





Form 990  Department of the Treasury Internal Revenue Service	<h1>Return of Organization Exempt From Income Tax</h1> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <ul style="list-style-type: none"> ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 	OMB No 1545-0047 <div>2015</div> <div>Open to Public Inspection</div>
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015									
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization CONNEXUS ENERGY					D Employer identification number 41-0128105		
		Doing business as					E Telephone number (763) 323-2600		
		Number and street (or P O box if mail is not delivered to street address) 14601 RAMSEY BOULEVARD			Room/suite				
		City or town, state or province, country, and ZIP or foreign postal code RAMSEY, MN 55303					G Gross receipts \$ 257,671,853		
		F Name and address of principal officer GREG RIDDERBUSCH 14601 RAMSEY BOULEVARD RAMSEY, MN 55303							
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (12) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶							
J Website: ▶ WWW.CONNEXUSENERGY.COM									
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						L Year of formation 1937		M State of legal domicile MN	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDING UTILITY SERVICES TO MEMBERS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	288
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,670,953	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 0	Current Year 0
	9 Program service revenue (Part VIII, line 2g)	268,873,976	256,811,952
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	712,468	418,131
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	494,791	363,626
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	270,081,235	257,593,709
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	505,697	489,718
	14 Benefits paid to or for members (Part IX, column (A), line 4)	17,660,259	8,456,018
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,558,523	23,907,191
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	227,356,756	224,740,782
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	270,081,235	257,593,709
19 Revenue less expenses Subtract line 18 from line 12	0	0	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	370,231,736	371,645,339
	21 Total liabilities (Part X, line 26)	201,150,734	200,453,708
	22 Net assets or fund balances Subtract line 21 from line 20	169,081,002	171,191,631

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

Sign Here	***** Signature of officer			2016-09-01 Date	
	MICHAEL BASH VICE PRESIDENT / CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LAURIE HANSON		Preparer's signature LAURIE HANSON		Date 2016-09-01
	Check <input type="checkbox"/> if self-employed		PTIN P00851848		
	Firm's name  EIDE BAILLY LLP			Firm's EIN  45-0250958	
	Firm's address  200 EAST 10TH ST PO BOX 5125 SIOUX FALLS, SD 571175125			Phone no (605) 339-1999	

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

CONNEXUS ENERGY IS A LOCAL ELECTRIC COOPERATIVE PROVIDING HIGH QUALITY, COST COMPETITIVE, AND RELIABLE SERVICE THAT CONSISTENTLY DEMONSTRATES THE VALUE OF MEMBER OWNERSHIP

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

CONNEXUS ENERGY PROVIDED UTILITY SERVICES TO APPROXIMATELY 130,000 MEMBERS IN SEVEN COUNTIES IN THE NORTH SUBURBAN AREA OF MINNEAPOLIS AND ST PAUL, MN

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d














Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 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? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	Yes
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	193	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	288	
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
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a 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	
c 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.		7d	
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	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	253,985,881
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	3,715,694
12a 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.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		No
b		
11a	Yes	
b		
12a	Yes	
b	Yes	
c	Yes	
13	Yes	
14	Yes	
15		
a	Yes	
b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Yes	
b		
16b		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
NANCY BASARA 14601 RAMSEY BOULEVARD RAMSEY, MN 55303 (763) 323-2731

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER WOJCIECHOWSKI CHAIR	22 00	X		X				51,534	0	0
(2) MARK ETHEN VICE CHAIR	15 00	X		X				46,581	0	0
(3) FRAN BATOR SECRETARY/TREASURER	16 00	X		X				46,821	0	0
(4) GORDON WESTERLIND ASST. SECRETARY/TREASURER	15 00	X		X				22,581	0	24,000
(5) KEN FIERECK DIRECTOR	16 00	X						32,581	0	14,000
(6) MICHAEL KERR DIRECTOR	12 00	X						46,581	0	0
(7) DONALD HOLL DIRECTOR	16 00	X						46,581	0	0
(8) MICHAEL CADY DIRECTOR	12 00	X						46,581	0	0
(9) GREG RIDDERBUSCH PRESIDENT/CEO EFFECTIVE 10/01/15	40 00			X				86,813	0	3,178
(10) MIKE RAJALA PRESIDENT/CEO UNTIL 10/01/15	50 00			X				479,496	0	41,772
(11) MICHAEL BASH VP, CFO	40 00			X				355,385	0	102,088
(12) MATT YSETH VP, ELECTRIC OPERATIONS	45 00			X				267,560	0	71,270
(13) JOHN GASAL VP, POWER SUPPLY UNTIL 05/22/15	40 00			X				145,185	0	41,729
(14) PETER MILLER VP, HUMAN RESOURCES	50 00			X				255,359	0	63,138

