)		b	105							
		aGross sales of inven		activit	ies >							
		returns and allowan										
	L			a								
		Less cost of goods : Net income or (loss)		b funyant								
F		Miscellaneous		i iiiveiii	Business Code							
	11	lapole ATTACHMENT	INCOME		221000		52,899					52,899
	b	<u> </u>										
					•							
	C											
		4 All - H										
		d All other revenue .ee Total. Add lines 11a										
		2 Total revenue. See					52,899					
		- 10tai re venue. 566	THE HIGH DELIGIONS	• •	• • • •	į	59,233,180		58,002,962		0	1,230,218 Form 990 (2016)

Form 990 (2016)

Form 990 (2016) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) lacksquareCheck if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and 46,543 domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members 3,430,090 866,466 Compensation of current officers, directors, trustees, and key employees . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

7 Other salaries and wages

section 4958(c)(3)(B) .

(k) and 403(b) employer contributions) . .

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

9 Other employee benefits .

11 Fees for services (non-employees) a Management . . .

d Lobbying

f Investment management fees .

12 Advertising and promotion .

13 Office expenses . 14 Information technology

20 Interest . . .

23 Insurance .

21 Payments to affiliates . . .

expenses on Schedule O) a PURCHASED POWER

b DISTRIBUTION EXPENSE

d CONSUMER EXPENSE

e All other expenses

c ADMIN & GENERAL EXPENSE

22 Depreciation, depletion, and amortization

15 Royalties . **16** Occupancy **17** Travel .

10 Payroll taxes . . .

b Legal . c Accounting

8 Pension plan accruals and contributions (include section 401

4,348,005

889.486

930,914

518,834

763,670

5,243,449

35.583.688

2,525,905

1,593,605

1,026,423

250,529 58,017,607

Check if Schedule O contains a response or note to any line in this Part IX .

II of Schedule L

Part II of Schedule L

Inventories for sale or use .

Less accumulated depreciation

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges . Land, buildings, and equipment cost or other

Investments—publicly traded securities .

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

		(A) Beginning of year		End of year
1	Cash-non-interest-bearing	1,577,668	1	1,201,266
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	3,433,040	4	3,718,102
5	Loans and other receivables from current and former officers, directors,			

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

Page **11**

1,047,736

2.645.601

95.974.191

3.353.736

54.814

107.995.446

6.143,730

22.529.071

5.184.112

33,856,913

0

74,138,533

74,138,533

107.995.446

Form **990** (2016)

6

9

10c

11 12

13

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28

29

30

31

32

33

34

851.818

3.310.109

90.663.803

3.481.073

14,111

103,331,622

5,140,653

20.377.220

6.908.580

32,426.453

70,905,169

70,905,169

103,331,622

	4
	5
	6
Assets	7
\$8	8
⋖	9
	10a

11

12

13

14

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16

17

18

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21

23

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34

Liabilities 22

Fund Balances

Assets or 30

Net

```
contributing employers and sponsoring organizations of section 501(c)(9)
voluntary employees' beneficiary organizations (see instructions) Complete
                                                                 153,274,075
                                               10a
                                                                  57.299.884
                                               10b
Investments—other securities See Part IV, line 11 .
Investments—program-related See Part IV, line 11
Total assets.Add lines 1 through 15 (must equal line 34) .
Escrow or custodial account liability Complete Part IV of Schedule D
Loans and other payables to current and former officers, directors, trustees,
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 .
Other liabilities (including federal income tax, payables to related third parties,
Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and
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
```

2c

3a

3b

Nο

Nο

Form 990 (2016)

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

Audit Act and OMB Circular A-133?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 84-0358317

Form 990, Part III, Line 4a: ALLOCATION OF PATRONAGE CAPITAL

Form 990 (2016)

PROVIDING ELECTRIC ENERGY TO OUR MEMBERS - 26.751 CONSUMERS AT YEAR END WERE PROVIDED ELECTRICITY ON A COOPERATIVE BASIS THROUGH THE

Name: YAMPA VALLEY ELECTRIC ASSOCIATION

efile GRAPHIC print - DO NOT PROCESS | 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.

