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efile GRAPHIC print - DO NOT PROCESS DLN: 93493282008197 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

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

2016

foundations)

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

Department of the Treasury

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

Open to Public

nterna	l Revenue S	ervice	om yyo ana isa motractions is at <u>iiw</u>	,, 11,0 do.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Inspection
\ Fe	or the 20	l 16 calendar year, or tax year beginni	ng 01-01-2016 , and ending 12-3	31-2016			
	ck ıf applıc	■ WELLS RURAL FLECTRIC COMPANY			D Employe	r identif	ication number
	dress chan me change	ge			88-0086	059	
	me cnange tıal return	Doing business as					
Fin	al n/terminat	ad			E Telephone	numbar	
	nended reti	■ Number and Street (or P O pox if mail	is not delivered to street address) Room/si	uite	· ·		
□ Ар	plication pe	ending City or town, state or province, country	and ZIP or foreign postal code		(775) 75	2-3328	
		WELLS, NV 89835	, and 211 of foreign postar code		G Gross rec	eipts \$ 42	2.879.636
		F Name and address of principal o	fficer	H(a) is	this a group ret		
		CLAY R FITCH PO BOX 365			ubordinates?	uiii 101	□Yes ☑ No
		WELLS, NV 89835		Н(b) А	re all subordinate	es	☐ Yes ☐No
Tax	x-exempt s	tatus ☐ 501(c)(3) ☑ 501(c)(12) ◀(i	nsert no)		icluded? "No," attach a li:	st (see	
W	ebsite: ▶				roup exemption i	•	•
(Forn	n of organı	zation 🗹 Corporation 🗌 Trust 🗌 Associa	tion ☐ Other ►	L Year of f	formation 1958	M State	of legal domicile NV
Da	rt I	Summary					
		ly describe the organization's mission or n	nost significant activities				
υ U		ROVIDE QUALITY AND RELIABLE ELECTRI		PERATIVE			
<u>2</u>							
Ě							
Governance		ck this box $ ightharpoonup \square$ if the organization disco			25% of its net as	sets	•
		nber of voting members of the governing				3	11
A A		nber of independent voting members of th			•	4	10
Ě		al number of individuals employed in caler	, , , , , , , , , , , , , , , , , , , ,			5	67
ACTIVILIES &		al number of volunteers (estimate if neces	, ,			6	0
₹		al unrelated business revenue from Part V	, , , , , , , , , , , , , , , , , , , ,			7a	432
	b Net	unrelated business taxable income from F	orm 990-T, line 34	• •		7b	0
					Prior Year		Current Year
ġ		tributions and grants (Part VIII, line 1h)			41,709,3	0	42.002.165
Ravenua		gram service revenue (Part VIII, line 2g)		42,802,165			
ç		estment income (Part VIII, column (A), lin	• •		42,2		63,172
		er revenue (Part VIII, column (A), lines 5, al revenue—add lines 8 through 11 (must			17,9 41,769,4		14,299 42,879,636
		nts and similar amounts paid (Part IX, col			42,1		47,047
		efits paid to or for members (Part IX, colu			991,6	_	491,219
'n		aries, other compensation, employee bene	, ,,		5,735,6		6,307,837
Expenses		fessional fundraising fees (Part IX, column	, , , , , , , , , , , , , , , , , , , ,		3,,33,0	0	0,507,657
<u> </u>		I fundraising expenses (Part IX, column (D), line	, ,,				
짚		er expenses (Part IX, column (A), lines 11	· -		34,944,5	10	35,966,793
		al expenses Add lines 13-17 (must equal	•		41,713,9		42,812,896
	19 Rev	enue less expenses Subtract line 18 from	line 12		55,4	83	66,740
8.0				Begini	ning of Current Ye	ar	End of Year
Net Assets of Fund Balances							
Base		al assets (Part X, line 16)			47,881,5	_	49,313,839
		al liabilities (Part X, line 26)			28,388,8	_	29,628,941
		assets or fund balances Subtract line 21	from line 20		19,492,6	45	19,684,898
		Signature Block s of perjury, I declare that I have examine	ed this return, including accompanying	ı schedules	and statements	and to	the best of my
nowl	edge and	belief, it is true, correct, and complete D					
iny k	nowledge						
		*****			2017-10-05		
Sign		Signature of officer			Date		
lere	I N.	CLAY R FITCH CEO					
		Type or print name and title					
				Date 2017-10-05		TIN 00439459	
Paid					self-employed		
_	parer	Firm's name ► BOLINGER SEGARS GILBE Firm's address ► 8215 NASHVILLE AVENUE	EKT AND MOSS LLP		Firm's EIN > 75-0		
Jse	Only				Hone Ho (606) /	-,-3000	
4	L. IDC '	LUBBOCK, TX 79423	ahaya2 (aaa ya ahiin ahiin a		I		Zes □ No
(121/ +	ㅁㅇ ㅣㅂㄷ 셔.	cruce thic ratiirh with the brabbrar chawn	annyez (see instructions)			V	OC LINA

Cat No 11282Y

Form **990** (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)				Page 2		
Par	t IIII Statem	ent of Program Service Aco	complishments				
	Check If	Schedule O contains a response or	note to any line in this Part III .		🗆		
1		the organization's mission	·				
ELEC			ROVIDE EXCELLENT AND INNOVATIVEMPLOYEE TEAMWORK AND THE HIGH				
2	Did the organiza	ation undertake any significant pro	gram services during the year which v	were not listed on			
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No		
	If "Yes," describ	e these new services on Schedule	0				
3	Did the organiza	Old the organization cease conducting, or make significant changes in how it conducts, any program services?					
	services?				☐ Yes 🗹 No		
	If "Yes," describ	e these changes on Schedule O					
4	Section 501(c)		nplishments for each of its three large required to report the amount of gra service reported				
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)		
	See Additional Dat	ta					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)		
	-						
4d		services (Describe in Schedule O)					
	(Expenses \$		grants of \$	(Revenue \$)		
4e	Total program	service expenses >					