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DON HALLER VP, MEMBER AND COMMUNITY	45 00			X				211,121	0	52,682
(16) GREG GROENJES MGR , CONSTRUCTION & MAINT	45 00					X		144,365	0	33,047
(17) NANCY BASARA CONTROLLER	45 00					X		178,689	0	48,570
(18) MARK KOPLIN MGR - INFORMATION TECHNOLOGIES	45 00					X		179,151	0	37,327
(19) NICK LOEHLEIN MANAGER - SYS ENGINEERING	45 00					X		168,100	0	45,319
(20) LEON RICHTER LINEMAN	52 00					X		142,139	0	44,274
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,953,204	0	622,394	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 71

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
ASPLUNDH 708 BLAIR MILL ROAD WILLOW GROVE, PA 190901784	TREE TRIMMING SERVICES	1,874,578
RP SCHROEDER CONSTRUCTION 18329 263RD AVE BIG LAKE, MN 55309	CONSTRUCTION SERVICES	1,649,389
CARR'S TREE SERVICE INC PO BOX 250 OTTERTAIL, MN 56571	TREE TRIMMING SERVICES	815,459
WRIGHT TREE SERVICE PO BOX 1718 DES MOINES, IA 50306	TREE TRIMMING SERVICES	772,557
CENTRAL APPLICATORS PO BOX 279 FOLEY, MN 56329	TRIMMING SERVICES/VEGETATION MANAGEMENT	465,045
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 20		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	SALE OF ELECTRICITY	221000	251,138,938	251,088,979	49,959	
	b	GEN & TRANS CAP CREDIT	221000	3,135,503	3,135,503		
	c	UTILITY/RETAIL/FLEET	221000	1,594,347	429	1,593,918	
	d	OTHER	221000	943,164	915,925	27,239	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		256,811,952			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		355,158			355,158
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
			339,344				
			0				
			339,344				
	d	Net rental income or (loss)		339,344			339,344
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				141,117			
				78,144			
				62,973			
	d	Net gain or (loss)		62,973			62,973
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses		b			
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19		a			
	b	Less direct expenses		b			
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances	a				
			b				
			c				
11a	EQUITY EARNINGS - FEDE		900099	24,282	24,445	-163	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			24,282			
12	Total revenue. See Instructions			257,593,709	255,165,281	1,670,953	757,475

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	489,718			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	8,456,018			
5 Compensation of current officers, directors, trustees, and key employees	2,347,899			
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	15,771,234			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,749,348			
9 Other employee benefits	2,714,170			
10 Payroll taxes	1,324,540			
11 Fees for services (non-employees)				
a Management				
b Legal	303,085			
c Accounting	72,785			
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)	1,032,218			
12 Advertising and promotion	322,222			
13 Office expenses	1,420,855			
14 Information technology	1,622,242			
15 Royalties				
16 Occupancy	1,398,151			
17 Travel	272,823			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,186			
20 Interest	5,772,907			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,869,531			
23 Insurance	436,113			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COST OF POWER	189,901,838			
b ELECTRIC OPERATIONS	4,648,595			
c PROP & REAL ESTATE TAX	3,533,996			
d FLEET/VEHICLE EXPENSES	1,076,519			
e All other expenses	1,011,716			
25 Total functional expenses. Add lines 1 through 24e	257,593,709			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			6,189	1	9,472
	2	Savings and temporary cash investments			4,001	2	8,041
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			28,211,523	4	25,688,436
	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	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			3,797,476	8	3,489,104
	9	Prepaid expenses and deferred charges			753,404	9	703,026
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	328,313,255			
	b	Less: accumulated depreciation	10b	132,945,570	195,098,645	10c	195,367,685
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11.			9,426,595	12	9,345,997
	13	Investments—program-related. See Part IV, line 11.			120,836,702	13	124,352,674
Liabilities	14	Intangible assets			941	14	941
	15	Other assets. See Part IV, line 11.			12,096,260	15	12,679,963
	16	Total assets. Add lines 1 through 15 (must equal line 34).			370,231,736	16	371,645,339
	17	Accounts payable and accrued expenses			17,692,103	17	16,582,858
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.				22	
	23	Secured mortgages and notes payable to unrelated third parties			129,784,051	23	142,173,077
Net Assets or Fund Balances	24	Unsecured notes and loans payable to unrelated third parties			14,574,000	24	5,769,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.			39,100,580	25	35,928,773
	26	Total liabilities. Add lines 17 through 25.			201,150,734	26	200,453,708
		Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			169,081,002	32	171,191,631
	33	Total net assets or fund balances			169,081,002	33	171,191,631
	34	Total liabilities and net assets/fund balances			370,231,736	34	371,645,339