2016

DLN: 93493319158287 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	me of the organization 1PA VALLEY ELECTRIC ASSOCIATION			Employer ide	ntification num	ber
				84-0358317		
Pa	Organizations Maintaining Donor Complete if the organization answere			s or Accounts.		
	complete if the organization answers	(a) Donor advised fi	·	(b)Funds and	other accounts	
1	Total number at end of year	(,		(-)		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to t			advised	☐ Yes	 □ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	and donor advisors in writii benefit of the donor or don	ng that grant funds o or advisor, or for an	can be y other purpose	☐ Yes	□ No
Pa	rt III Conservation Easements. Complet	e if the organization ans	swered "Yes" on F	orm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all the	at apply) —			
	Preservation of land for public use (e g , rec	reation or education)	☐ Preservation of —	an historically impo	rtant land area	
	Protection of natural habitat		Preservation of	a certified historic s	tructure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization be easement on the last day of the tax year	neld a qualified conservatio	n contribution in the		ion the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easemen	ts		2b		
С	Number of conservation easements on a certified	historic structure included i	n (a)	2c		
d	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/17/06, ar	nd not on a historic	2d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extingui	shed, or terminated	by the organization	during the	
4	Number of states where property subject to conse	ervation easement is locate	d ►	_		
5	Does the organization have a written policy regar and enforcement of the conservation easements i		g, ınspection, handlı	ng of violations,	☐ Yes ☐	No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of viol	ations, and enforcing	g conservation easer	nents during the	year
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violation	s, and enforcing con	servation easements	during the year	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the re	quirements of sectio	n 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				☐ Yes ☐	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the orga				
Pai	TIII Organizations Maintaining Collect Complete if the organization answere			Other Similar Ass	sets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, edi	ucation, or research	in furtherance of pul		of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(ii)Assets included in Form 990, Part X			> \$		
2	If the organization received or held works of art, following amounts required to be reported under			inancial gain, provid	e the	
а	Revenue included on Form 990, Part VIII, line 1			> \$		
b	Assets included in Form 990, Part X			> \$		<u></u>
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat		dule D (Form 9	90) 2016

 $f{c}$ Leasehold improvements $f{d}$ Equipment . . .

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

e Other .

Par	t 1111	Organizations Ma	aintaining Coll	ections of	of Art, H	ıstori	cai Ti	reasu	res, or	Other	Similar /	Assets (d	contin	ued)	
3		g the organization's acq s (check all that apply)	uisition, accession	, and other	r records,	check a	any of	the fol	llowing th	nat are a	significant	use of its	colle	ction	
а		Public exhibition				d		Loan	or excha	nge prog	ırams				
b		Scholarly research				е		Other							
C		Preservation for future	generations												
4	Provi Part)	de a description of the XIII	organization's coll	ections and	d explain h	now the	y furth	ner the	e organiz	ation's ex	kempt pur	oose in			
5		ng the year, did the org s to be sold to raise fur									nılar	☐ Ye	s	□ N	o
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forr	n 990	, Part	IV, lır	ne 9, or	reporte	ed an amo	ount on F	orm	990,	Part
1a		e organization an agent ded on Form 990, Part I		n or other	ıntermedi	ary for	contril	butions	s or othe	r assets	not	☐ Ye	s	□ n	o
ь	If "Y€	es," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table					Amount			_
С	Begir	nning balance		•					F	1c					_
d	Addıt	ions during the year							F	1d					_
е	Dıstrı	butions during the year	-							1e					
f	Endır	ng balance								1f					
2a		he organization include		•	·						•	☐ Ye	_	□ N	0
b		es," explain the arrange											•	Ш	
Рa	rt V	Endowment Fund	ds. Complete if	tne organ (a)Currer			or yea		(c)Two ye				(a)Eo	ur voar	s back
1a	Beainn	ning of year balance .		(a)currer	ic year	(0)-	ioi yea	<u> </u>	(C) I WO YE	ars back	(d) Timee y	ears back	(e)io	ui yeai	3 Dack
	-	butions													
		vestment earnings, gair	ns, and losses												
		or scholarships	· .												
	Other	expenditures for facilitie	ļ.												
f	Admini	istrative expenses .													
g	End of	year balance													
2 a		de the estimated perce d designated or quasi-e	-	nt year end	d balance	(line 1g	j, colui	mn (a)) held as	;	•	'			
b	Perm	anent endowment >													
С		porarily restricted endov	vment ▶												
·		percentages on lines 2a		d equal 100	0%										
3а	Are tl	here endowment funds nization by		•		on that	are h	eld and	d admini:	stered fo	r the		Γ	Yes	No
	(i) uı	nrelated organizations										3a	a(i)		
		elated organizations .											(ii)		
		es" on 3a(II), are the re	-					· .				. 3	3b		
4		ribe in Part XIII the inte			n's endow	ment f	unds								
Pa	rt VI	Land, Buildings, Complete if the or			' on Form	n aan	Dart '	TV/ lun	ا د 11 م	See For	m 990 B	art V line	- 1∩		
	Descri	iption of property	(a) Cost or othe (investmen	er basıs	(b)Cost o						lepreciation			k value	9
1 2	Land						4 69	39,897				+			,689,897
	Buildin							50,906			1,497,748	3			,563,158
D	Junuill	·9~			1		5,50	-,-00			-, ,	1		,	, , 0

