Department of the Treasury Internal Revenue Service

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

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

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

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or t	he 2015 d	alendar year, or tax year beginnir	ng 01-01-2015 , and ending 12-31-2	015				
		f applicable change	C Name of organization EAST KENTUCKY POWER COOPERAT	TIVE INC			-	tification number	
		hange	Doing business as				461919		
	ıtıal re		Doing business as						
FII	nal		Number and street (or P O box if m	nail is not delivered to street address) Room/	suite	E Teleph	one numl	per	
re	turn/t	erminated				(859	744-4	812	
_		ed return ion pendin	City or town, state or province, cour Winchester, KY 403920707	ntry, and ZIP or foreign postal code		<b>G</b> Gross	receipts \$	893,226,396	
7.12	piicac	ion penam	F Name and address of prir	ocupal officer	11/-> *				
			Anthony Campbell	icipal officer		s this a grou <sub>l</sub> ubordinates?		for	
			PO Box 707 Winchester, KY 40392			re all subord	ınates	TYes TNo	
			· · · · · · · · · · · · · · · · · · ·			ncluded? f "No " attacl	n a list	(see instructions)	
<b>r</b> Ta	ax-ex	empt statu	s	(insert no ) 4947(a)(1) or 527	1	Group exemp			
J W	/ebs	ite:► w	ww ekpc com						
<b>K</b> For	m of	organızatıc	on 🔽 Corporation 🗆 Trust 🗀 Associatio	n	<b>L</b> Year	of formation 1	941 <b>M</b>	State of legal domicile KY	
Pa	art I	Sur	nmary						
9 2		East Ker	escribe the organization's missior ntucky Power Cooperative exists t ed services	or most significant activities to serve its member-owned cooperati	ves by safe	ly delivering	reliable	and affordable energy	
₫									
Governance	2	Check	this box দ if the organization dis	scontinued its operations or disposed	of more tha	n 25% of its	netass	ets	
			,						
Activities &				ng body (Part VI, line 1a)			3	16	
į				of the governing body (Part VI, line 1			4	16	
Ş				calendar year 2015 (Part V, line 2a) ecessary)			5 6	781 0	
•	1			art VIII, column (C), line 12			7a	0	
				om Form 990-T, line 34			7b	0	
				· ·		Prior Year		Current Year	
	8	Cont	ributions and grants (Part VIII, li	ne 1h)			0	0	
₽	9	Prog	ram service revenue (Part VIII, li	m service revenue (Part VIII, line 2g)					
Revenue	10		, ,	n (A), lines 3, 4, and 7d)		9,933	,896	9,166,150	
_	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		1,955	,418	-996,372	
	12	1 ota 1 2 )	revenue—add lines 8 through 11	(must equal Part VIII, column (A), I	ine	964,660	,110	893,224,150	
	13	Gran	ts and sımılar amounts paıd (Part	IX, column (A), lines 1-3)			0	0	
	14			X, column (A), line 4)			0	0	
<b>9</b> 2	15	Sala 5-1		ee benefits (Part IX, column (A), lines	5	79,949	,444	82,305,409	
Expenses	16		•	, column (A), line 11e)			0	0	
ੜੇ	Ь	Total	fundraising expenses (Part IX, column (D	), line 25) <b>▶</b> 0					
	17	O the	er expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		819,865	,743	761,629,126	
	18			st equal Part IX, column (A), line 25)		899,815	_	843,934,535	
_ er	19	Reve	nue less expenses Subtract line	18 from line 12		64,844		49,289,615	
Net Assets or Fund Balances					Beginni	ng of Current	Year	End of Year	
34.4	20					3,403,556	,299	3,332,204,369	
38	21					2,921,003	-	2,820,257,319	
	22 71: I			line 21 from line 20	·	482,553	,158	511,947,050	
Jnde ny k	er pe (now	nalties o ledge and		amined this return, including accompanies of preparer (other					
Sigi	n	Sıg	nature of officer			Date			
Her			chael McNalley Chief Financial Officer						
			pe or print name and title						
			Print/Type preparer's name	Preparer's signature	Date	Check I if self-employed	PTIN		
Pai			Firm's name			Firm's EIN 🕨			
	pa		Firm's address 🕨			Phone no			
US	e O	niy							