Page 3

No

No

No

No

No

Nο

Nο

No

No

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Nο

No

Nο

No

Nο

No

Νo

No

No

Νo

Form **990** (2016)

or X as applicable

Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 3 Section 501(c)(3) organizations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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,

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

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

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

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

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

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

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

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

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11a

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11d

11e

11f

12a

12b

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14a

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Yes

Yes

Yes

Yes

29

33

Part IV Checklist of Required Schedules (continued)

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

instructions for applicable filing thresholds, conditions, and exceptions)

Page 4

No

No

No

No

No

No

Nο

No

Nο

Nο

No

Nο

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

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

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 🛸

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

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

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

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

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

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

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

c 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 19? Note.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🔧 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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37

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Yes

Yes

Yes

Form 990 (2016)

Yes

orm	990 (2016)			Page
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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 53			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
_	this return	21.	V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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 ▶			
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		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	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?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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 14b		110
	in 163, has to med a form 720 to report these payments in 180, provide an explanation in Schedule O		orm 99	n (201

Page **6**

• • • • • • • • • • • • • • • • • • • •	556 (2020)			rage o
Par	TVI Governance, Management, and DisclosureFor 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 lii	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management	<u> </u>	<u> </u>	
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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 10			
2		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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?	7b	Yes	
8				
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	: Code	e.)	
			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? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website \square Another's website $ ewline olimits$ Upon request \square Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records • WILLIAM R WELSH 1451 HUMBOLDT AVENUE WELLS, NV 89835 (775) 752-3328		65	2 /20:5
		F	orm 99 ((2016)

Part VII

(5) ORLIN KIDNER

(7) LOIS NANNINI

(8) JIM WHITED DIRECTOR

(9) ROBERT WILCOX

(10) BRUCE WIDMER

(11) HOWARD WRIGHT

(13) WILLIAM R WELSH

(14) MICHAEL P CROMIE

(15) ZANE PETERS

GENERAL FOREMAN

STATEWIDE

(16) RICHARD H JAMES

(17) JEFFERY R CROMIE

MANAGER OF OFFICE SERVICE

......

(12) CLAY R FITCH

(6) FRED MONTES DE OCA DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

CEO

CFO

✓

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202,517

73,160

74.986

52,156

59,683

48.086

Form 990 (2016)

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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

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List persons in the following order individual trus compensated employees, and former such persor		rs, insti	tutior	nal t	rust	ees, of	ffice	ars, key employees	s, highest	
Check this box if neither the organization noi (A) Name and Title		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	ctor, or trustee (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SCOTT EGBERT	6 40		व		_	at e-d				
PRESIDENT		Х		х				42,377	0	0
(2) GERALD ANDERSON VICE PRESIDENT	7 80	х		x				35,988	0	0

	below dotted line)	lividual trustee director	stitutional Trustee	IOEI	y employee	phest compensated ployee	mer			organizations
(1) SCOTT EGBERT PRESIDENT	6 40	х		х				42,377	0	(
(2) GERALD ANDERSON VICE PRESIDENT	7 80	x		х				35,988	0	(
(3) M JONATHAN DAHL SECRETARY/TREASURER	9 00	x		x				25,075	0	(
(4) KIRK DAHL DIRECTOR	2 80	x						21,511	0	(

27,202

23,975

35,814

17,975

37,999

10,900

31,263

247,981

137,575

137,260

165,411

140,419

129,435

POWER ENGINEERS

compensation from the organization ▶ 6

PO BOX 1066 HAILEY, ID 83333 (A)

(F)

Name and Title	Average hours per week (list any hours	than o	ne b	ox, ι in of	t ch unle: ficer	and a	son	Reportable compensation from the organization (W-	compensation from related organization	Reportable compensation from related organizations (W- 2/1099-		ated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)		organızat relat organız	ted
(18) JACOB MANNING LINE FOREMAN	46 00					×		127,474		0		44,088
(19) KYLE MURPHY LINE FOREMAN	48 00					х		127,981		0		44,486
(20) MARY WRIGHT RETIRED DIRECTOR	0 00	••••				X 15,751 0					0	
1b Sub-Total			<u>. </u>	<u></u>	1	<u> </u> -						
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	•					<u> </u>		1,539,366	(599,162
Total number of individuals (including but of reportable compensation from the organization)	t not limited to						ceıv		,000			
									г		Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for						e, or h • •	-	est compensated er	nployee on	3	Yes	
For any individual listed on line 1a, is the organization and related organizations gr individual									he 	4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? If '								ganization or individ	dual for		162	
Section B. Independent Contractors				-	u c.,	p 0.00.				5		No
Complete this table for your five highest of from the organization. Report compensations are compensations.	compensated in									pen	sation	
Name and h	(A) ousiness address							Descrint	(B)		(C Comper	
PROBST ELECTRIC INC	, doiness address								N CONTRACTOR		Compe	367,551
1950 N STEMMONS FWY STE 2010 DALLAS, TX 75207												
WESTERN LINE BUILDERS PO BOX 614								CONSTRUCTIO	N CONTRACTOR			252,712
WELLS, NV 89835 DONALD H ANGEL PE, 5883 S SCHOONER PL 8015E ID 93714								ENGINEERING	ENGINEERING CONSULTANTS			
BOISE, ID 83716 ALL WEATHER WATERPROOFING INC								ROOFING				174,560
5941 STRATLER STREET MURRAY, UT 84107												164 030
I DOWED ENGINEERS								LENGINEEDING	CONCLUTANTS		1	164 020