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	257,593,709
2	Total expenses (must equal Part IX, column (A), line 25)	2	257,593,709
3	Revenue less expenses Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	169,081,002
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,110,629
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	171,191,631

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b 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	3b	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CONNEXUS ENERGY

Employer identification number
41-0128105

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	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 ► _____

4

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?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8

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)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		2,128,253		2,128,253
b Buildings		14,306,202	5,904,977	8,401,225
c Leasehold improvements				
d Equipment		308,926,439	127,040,593	181,885,846
e Other		2,952,361		2,952,361
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				195,367,685

Schedule D (Form 990) 2015

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	257,593,709
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	257,593,709
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	257,593,709

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	249,137,691
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	249,137,691
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	8,456,018	
c	Add lines 4a and 4b		4c	8,456,018
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	257,593,709

Part XIII Supplemental Information
--

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.

Return Reference	Explanation
PART X, LINE 2	THE COOPERATIVE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(12) OF THE INTERNAL REVENUE CODE. THE COOPERATIVE IS SUBJECT TO INCOME TAX ON ITS UNRELATED BUSINESS INCOME. THE COOPERATIVE EVALUATES ITS INCOME TAX POSITIONS ON AN ANNUAL BASIS. MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2015 AND 2014 THAT MEET THE CRITERIA FOR RECOGNITION IN THE FINANCIAL STATEMENTS. THE COOPERATIVE WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED. GENERALLY, THE COOPERATIVE IS NO LONGER SUBJECT TO FEDERAL OR STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012.
PART XII, LINE 4B - OTHER ADJUSTMENTS	ALLOCATION OF 2015 MARGINS TO MEMBERS IN 2016 8,456,018

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CONNEXUS ENERGY

Employer identification number
41-0128105

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

15

3

Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
PART I, LINE 2	THE TOTAL AMOUNT OF CONTRIBUTIONS PLANNED FOR A YEAR IS APPROVED BY THE BOARD AS A PART OF OUR ANNUAL PROFIT PLANNING PROCESS INDIVIDUAL CONTRIBUTIONS ARE APPROVED AND SUBSTANTIATED USING OUR NORMAL PAYMENT APPROVAL PROCESS

Additional Data

Software ID:
Software Version:
EIN: 41-0128105
Name: CONNEXUS ENERGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANOKA COUNTY 550 BUNKER LAKE BLVD NW ANDOVER,MN 55303	41-6005752	GOVENMENTAL	25,000				WARGO NATURE CENTER SPONSOR
ISD 728 900 SCHOOL STREET ELK RIVER,ME 55330	41-6003818	GOVENMENTAL	5,000				SCHOLARSHIPS
ANOKA TECHNICAL COLLEGE FOUNDATION 1355 WEST HWY 10 ANOKA,MN 55303	41-6008267	501(C)(3)	87,500				DONATION TO FOUNDATION - GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INITIATIVE FOUNDATION 405 FIRST ST SE LITTLE FALLS,MN 56345	36-3451562	501(C)(3)	10,000				DONATION TO FOUNDATION - GENERAL
MERCYUNITY HOSPITAL FOUNDATION 550 OSBORNE RD FRIDLEY,MN 55432	36-3261413	501(C)(3)	34,660				DONATION TO FOUNDATION - HEALTHY STUDENT PROGRAM AND GENERAL
GREATER TWIN CITIES UNITED WAY 404 S 8TH STREET MINNEAPOLIS,MN 55404	41-1973442	501(C)(3)	21,039				MATCH EMPLOYEE CONTRIBUTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL SPORTS CENTER 1700 105TH AVENUE NE BLAINE,MN 55449	41-1646516	501(C)(3)		85,000	OTHER	IN-KIND ELECTRICITY	GENERAL DONATION
ANOKA COUNTY DEPARTMENT OF PARKS AND RECREATION 550 BUNKER LAKE BLVD ANDOVER,MN 55304	41-6005752	GOVENMENTAL	20,000				WILD LIFE OUTREACH - HERITAGE LAB
ALEXANDRA HOUSE PO BOX 49030 BLAINE,MN 55449	41-1309977	501(C)(3)	20,000				GENERAL DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANOKA RAMSEY COMMUNITY COLLEGE FOUNDATION 11200 MISSISSIPPI BLVD COON RAPIDS,MN 55433	41-1574797	501(C)(3)	12,850				SCHOLARSHIP
AMERICAN RED CROSS 1201 W RIVERY PKWY MINNEAPOLIS,MN 55454	03-0585610	501(C)(3)	10,000				GENERAL DONATION
ANOKA COUNTY CHILD ABUSE PREVENTION COUNCIL 2100 3RD AVE ANOKA,MN 55304	41-6048575	GOVENMENTAL	5,000				DONATION TO FOUNDATION - GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY HEATSHARE 2445 PRIOR AVE ROSEVILLE,MN 55113	41-0698597	501(C)(3)	30,000				GENERAL DONATION
TREE TRUST 2231 EDGEWOOD AVE S ST LOUIS PARK,MN 55426	41-1291626	501(C)(3)	10,000				GENERAL DONATION
HOPE 4 YOUTH 2665 4TH AVE N 40 ANOKA,MN 55303	46-1626500	501(C)(3)	25,675				GENERAL DONATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CONNEXUS ENERGY