May the IRS discuss this return with the preparer shown above? (see instructions)

. ┌Yes ┌No

orn	Form 990 (2015)	Page <b>2</b>
Par	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
		e energy and
2		s ☑ No
3	3 Did the organization cease conducting, or make significant changes in how it conducts, any program	s 🔽 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ East Kentucky Power Cooperative exists to serve its member-owned cooperatives by safely delivering reliable and affordable energy and relative exists to serve its member-owned cooperatives by safely delivering reliable and affordable energy and relative exists in the cooperative exists to serve its member-owned cooperatives by safely delivering reliable and affordable energy and relative exists in the cooperative exists to serve its member-owned cooperatives by safely delivering reliable and affordable energy and relative exists in the cooperative exists in the cooperative exists to serve its member-owned cooperatives by safely delivering reliable and affordable energy and relative exists in the cooperative	) ed services
4b	4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c	4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	4d Other program services (Describe in Schedule O ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)
4e		•

art IV	Check	diet d	of Rea	uired	Scher	وعايية
	CHECK	uist	JI REU	uncu	301161	Juici

			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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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
е	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		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		No				
22	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J							
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 complete Schedule K. If "No," go to line 25a	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						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b						
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		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)							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,							
	Part IV	28a		Νo				
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No				
С	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? If "Yes," complete Schedule M	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
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 $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b						
36	<b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete Schedule R, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes					

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Pal	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 240			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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			
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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No
	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? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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).			
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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? $\cdot$ .	<b>7</b> f		
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		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states	134		
	In which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
ь	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 Disclosur	Part VI	Governance.	Management.	and	Disclosur
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Se	ction 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 16			
	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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
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	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
<u> </u>	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			

State the name, address, and telephone number of the person who possesses the organization's books and records Michael A McNalley 4775 Lexington Rd PO Box 707 Winchester, KY 403920707 (859) 744-4812

### 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

- 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)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	more t	tion ( han ( on is	(do r one l both ector	box, an d	heck unless officer stee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
						<u> </u>				Form <b>990</b> (2015)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See	Addıtıonal Data Table										
1b	Sub-Total						<b>▶</b>				
c d	Total (add lines 1b and 1c)				٠.	٠.			4,477,993	0	1,703,580
2	Total number of individuals \$100,000 of reportable con							e) wl	no received more t	nan	

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
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? If "Yes," complete Schedule I for such			
	ındıvıdual	ļ.	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? If "Yes," complete Schedule J for such person 5	; [		Νo

## Section B. Independent Contractors

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
Burns & McDonnell Engineering Co Inc	Engineering Services	4,018,148
PO Box 411883 Kansas City, MO 641411883		
ERP Analysts Inc	Software Upgrade Consulting	2,520,002
425 Mtero Place North Suite 510 Dublin, OH 43017		
Sutherland Asbill & Brennan LLP	Legal	1,607,409
999 Peachtree Street NE Suite 2300 Atlanta, GA 303093996		
Utility Partners of America LLC	Direct Load Control Services	924,369
7600 Pelham Road Greenville, SC 29615		
Goss Samford PLLC	Legal	831,733
Suite B-325 2365 Harrodsburg Road Lexington, KY 40504		

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 ► 41

Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue C	2a b c d e f
	3 4 5 6a b c d
Other Revenue	b d 8a b c 9a
	b c 10a b c
	11a b c d