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

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

(C)

(D)

(B)

164,029

ENGINEERING CONSULTANTS

		(2016)										Page 9
Part '	VЦ			resno	onse or note to any	line in tl	his Part VIII					🗸
		CHECK II SCHEUGIC	Contains	2 (CSP)	STISE OF HOLE TO BITY	(A) revenue	Rela ex fui	(B) ated or kempt nction venue	(C) Unrelat busine revenu	ss	(D) Revenue excluded from tax under sections 512-514
(6	1	a Federated campaigns		1a				10	venue			312-314
nnts unte		b Membership dues .	· j	1 b								
Gra mo		c Fundraising events .	. j	1c								
Ę.		d Related organizations	į	1d								
ija Is		e Government grants (cont	rıbutıons)	1e								
Contributions, Giffs, Grants and Other Similar Amounts		f All other contributions, gir and similar amounts not i above	fts, grants, ncluded	1 f								
ntrib d Otl		g Noncash contributions in lines 1a-1f \$	ıncluded									
<u>a</u> C	ىل	h Total.Add lines 1a-1f			<u> </u>							
					Business							
15.	_	ELECTRIC SALES				221000		03,598 41,799	42,103	3,598 L,799		
oŽ 1		SERVICE & OTHER FEES ELECTRIC WIRING				221000		20,966		0,966		
۲ ۲		PATRONAGE DIVIDENDS				221000		84,516		1,516		
ઝુ	•	TRANSMISSION/WHEELING	ŝ			221000		51,286	5:	1,286		
Program Service Revenue	f	f All other program servi	ce revenue									
δ		J Total. Add lines 2a-2f .			42,8	02,165						
		Investment income (incl	uding divide	ends, i	interest, and other							
							63,172	<u>'</u>				63,172
		Income from investment Royalties	or tax-exe	-	ond proceeds							
	Ī		(ı) Real		(II) Personal							
	6	a Gross rents										
		b Less rental expenses				-						
		c Rental income or				_						
		(loss)										
	•	d Net rental income or (I			<u> </u>							
	78	a Gross amount from sales of assets other than inventory	(ı) Securit	ies	(II) Other	_						
	ı	b Less cost or other basis and sales expenses				_						
		C Gain or (loss)				1						
<u>a</u>			draising eve		>							
Other Revenue		contributions reported of See Part IV, line 18		а								
ag		b Less direct expenses		b								
her		c Net income or (loss) fro a Gross income from gan			ents							
ō	,	See Part IV, line 19										
		b Less direct expenses		a b		_						
		c Net income or (loss) fro			ies							
	10	aGross sales of inventor										
		returns and allowances		a								
	ı	b Less cost of goods sold	d	b								
	(C Net income or (loss) fro	om sales of	ınvent	tory >							
	_	Miscellaneous Re			Business Code							
	1:	1a POLE ATTACHMENT IN	COME		221000		13,867	7				13,867
	ı	b SECURITY & MONITOR	ING		561700	1	432	2			432	
	,	с										
						L				<u> </u>		
		d All other revenue										
		e Total. Add lines 11a-1					14,299	•				
	12	2 Total revenue. See In	structions				42,879,636	5	42,802,165		432	
												Form 990 (2016)

Form 990 (2016) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) lacksquareCheck if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and 47,047 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 491,219 1,183,558 Compensation of current officers, directors, trustees, and key employees . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 7 Other salaries and wages 2,935,169 8 Pension plan accruals and contributions (include section 401 463,950 (k) and 403(b) employer contributions) . . 1,473,046 **9** Other employee benefits . 252,114 10 Payroll taxes . . . 11 Fees for services (non-employees) a Management . . . **b** Legal . c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees . g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . 13 Office expenses . 14 Information technology 15 Royalties . 16 Occupancy . **17** Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings 449,961 **20** Interest . . .

2,034,125

30.000.606

1,413,554

1,241,644

636,579

190,324 42,812,896

Form 990 (2016)

21 Payments to affiliates . . .

expenses on Schedule O) a PURCHASED POWER

b DISTRIBUTION EXPENSE

c ADMIN & GENERAL

e All other expenses

d CONSUMER EXPENSES

23 Insurance .

22 Depreciation, depletion, and amortization

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)

	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,956,757	4	3,361,026
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use	1,140,525	8	1,120,961
⋖	9	Prepaid expenses and deferred charges	3,053,766	9	3,002,358

		II of Schedule L								
•	6	section $4958(f)(1)$), persons described in section contributing employers and sponsoring organiza	s and other receivables from other disqualified persons (as defined under the define							
ŭ	7	Notes and loans receivable, net				7				
2	8	Inventories for sale or use		•	1,140,525	8	1,1			
C	9	Prepaid expenses and deferred charges			3,053,766	9	3,0			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	74,684,762						

40.076.177

34,067,733

1.788.967

411.165

47,881,528

3,224,828

14,255,531

10.908.524

28,388,883

19,492,645

19,492,645

47,881,528

10c

11 12

13

14

15

16

17

18

19

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21

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23

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27

28

29

30

31

32

33

34

34,608,585

1.835.924

493,720

49,313,839

3,514,256

15.556.561

10.558.124

29,628,941

0

19,684,898

19,684,898

49.313.839

Form **990** (2016)

10b

b Less accumulated depreciation

Intangible assets

Grants payable . .

Deferred revenue .

Other assets See Part IV, line 11 .

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 .

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

Investments—publicly traded securities .