134,780,021

4,743,251

78,977,885

4,743,251

95,974,191

55,802,136

Part VII Investments—Other Securities. Complete if the o	rganization ai	nswered 'Yes' on	Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Bo		(c)Method of valuation
(1)Financial derivatives			to or end or year market value
(2)Closely-held equity interests	· ·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the	organization :	answered 'Yes' o	n Form 990 Part IV line 11c
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book val		(c) Method of valuation t or end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(5) (6)			
(7)			
(8)			
(9)	+		
Table (Colone (b) much and Fore 2000 Part V and (D) has 42.)	•		
Part IX Other Assets. Complete if the organization answered 'Yes (a) Description		Part IV, line 11d	See Form 990, Part X, line 15 (b) Book value
(1)			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ			,
See Form 990, Part X, line 25.) Book value	I I I I I I I I I I I I I I I I I I I
1. (a) Description of Hability (1) Federal income taxes	(6) Book value	
DEFERRED CREDITS		1,502,861	
OVERCOLLECTED PCA		1,188,259	
DEFERRED COMPENSATION		355,958	
CONSUMER DEPOSITS		624,981	
ACCRUED OPERATING TAXES		1,512,053	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the	• footnote to the	5,184,112	ancial statements that reports the
organization's liability for uncertain tax positions in Part XIII, provide the text of the			_

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Schedule D (Form 990) 2016

Part XI

2

4

b

c 5

1

2

а b

d

e 3

а

b

c

Part XIII

5

4

Part XII

а

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . 2a

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

Other (Describe in Part XIII) . . 2d d

Add lines 2a through 2d е 3

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

Other (Describe in Part XIII)

Supplemental Information

Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b.

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

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

Other (Describe in Part XIII)

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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

4b 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.

2a

2b 2c

2d

4b

Explanation

4a

128.268

4c

2e

3

4c

5

3.558.358

2e

3

Page 4

59,104,912

59,104,912

128,268

59,233,180

54,459,249

54.459.249

3,558,358

58,017,607

Schedule D (Form 990) 2015

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

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 84-0358317

Name: YAMPA VALLEY ELECTRIC ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION AND YVSI FOLLOW THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRI NCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE ASSOCIATION IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE ASSOCIATION DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE, OR OTHER STATE TAXING AUTHORITY, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES

Supplemental Information	
Return Reference	Explanation
	NONOPERATING EXPENSES RECLASSIFIED TO FORM 990 PART IX 700 MERCHANDISING EXPENSE RECLASSIFIED TO FORM 990 PART IX 127,568

Supplemental Information	
Return Reference	Explanation
	PATRONAGE CAPITAL ASSIGNABLE 3,430,090 NONOPERATING EXPENSES RECLASSED TO FORM 990 PART I X 700 MERCHANDISING EXPENSE RECLASSIFIED TO FORM 990, PART IX 127,568

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

upplemental information				
Return Reference	Explanation			
PART XII, LINE 4B	FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE D IVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL ST ATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPEC TO HOW THE ASSOCIATION FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BAS IS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS P			

ROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE ASSOCIATION'S BYLAWS

Supplemental Information

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DL	N: 93493319158287	
Governments a			Other Assistance to Organizations, and Individuals in the United States sation answered "Yes," on Form 990, Part IV, line 21 or 22.				OMB No 1545-0047 2016	
Department of the Treasury Internal Revenue Service			► Attach to Form E I (Form 990) and its i	990.	•		Open to Public Inspection	
Name of the organization YAMPA VALLEY ELECTRIC ASSO Part I General Infor	OCIATION	and Assistance				Employer identification 84-0358317	cation number	
 Does the organization methe selection criteria use Describe in Part IV the organization Part II Grants and Other 	naintain records to subset to award the grants organization's procedurer Assistance to Dom	stantiate the amount of too or assistance?	of grant funds in the Un In Domestic Governme	ited States	for the grants or assistance	,	☐ Yes ☑ No	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) YAMPA VALLEY SUSTAINABILITY COUNCIL PO BOX 881461 STEAMBOAT SPRINGS, CO 80488	26-4753602	501(C)(3)	10,000				2016 CENSIBLE ENERGY FD DONATION	
(2) ENERGY OUTREACH COLORADO 225 EAST 16TH AVE SUITE 200 DENVER, CO 80203	74-2543881	501(C)(3)	25,000				DONATION FOR LOW INCOME ENERGY ASSISTANCE	
	,	-	listed in the line 1 table .			>	2	
For Paperwork Reduction Act No	tice, see the Instructio	ns for Form 990.		Cat No 50055		Scl	nedule I (Form 990) 2016	

Schedule I (Form 990)	2016					Page 2
	id Other Assistance to n be duplicated if addition		als. Complete if the org	anızatıon answered "Yes'	on Form 990, Part IV, line 22	
	ant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)						
(2)						
(3)						
(4)						
5)						
(6)						
(7)						
Part IV Supp	lemental Informati	on. Provide the inf	ormation required in	Part I, line 2, Part III	, column (b), and any other ad	lditional information.
Return Reference	Explanati	on				
SCHEDULE I, PART II				ADE TO NON-PROFIT AND		E LOCATED IN THE ASSOCIATION'S SERVICE AREA