V	***	Statement o						_
		Check if Schedi	ıle O contains a respo	nse or note to any li	(A)	(B)	(C)	
					Total revenue	Related or	Unrelated	Revenue
						exempt	business	excluded from tax under
						function revenue	revenue	sections
								512-514
:	1a	Federated camp	paigns 1a					
	b	Membership du	es <b>1b</b>					
!	c	Fundraising eve	ents <b>1c</b>					
	_	_						
	d	_	rations 1d					
	e	Government grants	s (contributions) <b>1e</b>					
'	f		ons, gifts, grants, and <b>1f</b>					
!		sımılar amounts no						
	g	Noncash contribution 1a-1f \$	ons included in lines					
	h	Total. Add lines	s 1 a - 1 f		0			
				P C. 4				
	2-	6.1. (51		Business Code				
	2a		- Member Cooperative	221112		836,703,218	0	0
	b	Sale of Electricity -	Other Utilities	221112	31,331,324	31,331,324	0	0
	C	Steam Sales - Men	nber Cooperative	221112	12,035,652	12,035,652	0	0
	d	Transmission Servi	ce Revenue	221112	3,388,578	3,388,578	0	0
	e	Facility Charges		221112	92,383	92,383	0	0
	f	All other progra	ım service revenue		1,503,217	1,503,217	0	0
4	g		s 2a-2f		885,054,372			
	3		ome (including dividen ar amounts)		8,973,941	8,973,941	0	0
	4		tment of tax-exempt bond		0	0	0	0
	5	Royalties		🕨	0	0	0	0
		, 	(ı) Real	(II) Personal				
	6a	Gross rents	0	0				
	b	Less rental expenses	0	0				
	c	Rental income	0	0				
	d	or (loss) Net rental incoi	me or (loss)		0	0	0	0
			(ı) Securities	(II) O ther				
	7a	Gross amount						
		from sales of assets other	0	194,455				
		than inventory						
	b	Less cost or						
		other basis and sales expenses	0	2,246				
	c	Gain or (loss)	0	192,209				
	d	Net gain or (los	s)		192,209	192,209	0	0
	8a	Gross income f		-				
		events (not inc	<del>-</del>					
		\$	0 reported on line 1c)					
		See Part IV, lin						
			a	0				
	b	Less direct ex	penses <b>b</b>	0				
	C	Net income or (	loss) from fundraising	events	0		0	0
	9a		rom gaming activities					
		See Part IV, lin	e 19					
	L	1 2	a 	0				
	b		penses <b>b</b>		0	ol	0	0
	с 10а		(loss) from gaming acti	viries	ا 	°		
	TOG	Gross sales of returns and allo						
			a	0				
	b	Less cost of go	oods sold <b>b</b>	0				
	c	Net income or (	(loss) from sales of inv	entory 🛌	0	0	0	0
		Miscellaneous	s Revenue	Business Code				
	11a	Gaın from Sale	of Allowances	221112	80	80	0	0
	b	Fin Transmission	on Rights (Losses)	221112	-1,262,151	-1,262,151	0	0
			· •					
	C							
	d	All other reven	ue		265,699	265,699	0	0
	е	Total. Add lines	s 11a-11d	🕨	-996,372			
	e 12		S 11a-11d	· · · · •	-996,372 893,224,150	893,224,150	•	0