Employer identification number
41-0128105

Part I

Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC 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
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part IIISupplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	OUR POLICY IS TO GROSS UP ALL RECOGNITION PAYMENTS \$50 AND LESS. THIS APPLIES TO ALL EMPLOYEES, INCLUDING EXECUTIVES.
PART I, LINE 4B	THE FOLLOWING OFFICERS PARTICIPATED IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN: MICHAEL BASH, JOHN GASAL. NO DISBURSEMENTS WERE MADE FROM THE PLAN IN 2015. THE DEFERRED COMPENSATION PLAN BALANCES ARE PAYABLE ON DEMAND, IN FULL, BUT THE BALANCES ARE SUBJECT TO RISK OF FORFEITURE UNTIL FULLY DISTRIBUTED.
SCHEDULE J, PART II, COLUMN C	AS REQUIRED BY THE INSTRUCTIONS TO SCHEDULE J, PART II, COLUMN C INCLUDES THE CHANGE IN ACTUARIAL VALUE IN THE DEFINED BENEFIT PLAN. THESE AMOUNTS CAN VARY DEPENDING ON YEARS OF SERVICE AND ELIGIBLE COMPENSATION. THE CHANGE IN ACTUARIAL VALUES ARE: MIKE RAJALA - \$19,216; MICHAEL BASH - \$68,088; MATT YSETH - \$37,031; PETER MILLER - \$31,874; DON HALLER - \$26,780; JOHN GASAL - \$27,912; GREG GROENJES - DOES NOT PARTICIPATE; NANCY BASARA - \$18,951; MARK KOPLIN - DOES NOT PARTICIPATE; NICK LOEHLEIN - \$14,592; LEON RICHTER - \$15,778.