Schedule I (Form 990) 2016

DLN: 93493319158287

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.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue

Employer identification number Name of the organization YAMPA VALLEY ELECTRIC ASSOCIATION

	84-0358317			
Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	□ Travel for companions □ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	_		
	directors, dustees, onicers, including the CLO/Executive Director, regarding the items checked in line 1a	2	+	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part II	[]		
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committe	e		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organ or a related organization	nization		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III			
5	For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
В	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8	+	<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulatic section 53 4958-6(c)?	ons 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (E) Total of columns (D) Nontaxable (F) Compensation in other deferred benefits (B)(I)-(D)column(B) reported (ii) (iii) Base compensation as deferred on prior Bonus & incentive Other reportable (1) compensation compensation compensation Form 990 1 DIANE C JOHNSON 222,790 (i) 10,000 34,083 23,537 27,922 318,332 Ω GENERAL MANAGER 0 0 0 0 0 0 0 (ii) 2 STEVE JOHNSON 148,157 977 (i) 0 42,936 25,572 217,642 0 MANAGER OF OPERATIONS 0 0 0 0 n 0 0 (ii) 3 AMY MAHON 109,538 (i) 0 1,313 8,994 30,411 150,256 0 FINANCE MANAGER 0 0 0 Ω (ii) 4 KATHY BERTRAND 111,962 10,898 2,574 51,465 24,674 201,573 0 MEMBER RELATIONS MANAGER 0 0 0 0 Ω O (ii) 5 TRAVIS COXFOREMAN 117,114 2,004 299 11,583 25,337 156,337 0 0 0 0 0 0 0 0 (ii) 6 EDDIE PIERCE 98,714 (i) 15,675 2,354 48,098 24,582 189,423 0 WAREHOUSE SUPERVISOR 0 0 0 0 0 0 0 (ii) 7 JOHN CROMERFOREMAN 127,665 (i) 0 1,019 23,899 24,446 177,029 0 0 0 0 0 0 0 0 (ii) 8 REX STAFFORDLINEMAN 114,559 (i) 1,836 1,322 52,533 11,656 181,906 0 0 0 (ii)

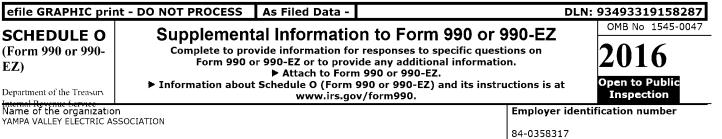
Schedule J (Form 990) 2015

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

FORM 990, PART II, COLUMN C

INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE, YEARS OF SERVICE AND THE CURRENT INTEREST RATE ENVIRONMENT. IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTIlemployer plan. Cash contributions to the plan in lieu of the actuarial increase are expensed in the financial STATEMENTS DIANE JOHNSON ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 13,745 EMPLOYER CONTRIBUTION TO 401(K) PLAN 9.792 TOTAL REPORTED IN COLUMN C \$ 23.537 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (13.745) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 44.617 EXPENSE TO THE COOPERATIVE \$ 54.409 STEVE JOHNSON ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 38,201 EMPLOYER CONTRIBUTION TO 401(K) PLAN 4,735 TOTAL REPORTED IN COLUMN C \$ 42,936 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (38,201) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 29,446 EXPENSE TO THE COOPERATIVE \$ 34,181 AMY MAHON ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 4,032 EMPLOYER CONTRIBUTION TO 401(K) PLAN 4,962 TOTAL REPORTED IN COLUMN C \$ 8,994 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (4,032) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 23,124 EXPENSE TO THE COOPERATIVE \$ 28,086 KATHY BERTRAND ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 46,200 EMPLOYER CONTRIBUTION TO 401(K) PLAN 5,265 TOTAL REPORTED IN COLUMN C \$ 51,465 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (46,200) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 23,233 EXPENSE TO THE COOPERATIVE \$ 28,498 TRAVIS COX ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 6,441 EMPLOYER CONTRIBUTION TO 401(K) PLAN 5,142 TOTAL REPORTED IN COLUMN C \$ 11,583 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (6,441) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 18,288 EXPENSE TO THE COOPERATIVE \$ 23,430 EDDIE PIERCE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 47,471 EMPLOYER CONTRIBUTION TO 401(K) PLAN 627 TOTAL REPORTED IN COLUMN C \$ 48,098 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (47,471) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 20,204 EXPENSE TO THE COOPERATIVE \$ 20,831 JOHN CROMER ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 19,472 EMPLOYER CONTRIBUTION TO 401(K) PLAN 4,427 TOTAL REPORTED IN COLUMN C \$ 23,899 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (19,472) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 19,603 EXPENSE TO THE COOPERATIVE \$ 24,030 REX STAFFORD ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 47,670 EMPLOYER CONTRIBUTION TO 401(K) PLAN 4,863 TOTAL REPORTED IN COLUMN C \$ 52,533 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (47,670) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 16,888 EXPENSE TO THE COOPERATIVE \$ 21,751 Schedule J (Form 990) 2015