Investments—other securities 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

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

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

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 lacktriangle and

Investments-program-related See Part IV, line 11

11

12

13

14

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32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

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: 88-0086059

Name: WELLS RURAL ELECTRIC COMPANY

Form 990 (2016)

ALLOCATION OF PATRONAGE CAPITAL

PROVIDING ELECTRIC ENERGY TO OUR MEMBERS - 6.115 ACTIVE SERVICES AT YEAR END WERE PROVIDED ELECTRICITY ON A COOPERATIVE BASIS THROUGH THE

Form 990, Part III, Line 4a:

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

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493282008197

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

 Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number WELLS RURAL ELECTRIC COMPANY 88-0086059 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV \$ _____ Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? Yes If "Yes." describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 700 function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 700 Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-10714 SOUTH JORDAN GATEWAY 20-1001802 700 **UTAH RURAL ELECTRIC ASSOCIATION** SOUTH JORDAN, UT 84095 POLITICAL ACTION COMMITTEE 52-6147497 9.500 PO BOX 758778 ACTION COMMITTEE FOR RURAL BALTIMORE, MD 212758778 **ELECTRIFICATION** 3 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016 Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

	•	inder section 501(h)).	(a)		(b)
or e ctivi	·	11 below, provide in Part IV a detailed description of the lobbying			• •
LIVI	, i		Yes	No	Amount
		ation attempt to influence foreign, national, state or local legislation, ilic opinion on a legislative matter or referendum, through the use of			
а	Volunteers?				
b	Paid staff or management (include con	npensation in expenses reported on lines 1c through 1i)?			
:	Media advertisements?				
ı	Mailings to members, legislators, or th	e public [?]			
:	Publications, or published or broadcast	: statements?			
	Grants to other organizations for lobby	ring purposes?			
ı	Direct contact with legislators, their st	affs, government officials, or a legislative body?			
1	Rallies, demonstrations, seminars, con	ventions, speeches, lectures, or any similar means?			
	Other activities?				
	Total Add lines 1c through 1i				
	Did the activities in line 1 cause the or	ganization to be not described in section 501(c)(3)?			
ı	If "Yes," enter the amount of any tax i	ncurred under section 4912			
	If "Yes," enter the amount of any tax i	ncurred by organization managers under section 4912			
	If the filing organization incurred a sec	tion 4912 tax, did it file Form 4720 for this year?			
T	t IIII-A Complete if the organi	ization is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	on 501(c)
	(6).				
	Were substantially all (00% or more)	dues reserved pendedustable by members?		_	Yes N
	, , ,	dues received nondeductible by members?		_	2
	- · · · · · · · · · · · · · · · · · · ·	se lobbying expenditures of \$2,000 or less?			3
		er lobbying and political expenditures from the prior year?	/F\ -		
Ш		ization is exempt under section 501(c)(4), section 501(c) Part III-A, lines 1 and 2, are answered "No" OR (b) Part			
	Dues, assessments and similar amoun	ts from members	1		
	Section 162(e) nondeductible lobbying	and political expenditures (do not include amounts of political			
	expenses for which the section 52	7(f) tax was paid).	_		
	Current year		2a 2b		
	Carryover from last year Total		2c		
		6023(a)(1)(A) notices of nondeductible section 163(a) dues	3		
		6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
		n line 2c exceeds the amount on line 3, what portion of the excess does the reasonable estimate of nondeductible lobbying and political	4		
	Taxable amount of lobbying and politic	cal expenditures (see instructions)	5		
1	rt IV Supplemental Informa	ation			
	vide the descriptions required for Part I-	A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), inplete this part for any additional information	Part II-	A, lines	1 and 2 (see
	Return Reference	Explanation			
RT		COOPERATIVE'S SOLE DIRECT POLITICAL ACTIVITY WAS A \$700 DONAT	ION OF	ITS OW	N FUNDS TO
(]	UTAI INDI	H RURAL ELECTRIC ASSOCATION POLITICAL ACTION COMMITTEE (UREA RECTLY INVOLVED IN POLITICAL CAMPAIGN ACTIVITIES BY RECEIVING ITICAL CONTRIBUTIONS FROM THE COOPERATIVE'S EMPLOYEES AND ME	PAC) T AND DE	THE COO	PERATIVE WA IG \$9,500 OF

COMMITTEE FOR RURAL ELECTRICIFICATION (ACRE)

SCHEDULE D

Supplemental Financial Statements

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

DLN: 93493282008197 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** WELLS RURAL ELECTRIC COMPANY 88-0086059 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 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