Additional Data

Software ID:
Software Version:
EIN: 41-0128105
Name: CONNEXUS ENERGY

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MIKE RAJALA PRESIDENT/CEO UNTIL 10/01/15	(i)	322,065	93,719	63,712	29,816	12,894	522,206	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
1MICHAEL BASHVP,CFO	(i)	292,337	51,054	11,994	78,688	24,225	458,298	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2MATT YSETH VP, ELECTRIC OPERATIONS	(i)	225,263	39,476	2,821	47,631	24,274	339,465	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
3JOHN GASAL VP, POWER SUPPLY UNTIL 05/22/15	(i)	92,354	39,181	13,650	33,761	8,224	187,170	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
4PETER MILLER VP, HUMAN RESOURCES	(i)	216,485	38,036	838	42,293	21,660	319,312	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
5DON HALLER VP, MEMBER AND COMMUNITY	(i)	179,439	31,600	82	35,233	17,982	264,336	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
6GREG GROENJES MGR , CONSTRUCTION & MAINT	(i)	130,600	13,226	539	14,409	19,011	177,785	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
7NANCY BASARA CONTROLLER	(i)	162,594	15,301	794	26,272	22,764	227,725	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
8MARK KOPLIN MGR - INFORMATION TECHNOLOGIES	(i)	161,695	16,918	538	18,070	19,712	216,933	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9NICK LOEHLEIN MANAGER - SYS ENGINEERING	(i)	127,036	34,100	6,964	21,311	24,381	213,792	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
10LEON RICHTERLINEMAN	(i)	134,508	7,242	389	21,093	23,427	186,659	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization CONNEXUS ENERGY	Employer identification number 41-0128105
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DON HOLL AND FRAN BATOR HAD A BUSINESS RELATIONSHIP AS THEY BOTH REPRESENTED CONNEXUS ENERGY ON THE GREAT RIVER ENERGY BOARD GREAT RIVER ENERGY IS OUR POWER SUPPLIER AND CONNEXUS ENERGY, AS ONE OF ITS MEMBERS, OWNS APPROXIMATELY 20% OF GRE
FORM 990, PART VI, SECTION A, LINE 6	CUSTOMERS WHO PURCHASE ELECTRICITY FROM THE ORGANIZATION ARE MEMBERS OF THE COOPERATIVE THERE IS ONLY ONE MEMBER CLASS
FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER HAS ONE VOTE
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS MAY SELL THE PROPERTY OF THE COOPERATIVE UPON SUCH TERMS AND CONDITIONS AS IT DEEMS APPROPRIATE AND IN THE BEST INTEREST OF THE COOPERATIVE NO SALE OF MORE THAN TWENTY-FIVE (25%) PERCENT OF THE PROPERTY OF THE COOPERATIVE SHALL BE EFFECTIVE, HOWEVER, UNLESS AUTHORIZED AT A REGULAR OR SPECIAL MEETING BY THE AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE TOTAL NUMBER OF MEMBERS OF THE COOPERATIVE
FORM 990, PART VI, SECTION A, LINE 8B	NO COMMITTEES ARE AUTHORIZED TO ACT ON BEHALF OF THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	THE 990 INFORMATION RETURN IS DELIVERED TO BOARD MEMBERS A WEEK BEFORE THE BOARD MEETING IT IS REVIEWED WITH THE ENTIRE BOARD OF DIRECTORS AND SENIOR STAFF AT THE BOARD MEETING, PRIOR TO ISSUANCE
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS ARE COVERED BY THE CONFLICT OF INTEREST POLICY ANNUALLY, BOARD MEMBERS SIGN A CERTIFICATION STATEMENT THAT THEY MEET THE QUALIFICATIONS OF A BOARD MEMBER THIS CERTIFICATION INCLUDES CONFLICT OF INTEREST LANGUAGE IF A BOARD MEMBER STATES ON THE CERTIFICATION THAT THERE IS A CONFLICT, THE ENTIRE BOARD WILL REVIEW THE CONFLICT AT THAT TIME RESTRICTIONS IMPOSED ON A PERSON WITH A CONFLICT WOULD BE DEPENDENT UPON THE SPECIFIC SITUATION, AND MAY INCLUDE ABSTAINING FROM DISCUSSIONS AND VOTING AND/OR A REQUEST FOR RESIGNATION
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS BASED ON MARKET DATA FOR SIMILAR POSITIONS AT COMPARABLE COMPANIES A MARKET STUDY WAS COMPLETED IN 2014 FOR THE CEO AND FOR OTHER COOPERATIVE OFFICERS THE BOARD REVIEWED AND APPROVES THE COMPENSATION FOR THE CEO ANNUALLY
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS FOR THE PREVIOUS 5 YEARS ARE AVAILABLE ON OUR WEBSITE ALL OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
FORM 990, PART VII, COLUMN F, OTHER COMPENSATION	INCLUDED IN OTHER COMPENSATION IS THE ESTIMATED CURRENT YEAR INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR THE EMPLOYEES OF THE COOPERATIVE WHO ARE COVERED BY THE PENSION PLAN
FORM 990, PART IX, LINE 4, BENEFITS PAID TO OR FOR MEMBERS	THE COOPERATIVE HAS INTERPRETED THE INSTRUCTIONS TO PART IX, LINE 4, TO MEAN PATRONAGE CAPITAL ALLOCATED FOR THE YEAR, RATHER THAN PATRONAGE CAPITAL RETIRED THIS IS CONSISTENT WITH THE BY-LAWS OF THE COOPERATIVE
FORM 990, PART XI, LINE 9	ALLOCATION OF 2015 MARGINS TO MEMBERS IN 2016 8,456,018 CAPITAL CREDIT RETIRED -6,345,389

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CONNEXUS ENERGY

Employer identification number
41-0128105

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

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

(a) 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CONNEXUS COMMUNITY SOLAR 1 LLC 14601 RAMSEY BLVD RAMSEY, MN 55303 35-2505435	SOLAR ENERGY INVESTMENT	MN	N/A									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)CONNEXUS BLOCKER LLC 14601 RAMSEY BLVD RAMSEY, MN 55303 46-5423665	HOLDING COMPANY FOR SOLAR ENERGY INVESTMENTS	MN	CONNEXUS ENERGY	C	-97,174	147,745	100 000 %	Yes	

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

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

No

c Gift, grant, or capital contribution from related organization(s)

1c

No

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

Yes

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)

1l

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

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

r Other transfer of cash or property to related organization(s)

1r

No

s Other transfer of cash or property from related organization(s)

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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