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	DURING 2016, THE BOARD OF DIRECTORS APPROVED BY LAW CHANGES TO ARTICLE VIII - NONPROFIT OPE RATION, SECTION 2 - PATRONAGE CAPITAL IN CONNECTION WITH FURNISHING ELECTRICAL ENERGY, PAR AGRAPH THREE THE PURPOSE OF THE AMENDMENTS WAS TO CLAIRFY THE PRE-EXISTING OBLIGATION TO ALLOCATE CAPITAL CREDITS TO THE PATRONS THE AMENDMED SECTION NOW READS AS FOLLOWS ARTICLE VIII, SECTION 2. PARAGRAPH 3 IN THE EVENT OF DISSOLUTION OR LIQUIDATION OF THE COOPERATI VE, AFTER ALL OUTSTANDING INDEBTEONESS OF THE COOPERATIVE SHALL HAVE BEEN PAID, OUTSTANDING GCAPITAL CREDITS SHALL BE RETIRED WITHOUT PRIORITY ON A PRO RATA BASIS BEFORE ANY PAYMENT S ARE MADE ON ACCOUNT OF PROPERTY RIGHTS OF MEMBERS IF, AT ANY TIME PRIOR TO DISSOLUTION OR LIQUIDATION, THE BOARD OF DIRECTORS SHALL DETERMINE THAT THE FINANCIAL CONDITION OF THE COOPERATIVE WILL NOT BE IMPAIRED THEREBY, THE CAPITAL THEN CREDITED TO PATRONS' ACCOUNTS MAY BE RETIRED IN FULL OR IN PART THE COOPERATIVE SHALL DEDUCT AND RETAIN FROM PAYMENT OA PATRON OF RETIRED CAPITAL CREDITS ALL MONIES OWED BY SUCH PATRON TO THE COOPERATIVE AT THAT TIME, TOGETHER WITH ACCRUED INTEREST ON SUCH OWED AMOUNT THE BOARD OF DIRECTORS SHALL DETERMINE THE BOARD OF DIRECTORS SHALL DETERMINE THE BOARD OF DIRECTORS SHALL DETERMINE THE BOARD OF DIRECTORS SHALL ALSO HAVE THE POWER, EXERCISA BLE IN ITS SOLE DISCRETION, TO RETIRE ALL OR A PORTION OF THE SEPARATE RETIREMENT OF CAPITAL CREDITS FROM AFFILIATED ORGANIZATIONS THE BOARD OF DIRECTORS SHALL ALSO HAVE THE POWER, EXERCISA BLE IN ITS SOLE DISCRETION, TO RETIRE ALL OR A PORTION OF THE PROVISION OF THESE BYLAW S OR THE POLICIES OF THE BOARD OF DIRECTORS, ON A DISCOUNTED AND FAIR VALUE BASIS, UPON SU CH TERMS AND CONDITIONS AS THE BOARD OF DIRECTORS, ON A DISCOUNTED AND FAIR VALUE BASIS, UPON SU CH TERMS AND CONDITIONS AS THE BOARD OF DIRECTORS SHALL ADDOT, PROVIDED THAT THE FINANCIAL CONDITION OF THE COOPERATIVE WILL NOT BE IMPAIRED THE DISCOUNTED PORTION OF THE CAPITAL CREDIT OF PATRONS PROVISIONS OF THE BOARD TO RETIRE THE CAPITAL CREDIT OF PATRONS ON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	MOVAL OF DIRECTORS UNDER SECTION 7 OF ARTICLE I IN EITHER CASE, A MEMBER MAY VOTE AT THE ANNUAL MEETING OF MEMBERS, OR AT A MEETING OF THE MEMBERS OF THE ASSOCIATION CALLED FOR SU CH PURPOSE, OR BY MAIL AS PROVIDED IN THIS SECTION 8 MAIL VOTING SHALL BE PERMITTED FOR M EMBERS IN ANY ELECTION OF DIRECTORS MAIL VOTING SHALL BE IN WRITING ON BALLOTS PROVIDED BY THE ASSOCIATION, AND THE ASSOCIATION SHALL ACCOMPANY SUCH BALLOT WITH A SEALABLE INNER E NVELOPE OR SECRECY SLEEVE PROVIDED BY THE ASSOCIATION FOR THE PURPOSE OF CONCEALING THE MA RKING ON THE BALLOT (THE "BALLOT ENVELOPE"), INTO WHICH THE BALLOT MAY BE INSERTED, AND SH ALL ALSO ACCOMPANY SUCH BALLOT WITH A SEPARATE RETURN MAILING ENVELOPE (THE "MAILING ENVEL OPE") THE MAILING ENVELOPE SHALL INCLUDE A DESIGNATED LOCATION FOR THE SIGNATURE OF THE V OTING MEMBER THE MAIL BALLOT SHALL BE VOTED BY THE MEMBER, SHOULD BE PLACED IN THE BALLOT ENVELOPE, AND SUCH SIGNED AND SEALED BALLOT ENVELOPE CONTAINING THE COMPLETED MAIL BALLOT SHALL BE INSERTED IN THE MAILING ENVELOPE, THE VOTING MEMBER SHALL SIGN SUCH MAILING ENVELOPE, AND THE SIGNED MAILING ENVELOPE, THE VOTING MEMBER SHALL SIGN SUCH MAILING ENVELOPE, AND THE SIGNED MAILING ENVELOPE, THE WOTING MEMBER SHALL SIGN SUCH MAILING ENVELOPE IN OAN INDEPENDENT THIRD PARTY WITH WHOM THE ASSOCIATION HAS CONTRACTED FOR THE STORAGE AND COUNTING OF BALLOTS IN ACCORDANCE WITH SECTION 9 OF ARTICLE II BELOW IF A M AILING ENVELOPE IS NOT SIGNED BY THE VOTING MEMBER, THE MARKED MAIL BALLOT WITHIN THE UNSI GNED MAILING ENVELOPE BUT WITHOUT A BALLOT ENVELOPE IS NONETHELESS VALID AND SHALL BE COUNTED A MAIL BALLOT WITHIN THE UNSI GNED MAILING ENVELOPE BUT WITHOUT A BALLOT SHALL BE COUNTED A MAIL BALLOT WITHIN THE UNSI GNED MAILOF ENVELOPE BUT WITHOUT A BALLOT SHALL BE COUNTED AND STORED BY THE ASSOCIATION IN A MANNER THAT PROTECTS THE PRIVACY OF THEIR CONTENT ALL CANDIDATES FOR THE BOARD OF DIRECTORS SHALL, WHEN PRACTICABLE, ARRANGE FOR AN INDEPENDENT THIRD PARTY TO OVERSEE THE STORAGE AND COUNTIN GO FMAIL BALLOTS SHALL BE GIVEN