 ${f c}$ 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 III	Organizations Ma	aintaining Coll	ections o	of Art, H	istori	cal T	reasu	res, o	r Othe	r Similar <i>I</i>	Assets (contini	ued)	
3		g the organization's acqu s (check all that apply)	uisition, accession	, and other	r records, o	check a	any of	the fo	llowing	that are	a significant	use of it	s collec	tion	
а		Public exhibition				d		Loan	or exch	ange pro	grams				
b		Scholarly research				е		Other	r						
С		Preservation for future	generations												
4	Provi Part :	de a description of the o	organization's coll	ections and	d explain h	ow the	ey furtl	her the	organı	zation's	exempt purp	ose in			
5		ng the year, did the organs ss to be sold to raise fun									mılar	□ Ye	es	□ No	•
Pa	rt IV	Escrow and Custon Complete of the organization (Complete of the Organization)			s" on Forr	n 990	, Part	IV, lıı	ne 9, o	r report	ted an amo	ount on I	Form	990, F	Part
1a		e organization an agent, ded on Form 990, Part)		n or other	ıntermedia	ary for	contri	bution	s or oth	er assets	s not	□ Y €	es	□ No	•
ь	If "Ye	es," explain the arrange	ment in Part XIII	and comple	ete the foll	lowina	table					Amount			-
С		nning balance				5				1c					-
d	_	ions during the year								1d					-
е	Distri	butions during the year	-							1e					-
f	Endır	ng balance								1f					-
2 a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?														
b	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII														
Pa	rt V	Endowment Fund													
			·	(a)Currer	nt year	(b) Pi	rıor yea	r	(c)Two y	ears back	(d)Three y	ears back	(e) Fo	ur years	back
1a	Beginn	ning of year balance .													
b	Contrib	outions													
С	Net in	vestment earnings, gain	is, and losses												
d	Grants	or scholarships													
е		expenditures for facilitie ograms	es												
f	Admın	istrative expenses .													
g	End of	year balance													
2	Provi	de the estimated percer	ntage of the curre	nt year end	d balance ((line 1g	g, colu	mn (a))) held a	as					
а	Board	d designated or quasi-ei	ndowment 🟲												
b	Perm	anent endowment 🟲													
С	Temp	porarily restricted endov	vment 🟲												
	The p	percentages on lines 2a,	, 2b, and 2c shoul	d equal 100	0%										
3а		here endowment funds nization by	not in the possess	sion of the	organizatio	on that	t are h	eld and	d admın	iistered f	or the			Yes	No
	(i) u	nrelated organizations											a(i)		
		elated organizations .											a(ii)		
		es" on 3a(II), are the rel	<u>-</u>										3b		
4	•														
Pa	rt VI	Land, Buildings, Complete if the org			on Form	1 990,	Part	IV, lın	e 11a.	See Fo	rm 990, Pa	art X, lın	e 10.		
	Descr	iption of property	(a) Cost or oth (investme		(b)Cost o	r other	basis (d	other)	(c)Acc	cumulated	depreciation		(d) Boo	k value	
	Land						63	32,296				+			632,296
	Buildin	-						98,889				+			898,889

65,890,975

1,262,602

25,814,798

1,262,602

34,608,585

40,076,177

Part VII Investments—Other Securities. Complete if the orga	anization answe	ered '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)Book value		thod of valuation d-of-year market value
(1)Financial derivatives	·	2031 01 011	a or year market value
(2)Closely-held equity interests	<u>·</u>		
(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 org	b annual transport	and West on Form	2 000 Port IV line 11c
See Form 990, Part X, line 13.			
	(b) Book value		ethod of valuation d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' o	n Form 990, Part	IV, line 11d See For	m 990, Part X, line 15
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.	ed 'Yes' on Forr	n 990, Part IV, line	e 11e or 11f.
1. (a) Description of liability	(b) Boo	ok value	
(1) Federal income taxes			
CONSUMER DEPOSITS		104,146	
POSTRETIREMENT BENEFITS		8,630,222	
DEFERRED CREDITS		1,819,682	
ACCRUED OPERATING TAXES		4,074	
(5)		7,077	
(6)			
(7)			
(8)			
(0)	+		
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	b	10,558,124	

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses and losses per audited financial statements .

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

Net unrealized gains (losses) on investments . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

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 .

Subtract line 2e from line 1 .

Add lines 4a and 4b . . .

Schedule D (Form 990) 2016

Part XI

2

а

b

c

d е

3

4

5

1

2

а b

d

e 3

а

b

c

Part XIII

5

4

b

Part XII

117.830

2e

3

4c

2e

3

4c

5

609.049

Page 4

42,761,806

117,830

42,879,636

42,203,847

42.203.847

609,049

42,812,896

Schedule D (Form 990) 2015

Donated services and use of facilities . 2b 2c Recoveries of prior year grants . . . Other (Describe in Part XIII) . . 2d

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

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,

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

4a

4b

2a

2b 2c

2d

4b

Explanation

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

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:

G AUTHORITIES

EIN: 88-0086059

Name: WELLS RURAL ELECTRIC COMPANY

LY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVEN UE SERVICE, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXIN

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE COMPANY HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COMPAN Y IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COMPANY DETERMINED THAT IT IS MORE LIKE

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	EXPENSES RECLASSIFIED FROM NON-OPERATING MARGINS 117,830

Sı

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXPENSES RECLASSIFIED FROM NON-OPERATING MARGINS 117,830 PATRONAGE CAPITAL ASSIGNABLE 491,219

Supplemental Information	
Return Reference	Explanation
SCHEDULE D	PART VIII THE AMOUNT OF INVESTMENTS - PROGRAM RELATED ON FORM 990, PAGE 11, PART X, LINE 1 3 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LIN E 16, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART VIII HAS BEEN LEFT BLANK PART IX 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 CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BE EN LEFT BLANK PART XII, LINE 4B FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRO NAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND N OT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED G ROSS OF THE AMOUNT OF PATRONAGE DIVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL STATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPECT OF HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BASIS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS PROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

DLN: 93493282008197

OMB No 1545-0047

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

2015

Department of the Treasury Internal Revenue Service

Name of the organization WELLS RURAL ELECTRIC COMPANY Employer identification number