	990 (2015)				Page <b>10</b>
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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				
5	Compensation of current officers, directors, trustees, and key employees	3,986,042			
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	52,460,165			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	10,670,375			
9	Other employee benefits	10,558,639			
10	Payroll taxes	4,630,188			
11	Fees for services (non-employees)				
а	Management	350,344			
b	Legal	4,224,132			
c	Accounting	224,685			
d	Lobbying	90,611			
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)	8,369,909			
12	Advertising and promotion	5,608,734			
13	Office expenses	16,465,893			
14	Information technology	221,793			
15	Royalties				
16	Occupancy	11,785,931			
17	Travel	3,691,426			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,902			
20	Interest	113,258,537			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	95,603,476			
23	Insurance	1,144,945		<u> </u>	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Fuel (Power Generation)	220,286,290			
b	Purchased Power	147,354,166			
c	Other Power Production/Power Supply Expense	89,149,358			
d	O ther Transmission and Distribution Expenses	26,067,552			
e	All other expenses	17,721,442			
25	Total functional expenses. Add lines 1 through 24e	843,934,535	0	0	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Cash-mon-interest-bearing   Cash-mon-interest   Cash-mon-interest-bearing   Cash-mon-interest-bearing   Cash-mon-interest   Cas	Par	CA	Check if Schedule O contains a response or note to an	y line in this l	Part X			
2 Savings and temporary cesh investments								
3   Pledges and grants receivable, net   3   3   74,324,006		1	Cash-non-interest-bearing			23,069,619	1	27,472,822
4		2	Savings and temporary cash investments			160,000,000	2	30,000,000
truetages, key amployees, and highest compensated employees. Complete Part II of Schedule L.    Coans and other receivables from ourself and former officers, directors, trustees, key amployees, and highest compensated employees. Complete Part II of Schedule L.		3	Pledges and grants receivable, net				3	
trustess, key employees, and highest compensated employees. Complete Part II of Schedule L.    Complete Part II of Schedule L.   S		4	Accounts receivable, net			85,812,047	4	74,324,008
Section 49.58 (19.1), pages in described in section 49.58 (19.18), and in described to the described in section 49.58 (19.18), and in described in section 49.58 (19.18), appears described in section 49.58 (19.18), appears described in section 49.58 (19.18), appears described in section 50.1 (19.18) and contributing ampliayers and sponsoring organizations of section 50.1 (19.18) and contributing ampliayers and sponsoring organizations of section 50.1 (19.18) and contributing ampliayers and sponsoring organizations of section 50.1 (19.18) and contributing ampliayers and sponsoring organizations of section 50.1 (19.18) and contributing ampliayers and sponsoring organizations of section 50.1 (19.18) and contributing ampliayers and sponsoring organizations of section 50.1 (19.18) and contributing ampliayers and deferred charges in 11.2 (19.18) and contributing ampliayers and deferred charges in 11.2 (19.18) and contributing ampliayers and deferred charges in 11.2 (19.18) and contributing ampliayers and deferred charges in 11.2 (19.18) and contributing ampliayers and deferred charges in 11.2 (19.18) and contributing and decreased charges in 11.2 (19.18) and contributing and contri		5	trustees, key employees, and highest compensated e II of					
Section 4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employees and sponsoring organizations of section 501c(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L							5	
8 Inventories for sale or use 121,284,932 8 128,736,100 9 Prepaid expenses and deferred charges 100 161,492,695 9 173,624,778 100 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1.218,018,0899 565,208 11 Investments—publicity traded securities 3.3999,565,208 12 Investments—publicity traded securities 3.4724,508 11 363,334,010 12 Investments—publicity traded securities 3.4724,508 11 188,990,505 12 78,516,251 13 Investments—program-related See Part IV, line 11 188,990,505 12 78,516,251 14 Intangible assets 4.14 15 Other assets See Part IV, line 11 1 5,149,588 15 1,338,423 16 Total assets.Add lines 1 through 15 (must equal line 34) 3,403,566,989 16 3,332,204,389 17 Accounts payable and accrued expenses 68,504,305 17 67,620,800 18 Grants payable 1 69 Carrent of the second liabilities 1 10,344,839 20 9,336,524 19 Deferred revenue 8.19 19 20 Tax-exempt bond liabilities 8.19 19 19 20 Tax-exempt bond liabilities 8.19 19 20 Tax-exempt bond liabilities 8.19 19 20 Tax-exempt bond liabilities 8.19 19 19 19 19 19 19 19 19 19 19 19 19 1	sets	6	section 4958(f)(1)), persons described in section 495 contributing employers and sponsoring organizations voluntary employees' beneficiary organizations (see i	58(c)(3)(B), a of section 50	ınd 1 (c )(9 )		6	
1	AS	7	Notes and loans receivable, net			130,495	7	111,729
10		-	·			· · · · · · · · · · · · · · · · · · ·		
10e		9						
Description		10a	Land, buildings, and equipment cost or other basis			, ,		