990 Schedule O, Supplemental Information

Return Explanation

LINE 6

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

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 7A

FORM 990, THE MEMBERS OF THE ASSOCIATION VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A ONE PART VI, MEMBER ONE VOTE BASIS SECTION A.

990 Schedule O, Supplemental Information

Return

l	Reference	
I	FORM 990,	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE ASSOCIATION 1 DISSOLUTION/LIQUIDATION
I	PART VI,	OF THE ASSOCIATION, 2 MERGER OR CONSOLIDATION OF THE ASSOCIATION WITH ANOTHER ORGANIZATION, 3
I	SECTION A,	DISPOSAL OF A SUBSTANTIAL PORTION OF THE ASSOCIATION'S ASSETS, 4 AMENDMENT TO THE ARTICLES OF
I	LINE 7B	INCORPORATION, 5 AMENDMENT TO THE BYLAWS

Explanation

Return Explanation
Reference

990 Schedule O, Supplemental Information

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

Return Explanation

FORM 990,	MANAGEMENT REVIEWED AND DISCUSSED THE FORM 990 WITH THE FINANCE COMMITTEE OF THE BOARD OF
PART VI,	\mid DIRECTORS SUBSEQUENT TO THE DETAILED DISCUSSION WITH THE FINANCE COMMITTEE, A COPY WAS PROVIDED \mid
SECTION B,	TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING
LINE 11B	

Return Explanation
Reference

FORM 990, PART VI, BOARD OF DIRECTORS ANNUALLY EVALUATES AND SETS THE COMPENSATION OF THE CEO AND BOARD OF DIRECTORS USES A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE SECTION B, ORGANIZATION'S EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEE, IF ANY THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT COLORADO AND THE NATION

Return Reference	Explanation
PART VI,	THE ASSOCIATION WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS TO ANY MEMBER WHO REQUESTS A COPY OF ANY SUCH DOCUMENT ANNUALLY THE ASSOCIATION PROVIDES A COPY OF THE AUDITED BALANCE SHEET AND INCOME STATEMENT TO THE MEMBERS OF THE ASSOCIATION WITH THE ANNUAL REPORT FINALLY, THE BYLAWS CAN BE
	FOUND ON THE ASSOCIATION'S WEBSITE

Return Reference

FORM 990,	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE ASSOCIATION HAS ESTABLISHED A
PART VII,	DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE EMPLOYER
COLUMN F	CONTRIBUTIONS TO THE PLAN ARE MADE PURSUANT TO THE PLAN DOCUMENT ADDITIONALLY, THE ASSOCIATION
	PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE
	FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO
	PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGLY COMPENSATED EMPLOYEES, MEETING THE
	ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE ASSOCIATION ALSO PROVIDES HEALTH, DENTAL AND LIFE
	INSURANCE TO ALL ELIGIBLE EMPLOYEES , INCLUDING OFFICERS, THROUGH A QUALIFIED PLAN THE AMOUNTS