			88-0086059			
Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provi 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	Г	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 organism reimbursement or provision of all of the expenses design.			1b		
2	Did the organization require substantiation prior to rei	mburs	sing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Execu	tıve D	rector, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	t apply	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	art V I	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymen	t?	4a		No
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons mu	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of	line 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, I compensation contingent on the net earnings of	line 1a	a, did the organization pay or accrue any			
а	The organization?			6 a		
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, I payments not described in lines 5 and 6? If "Yes," des			7		
8	Were any amounts reported on Form 990, Part VII, pa subject to the initial contract exception described in F in Part III			8		
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (۱) 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 CLAY R FITCHCEO	(i)	220,556	0	27,425	174,663	27,854	450,498	0
	(ii)	0	0	0	0	0	0	0
2 WILLIAM R WELSHCFO	(i)	129,314	0	8,261	45,977	27,183	210,735	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL P CROMIECOO	(i)	130,173	2,015	5,072	42,764	32,222	212,246	0
	(ii)	0	0	0	0	0	0	0
4 ZANE PETERS GENERAL FOREMAN	(i)	164,571	0	840	24,607	27,549	217,567	0
	(ii)	0	0	0	0	0	0	0
5 RICHARD H JAMES STATEWIDE	(i)	117,876	12,050	10,493	31,360	28,323	200,102	0
	(ii)	0	0	0	0	0	0	0
6 JEFFERY R CROMIE MANAGER OF OFFICE	(i)	124,114	1,512	3,809	26,661	21,425	177,521	0
SERVICE	(ii)	0	0	0	0	0	0	0
7 JACOB MANNING LINE FOREMAN	(i)	127,017	0	457	13,703	30,385	171,562	0
2.12 / 3.12.11.11	(ii)	0	0	0	0	0	0	0
8 KYLE MURPHY LINE FOREMAN	(i)	127,468	0	513	15,081	29,405	172,467	0
	(ii)	0	0	0	0	0	0	0
9 MARY WRIGHT RETIRED DIRECTOR	(i)	0	0	15,751	0	0	15,751	0
NETHER PHACTON	(ii)	0	0	0	0	0	0	0

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

FORM 990, PART II, COLUMN C

Explanation 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 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 MULTI-EMPLOYER PLAN, CASH CONTRIBUTIONS TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS CLAY R FITCH ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 172,413 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2,250 TOTAL REPORTED IN COLUMN C \$ 174,663 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (172.413) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 63.267 EXPENSE TO COOPERATIVE \$ 65,517 WILLIAM R WELSH ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 44,660 EMPLOYER CONTRIBUTION TO 401(K) PLAN 1,317 TOTAL REPORTED IN COLUMN C \$ 45,977 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (44,660) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 36,133 EXPENSE TO COOPERATIVE \$ 37,450 MICHAEL P CROMIE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 41,417 EMPLOYER CONTRIBUTION TO 401(K) PLAN 1,347 TOTAL REPORTED IN COLUMN C \$ 42,764 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (41,417) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 36,322 EXPENSE TO COOPERATIVE \$ 37,669 ZANE PETERS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 23,500 EMPLOYER CONTRIBUTION TO 401(K) PLAN 1,107 TOTAL REPORTED IN COLUMN C \$ 24,607 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (23,500) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 30,100 EXPENSE TO COOPERATIVE \$ 31,207 RICHARD JAMES ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 30,145 EMPLOYER CONTRIBUTION TO 401(K) PLAN 1,215 TOTAL REPORTED IN COLUMN C \$ 31,360 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (30,145) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 32,760 EXPENSE TO COOPERATIVE \$ 33,975 JEFF CROMIE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 25,660 EMPLOYER CONTRIBUTION TO 401(K) PLAN 1,001 TOTAL REPORTED IN COLUMN C \$ 26,661 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (25,660) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 24,890 EXPENSE TO COOPERATIVE \$ 25,891 JACOB MANNING ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 12,708 EMPLOYER CONTRIBUTION TO 401(K) PLAN 995 TOTAL REPORTED IN COLUMN C \$ 13,703 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (12,708) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 24,871 EXPENSE TO COOPERATIVE \$ 25,866 KYLE MURPHY ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 14,075 EMPLOYER CONTRIBUTION TO 401(K) PLAN 1,006 TOTAL REPORTED IN COLUMN C \$ 15,081 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (14,075) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 27,362 EXPENSE TO COOPERATIVE \$ 28,368 Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 88-0086059

Name: WELLS RURAL ELECTRIC COMPANY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1CLAY R FITCHCEO	(1)	220,556	0	27,425	174,663	27,854	450,498	0
	(11)	0	0	0	0	. 0	0	0
1WILLIAM R WELSHCFO	(1)	129,314	0	8,261	45,977	27,183	210,735	0
	(11)	0	0	0	0		_ _ 0	0
2MICHAEL P CROMIECOO	(1)	130,173	2,015	5,072	42,764	32,222	212,246	0
	(11)	0	0	0	0	. 0	_ _ 0	0
3ZANE PETERS GENERAL FOREMAN	(1)	164,571	0	840	24,607	27,549	217,567	0
	(11)	0	0	0	0	. 0		0
4RICHARD H JAMES STATEWIDE	(1)	117,876	12,050	10,493	31,360	28,323	200,102	0
	(11)	0	0	0	0	0		0
5 JEFFERY R CROMIE MANAGER OF OFFICE	(1)	124,114	1,512	3,809	26,661	21,425	177,521	0
SERVICE	(11)	0	0	0	0	- 0	 0	0
6 JACOB MANNING LINE FOREMAN	(1)	127,017	0	457	13,703	30,385	171,562	0
	(11)	0	0	0	0	- 0	_ 0	0
7KYLE MURPHY LINE FOREMAN	(1)	127,468	0	513	15,081	29,405	172,467	0
	(11)	0	0	0	0	. 0		0
8MARY WRIGHT RETIRED DIRECTOR	(1)	0	0	15,751	0	0	15,751	0
	(11)	0	0	0	0	. 0	0	0