TO THE DEFINED CONTRIBUTION PLAN AND INSURANCE PAID ON BEHALF OF AND FOR THEIR BENEFIT

Explanation

REPORTED ON PART VII, COLUMN (F) FOR THE OFFICERS AND HIGHLY COMPENSATED EMPLOYEES IS COMPRISED OF ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN. THE TOTAL AMOUNT CONTRIBUTED BY THE COOPERATIVE

990 Schedule O, Supplemental Information

Return Explanation

Reference

TO ITS MEMBERS

FORM 990,	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION &
PART VIII,	TRANSMISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM
LINES	COOPERATIVE DANKS AND THE DIRECTACE OF CURRINES AND CERVICES FROM OTHER COOPERATIVE

LINE 2 COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE
ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE
ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE FLECTRIC SERVICE PROVIDED BY THE ASSOCIATION

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	THE ACCOUNTING RECORDS OF THE ASSOCIATION ARE MAINTAINED IN ACCORDANCE WITH THE RUS UNIFORM
PART IX	SYSTEM OF ACCOUNTS AS PRESCRIBED FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICES (RUS)
	THE UNIFORM SYSTEM OF ACCOUNTSS DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES
	PROVIDED ON PART IX LINES 1 - 23 THE ASSOCIATION SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE
	BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING 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

Return Reference	Explanation
FORM 990, PART IX, LINE 4	PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE ASSOCIATION ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS THE ASSOCIATION'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 SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE ASSOCIATION OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE BASIS OF PATRONAGE (I E PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE ASSOCIATION'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 ASSOCIATION'S BYLAWS THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE ASSOCIATION OPERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHING ITS EXEMPT PURPOSE, THE ASSOCIATION HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE NOT AN EXPENSE FOR FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, HOWEVER

Datura

Reference	Explanation
FORM 990,	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE
PART IX,	ACCOUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON
LINES 5-7	LINES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$ 5,214,471 LESS DIRECTORS FEES
	REPORTED ON 1099-MISC (180,236) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (159,372) PLUS
	SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGIN 35,938 PLUS SALARIES AND WAGES CAPITALIZED
	DIRECTLY TO PLANT 1,055,534 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH
	CLEARING AND OTHER ACCOUNTS 390,478 TOTAL WAGES ACCRUED AND/OR PAID \$ 6,356,813

Evalenation

1,593,605

Return

Reference	·
FORM 990,	ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING EMPLOYEE TRAINING \$ 320,741
PART IX,	OFFICE SUPPLIES EXPENSE 317,709 INJURIES AND DAMAGES 90,465 OUTSIDE SERVICES 314,427 INSURANCE AND
LINE 24	REGULATORY FEES 42,742 PUBLIC RELATIONS 1,587 ASSOCIATED ORGANIZATION DUES 152,410 DIRECTOR EXPENSE
	58,725 MAINTENANCE OF GENERAL PLANT 294,799 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$

YEAR HAVE BEEN RECLASSED FROM LINE 15 TO LINE 9

Return Reference

AND 15

FORM 990,	THE ASSOCIATION PREVIOUSLY INCLUDED DEFERRED CHARGES AS COMPONENTS OF OTHER ASSETS ON LINE 15
PART X,	OF PART X HOWEVER, FOR THE 2016 CALENDAR YEAR, THE ASSOCIATION BEGAN REPORTING THESE AMOUNTS ON
LINES 9	LINE 9 TO INCREASE CONSISTENCY, DEFERRED CHARGES IN THE AMOUNT OF \$3,307,593 FOR THE 2015 CALENDAR

990 Schedule O, Supplemental Information

Return

AND 25

Reference	·
FORM 990,	THE ASSOCIATION PREVIOUSLY INCLUDED ACCRUED OPERATING TAXES & OVERCOLLECTED PCA AS COMPONENTS
PART X,	OF ACCOUNTS PAYABLE ON LINE 17 OF PART X HOWEVER, FOR THE 2016 CALENDAR YEAR, THE ASSOCIATION
LINES 17	BEGAN REPORTING THESE AMOUNTS ON LINE 25 TO INCREASE CONSISTENCY, ACCRUED EXPENSES IN THE

AMOUNT OF \$4,211,751 FOR THE 2015 CALENDAR YEAR HAVE BEEN RECLASSED FROM LINE 17 TO LINE 25

Return Explanation

Reference	
FORM 990,	PATRONAGE CAPITAL ASSIGNABLE 3,430,090 PATRONAGE CAPITAL RETIRED - TOTAL -1,596,256 PATRONAGE
PART XI,	CAPITAL RETIRED - DISCOUNT 57,706 UNCLAIMED PATRONAGE CAPITAL RETIREMENTS RETAINED PER STATE LAW
LINE 9	137,744 NET CHANGE IN OTHER EQUITIES -11.493

Return Explanation

Reference	
FORM 990,	THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING
PART XII,	THE INDEPENDENT FINANCIAL STATEMENT AUDITOR PROCEDURAL CHANGES DID NOT OCCUR DURING THE YEAR
LINE 2C	

efile GRAPHIC print - DO NOT PROCESS DLN: 93493319158287 As Filed Data -OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** YAMPA VALLEY ELECTRIC ASSOCIATION 84-0358317 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (g) (b) (c) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)YVEA CARING CONSUMERS FOUNDATION BETTERING THE QUALITY CO 501(C)(3) LINE 7 YAMPA VALLEY ELECTRIC Yes PO BOX 771218 OF LIFE OF CITIZENS ASSOCIATIN

Telated tax-exempt organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a)

Name, address, and Ein of related organization

(b)

Phimary activity

Phimary activity

Phimary activity

(c)

Legal domicile (state or foreign country)

For BOX 771218

STEAMBOAT SPRINGS, CO 80477

STEAMBOAT SPRINGS, CO 80477

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

Cat No 50135Y

Schedule R (Form 990) 2016

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomii income(re unrelat excluded tax und sections 514)	nant Shai elated, total ii ed, from der 512-	e of	(g) Share of end-of-year assets	(h Dispropi allocat	rtionate tions?	(1) Code V-U amount in 20 of Schedule k (Form 106	50x mi pi (-1 (5)	artner?	own
									Yes	No		Ye	s No	1
														-
													+	
							answe	ered "Yes'	" on Fo	orm 99	90, Part :	V, lır	ie 34	
IV Identification of Related Org because it had one or more rela (a) Name, address, and EIN of related organization		s a corporation	on or tru (c) egal micile or foreign	st during th			y Sh	ered "Yes' (f) hare of total income	Share	orm 99 (g) of end-o	of- Per	V, lir (h) centag	e	Section (13) co
Decause it had one or more related (a) Name, address, and EIN of related organization PA VENTURE SERVICES INC 771218 OAT SPRINGS, CO 80477	ated organizations treated as (b)	s a corporation	on or tru (c) egal micile	Direct	e tax yea (d) controlling	(e) Type of enti	y Sh	(f) hare of total	Share	(g) of end-o	of- Pei	(h) centag	e o	Section (13) co
because it had one or more rela (a) Name, address, and EIN of related organization PA VENTURE SERVICES INC 771218 DAT SPRINGS, CO 80477	ated organizations treated as (b) Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity	(e) Type of enti	y Sh	(f) hare of total	Share	(g) of end-o	of- Pei	(h) centag nershij	e o	Section (13) co ent Yes
because it had one or more rela (a) Name, address, and EIN of related organization PA VENTURE SERVICES INC 771218 DAT SPRINGS, CO 80477	ated organizations treated as (b) Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity	(e) Type of enti	y Sh	(f) hare of total	Share	(g) of end-o	of- Pei	(h) centag nershij	e o	Section (13) co ent Yes
because it had one or more rela (a) Name, address, and EIN of related organization PA VENTURE SERVICES INC 771218 DAT SPRINGS, CO 80477	ated organizations treated as (b) Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity	(e) Type of enti	y Sh	(f) hare of total	Share	(g) of end-o	of- Pei	(h) centag nershij	e o	Section (13) co ent Yes
because it had one or more rela (a) Name, address, and EIN of	ated organizations treated as (b) Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity	(e) Type of enti	y Sh	(f) hare of total	Share	(g) of end-o	of- Pei	(h) centag nershij	e o	Section (13) co ent Yes

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form	30, Part IV, line 34, 35b, or 36.	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Ye	es No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	listed in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	 	No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)	 	No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)	- - - - - - - - - -	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	 	No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	 	No
m Performance of services or membership or fundraising solicitations by related organization(s)		No

d	Loans or loan guarantees to or for related organization(s)	10		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1 f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1р		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No

•	Exchange of assets with related diganization(s).	1		'''
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

i	Exchange of assets with related organization(s)				1i	No		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	No		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	No		
l Performance of services or membership or fundraising solicitations for related organization(s)								
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	No		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes			
О	Sharing of paid employees with related organization(s)				1o Yes			
р	Reimbursement paid to related organization(s) for expenses				1p	No		
q	Reimbursement paid by related organization(s) for expenses				1q	No		
r	Other transfer of cash or property to related organization(s)				1r	No		
s	Other transfer of cash or property from related organization(s)				1s	No		
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount involve	d		
(1)YV	A CARING CONSUMERS FOUNDATION	0	0	N/A LESS THAN \$50,000				
(2) YV	A CARING CONSUMERS FOUNDATION	N	0	N/A LESS THAN \$50,000				
·								

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	l domicilo l	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite)	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	or g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No																											
													_																										
										Schedul	e R (Forn	1 99	0) 2016																										