Name of the organization WELLS RURAL ELECTRIC COMPANY Employer identification num 88-0086059	6 Public
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 26, or if the organization and or From 100, part IV, line 38a, or Form 990, Part IV, line 38a, or Form 990, Part IV, line 26, or if the organization and or From 990, Part IV, line 38a, or Form 990, Part IV, line 26, or if the organization and or Form 990, Part IV, line 38a, or Form 990, Part IV, line 26, or if the organization and or Part IV, line 38a, or Form 990, Part IV, line 26, or if the organization and or Form 990, Part IV, line 38a, or Form 990, Part IV, line 26, or if the organization and or Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) Purpose (d) Loan to or from the (e)Original (f)Balance (g) In (h) (i)William (ii) William (ii) William (ii) William (iii) Willi	Public ion
Name of the organization WELLS RURAL ELECTRIC COMPANY Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) Purpose (d) Loan to or from the (e)Original (f)Balance (g) In (h) (i)Williams (ii) Williams (iii) Part III (iii) Williams (iiii) Part III (iiii) Part III (iiii) Part III (iiiii) Part III (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Coyes Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	
4958	rrected?
4958	
4958	
(a) Name of (b) Relationship (c) Purpose (d) Loan to or from the (e)Original (f)Balance (g) In (h) (i)Wi	ation
amount board or committee?	ntten ment?
To From Yes No Yes No Yes	No
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.	
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	sistance

Page 2

No

Nο

Yes

Schedule L (Form 990 or 990-EZ) 2016

FAMILY RELATIONSHIP 81,463 LAYLA WALZ RECEIVED COMPENSATION AS AN EMPLOYEE

OF THE COOPERATIVE SHE AND THE COOPERATIVE'S CFO. WILLIAM WELSH, ARE FAMILY MEMBERS PER THE 990 DEFINITION OF FAMILY MEMBERS 61.832 SPENCER EGBERT RECEIVED FAMILY RELATIONSHIP COMPENSATION AS AN EMPLOYEE OF THE COOPERATIVE HE AND THE BOARD PRESIDENT, SCOTT EGBERT. ARE FAMILY MEMBERS PER THE 990 DEFINITION OF FAMILY MEMBERS

(2) SPENCER EGBERT Nο

Explanation

Supplemental Information

(1) LAYLA WALZ

efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -		DLN	N: 93493282008197
SCHEDIII	ΕΩ	Sunnlement	al Informatic	on to Form 990 or	990-F7	OMB No 1545-0047
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Department of the Treasury Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.				2016 Open to Public Inspection		
Internal Revenue Se Name of the org WELLS RURAL ELE		ANY			Employer iden	ntification number
990 Schedul	e O, Sup	plemental Informatio	n			
Return Reference				Explanation		
FORM 990, PART VI,	THE COO BASIS	OPERATIVE WAS FORME	D BY THE MEMBERS	S TO PROVIDE ELECTRIC SER	RVICE AT COST	ON A COOPERATIVE

LINE 6

Return Explanation

990 Schedule O, Supplemental Information

LINE 7A

FORM 990, PART VI, SECTION A,

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQU
PART VI,	DATION OF THE COOPERATIVE, 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORG
SECTION A,	ANIZATION, 3 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS, 4 AMENDMENT
LINE 7R	TO THE ARTICLES OF INCORPORATION, AND 5. AMENDMENT TO THE RYLAWS

Return Explanation
Reference

990 Schedule O, Supplemental Information

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 PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROV
PART VI, AL PRIOR TO FILING THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATE
SECTION B, LY BEFORE FILING THE FORM 990
LINE 11B

Return Explanation

ED ON AN ANNUAL BASIS

FORM 990, THE BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO REVIEW AND BE FAMILIAR WITH THE POLICI PART VI, ES OUTLINED IN THE COOPERATIVE'S CONFLICT OF INTEREST POLICY THE BOARD OF DIRECTORS AND O SECTION B, FFICERS ARE REQUIRED TO DISCLOSE ANY ACTION OR SITUATION THAT MIGHT VIOLATE THE POLICY TO THE FULL BOARD OF DIRECTORS AS SOON AS POSSIBLE THE CONFLICT OF INTEREST POLICY IS REVIEW

SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT NEVADA AND THE NORTHWEST

Return

Reference

11010101100	
FORM 990,	THE BOARD OF DIRECTORS USE A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE
PART VI,	GENERAL MANAGER THE SURVEY SHOWS COMPARATIVE SALARIES FOR GENERAL MANAGERS FROM COOPERATI
SECTION B,	VES LOCATED IN NEVADA AND THE NORTHWEST THE GENERAL MANAGER USES A COMPENSATION SURVEY WH
LINE 15	EN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S OTHER OFFICERS. THE SURVEY INCLUDES

Explanation

Return Explanation
Reference

FORM 990,	THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS, CONFLICT
PART VI,	OF INTEREST POLICY, OR GOVERNING DOCUMENTS TO ANY MEMBER WHO REQUESTS A COPY AUDITED FIN
SECTION C,	ANCIAL STATEMENTS ARE ALSO PUBLISHED IN THE RURALITE MAGAZINE ANNUALLY ADDITIONALLY, POLI
LINE 19	CIES AND BY-LAWS OF THE COOPERATIVE ARE ALSO AVAILABLE ON THE COOPERATIVE'S WEBSITE

Return Reference	Explanation
FORM 990, PART VII, COLUMN F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE EMPLOYER CO NTRIBUTIONS TO THE PLAN ARE MADE PURSUANT TO THE PLAN DOCUMENT ADDITIONALLY, THE COOPERAT IVE 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 A RE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYE ES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEAL TH, DENTAL, VISION AND LIFE INSURANCE TO ALL ELIGIBLE EMPLOYEES THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICERS AND HIGHLY COMPENSATED EMPLO YEES IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN, THE TOTAL AMOUNT CONTRIBUTED BY THE COOPERATIVE TO THE DEFINED CONTRIBUTION PLAN AND INSURANCE PAID ON BEHA LF OF AND FOR THEIR BENEFIT IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLA N THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED

Return Explanation
Reference

FORM 990,	PATRONAGE DIVIDENDS RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PUR
PART VIII,	CHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIAT
LINE 2	ED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONE
	NT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	ALTHOUGH THE COMPANY IS NO LONGER A RURAL UTILITIES SERVICE(RUS) BORROWER, ITS ACCOUNTING
PART IX	RECORDS ARE MAINTAINED IN ACCORDANCE WITH THE RUS UNIFORM SYSTEM OF ACCOUNTS AS PRESCRIBED
	FOR RUS ELECTRIC BORROWERS THE UNIFORM SYSTEM OF ACCOUNTING DOES NOT RECORD EXPENSES IN
	THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE SEPARATEL
	Y REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN AC
	CORDANCE 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, LINES 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE AC COUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON ES 5-7 TO THE TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$4,118,727 LESS DIRECTO RS FEES REPORTED ON 1099-MISC (310,079) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (350,663) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGIN 33,472 PLUS SALARIES AN D WAGES CAPITALIZED DIRECTLY TO PLANT 578,241 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING & OTHER ACCOUNTS 113,942 TOTAL WAGES ACCRUED AND/OR PAID \$4,1 83,640

LIN

Return Explanation
Reference

FORM 990, ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING OFFICE SUPPLIES AND EXPENANT IX, NSE \$206,757 DUES AND MEMBERSHIPS 170,451 OUTSIDE SERVICES EMPLOYED 124,448 REGULATORY COM MISSION EXPENSE 37,130 INSURANCE 9,404 MAINTENANCE OF GENERAL PLANT 693,454 TOTAL ADMINIST RATIVE AND GENERAL EXPENSE PER 990 \$1,241,644

Return Explanation

Reference

Reference	
FORM 990,	OTHER EXPENSES ARE COMPRISED OF THE FOLLOWING TRANSMISSION \$ 47,436 ELECTRICAL WIRING & I
PART IX,	NSTALLATION EXPENSE 117,830 TAXES 7,820 OTHER DEDUCTIONS 17,238 TOTAL OTHER EXPENSES PER F
LINE 24E	ORM 990 LINE 24E \$ 190,324

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 OOPERATIVE 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 SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE 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 NOT AN EXPENSE FOR FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, HOWEVER

Return Explanation

FORM 990,	ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT
PART IX,	ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE
LINE 1	COMMUNITIES IN WHICH OUR MEMBERS RESIDE EACH GRANT, SCHOLARSHIP AND/OR DONATION MADE DURI
	NG THE YEAR WAS BELOW THE REPORTING THRESHOLD OF SCHEDULE I. PART II

Return Explanation

Reference	
FORM 990, PART XI,	DONATED CAPITAL REDEEMED - NET -63,084 PATRONAGE CAPITAL RETIRED -302,622 PATRONAGE CAPITAL ASSIGNABLE 491,219

LINE 9

Return Explanation Reference

FORM 990. THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEFING THE FINANCIAL STATEMENT AUDIT AND SELEC. TING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR PROCEDURAL CHANGES DID NOT OCCUR DURING

PART XII. LINE 2C THE YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493282008197 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** WELLS RURAL ELECTRIC COMPANY 88-0086059 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the orgai	nization answered "	Yes" on Form 990,	Part IV, line 34 be	cause it had one or r	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor ent	512(b)
						Yes	No
(1)NEXT DOLLAR CHARITABLE FOUNDATION PO BOX 365 WELLS, NV 89835	TO PROVIDE CHARITABLE GRANTS IN THE COOPERATIVE'S AREA	NV	501(C)(3)	LINE 7	WELLS RURAL ELECTRIC COMPANY	Yes	
88-0336170							
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 50135	Ϋ́		Schedule R (Form	990) 20)16

4.3		1 // // //	1 , 1	4.15	1 4	1 40	1 .			1 ()	1 4	., 1	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	i) ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											\vdash		
		1	1		1		1		1				
Identification of Related Organizat because it had one or more related org						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV	, line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year assets	(1	1) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	control
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a) Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity Typ (C co	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?

(1)NEXT DOLLAR CHARITABLE FOUNDATION

(2)NEXT DOLLAR CHARITABLE FOUNDATION

chedule R (Form 990) 2016						
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, 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		Yes	No			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	. 1a		No			
b Gift, grant, or capital contribution to related organization(s)	1b	1	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)	1e		No			
f Dividends from related organization(s)	1f		No			
g Sale of assets to related organization(s)	1 g		No			
h Purchase of assets from related organization(s)	1h	1	No			
i Exchange of assets with related organization(s)	1i	1	No			
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	1	No			
k Lease of facilities, equipment, or other assets from related organization(s)	1k	;	No			
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No			
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	a T	No			
	 	. V				

f	Dividends from related organization(s)	1f		No		
g	Sale of assets to related organization(s)	1g		No		
h	Purchase of assets from related organization(s)	1h		No		
i	Exchange of assets with related organization(s)	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)						
О	Sharing of paid employees with related organization(s)	10	Yes			
р	Reimbursement paid to related organization(s) for expenses	1 p		No		
		$\overline{}$				

g Sale of assets to related organization(s)	19		140
h Purchase of assets from related organization(s)	1h		No
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)	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	
p Reimbursement paid to related organization(s) for expenses	1р		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

(a) Name of related organization

(b) Transaction type (a-s)

Ν

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(c) Amount involved

(d) Method of determining amount involved

Schedule R (Form 990) 2016

N/A - LESS THAN \$50,000

N/A - LESS THAN \$50,000

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

	1 !		1			1											
(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(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?		(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					
													_				
Schedule R (Form 990) 2016												0) 2016					