11   Investments—publicly traded securities   34,724,508   11   36,334,010     12   Investments—other securities   5ee Part IV   line   11   168,990,505   12   78,516,251     13   Investments—program-related   See Part IV   line   11   13   14     11   Intangible assets   14     15   Other assets   See Part IV   line   11   5,149,588   15   1,338,423     16   Total assets.Add lines   1 through   15 (must equal line   34)   3,403,556,299   16   3,332,204,369     17   Accounts payable and accrued expenses   68,504,365   17   67,620,800     18   Grants payable   18   19   19     19   Deferred revenue   19   19     20   Tax-exempt bond liabilities   10,344,839   20   9,306,524     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 IV of Schedule   22     23   Secured mortgages and notes payable to unrelated third parties   2,637,566,545   23   2,548,621,047     24   Unsecured notes and loans payable to unrelated third parties   2,637,566,545   23   2,548,621,047     25   Other liabilities of included on lines 17-24   Complete Part X of Schedule   D   129,887,392   25   159,709,948     26   Total liabilities not included on lines 17-24   Complete Part X of Schedule   D   129,887,392   25   159,709,948     27   Unrestricted net assets   29   29   29   29   29   29   29   2		Ь			1,218,018,969	2,642,901,910	10c	2,781,546,239
12   Investments—other securities See Part IV, line 11   168,960,505   12   76,516,251     13   Investments—program-related See Part IV, line 11   14     14   Intangible assets   14     15   Other assets See Part IV, line 11   5,149,588   15   1,338,423     16   Total assets.Add lines 1 through 15 (must equal line 34)   3,403,556,299   16   3,332,204,389     17   Accounts payable and accrued expenses   68,504,385   17   67,620,800     18   Grants payable   18     19   Deferred revenue   19     20   Tax-exempt bond liabilities   100,344,839   20   9,306,524     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 IV of Schedule D   22     23   Secured mortgages and notes payable to unrelated third parties   2,637,566,545   23   2,548,621,047     24   Unsecured notes and loans payable to unrelated third parties   75,000,000   24   35,000,000     25   Other liabilities (including federal income tax, payables to related third parties   75,000,000   24   35,000,000     26   Total liabilities of included on lines 17-24   24   29   29,210,003,141   26   2,820,257,319     27   Unrestricted net assets   2,9   29,210,003,141   26   2,820,257,319     28   Temporarily restricted net assets   2,9   2,921,003,141   26   2,820,257,319     29   Permanently restricted net assets   2,9   2,921,003,141   26   2,820,257,319     29   Permanently restricted net assets   2,9   2,921,003,141   26   2,920,257,319     30   Capital stock or trust principal, or current funds   0   30   0   0   0   0   0   0   0		11	·					36,334,010
13						168,990,505	12	78,516,251
14						, ,		· · ·
15		14					14	
16   Total assets.Add lines 1 through 15 (must equal line 34)		15				5,149,588	15	1,338,423
17		16				3,403,556,299	16	3,332,204,369
19 Deferred revenue		17				68,504,365	17	67,620,800
20 Tax-exempt bond liabilities		18	Grants payable				18	
20 Tax-exempt bond liabilities		19	Deferred revenue				19	
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		20				10,344,839	20	9,306,524
24 Unsecured notes and loans payable to unrelated third parties		21	Escrow or custodial account liability Complete Part I	V of Schedule	e D		21	
24 Unsecured notes and loans payable to unrelated third parties	lities	22			trustees,			
24 Unsecured notes and loans payable to unrelated third parties	Ē		persons Complete Part II of Schedule L				22	
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  26 Total liabilities.A dd lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  348,553,158  35 11,947,050	ä	23	Secured mortgages and notes payable to unrelated th	urd parties		2,637,566,545	23	2,548,621,047
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third	parties .		75,000,000	24	35,000,000
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24)	es to related t	hird parties,			
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets								
lines 27 through 29, and lines 33 and 34.   27   28   28   29   Permanently restricted net assets		26				2,921,003,141	26	2,820,257,319
Complete lines 30 through 34.   30   Capital stock or trust principal, or current funds	φŞ			c nere ►   a	na complete			
Complete lines 30 through 34.   30   Capital stock or trust principal, or current funds	ğ	27	- ·				27	
Complete lines 30 through 34.   30   Capital stock or trust principal, or current funds	<u> </u>						28	
Complete lines 30 through 34.   30   Capital stock or trust principal, or current funds	<del>.</del>		• ,				29	
31 Paid-in or capital surplus, or land, building or equipment fund	· Fun			), check here	► 🔽 and			
31 Paid-in or capital surplus, or land, building or equipment fund	ō	30				0	30	0
33 Total net assets or fund balances	ě.							0
33 Total net assets or fund balances	As:					482,553,158		511,947,050
<b>34</b> Total liabilities and net assets/fund balances	<del>ل</del> ا		- 1					511,947,050
	Z	34	Total liabilities and net assets/fund balances			3,403,556,299	34	3,332,204,369

	550 (2013)				aye 12
Par	Reconciliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		893,2	224,150
2	Total expenses (must equal Part IX, column (A), line 25)	2		843,9	34,535
3	Revenue less expenses Subtract line 2 from line 1	3		49,2	289,615
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		482,5	553,158
5	Net unrealized gains (losses) on investments	5			-71,834
6	Donated services and use of facilities	6			C
7	Investment expenses	7			C
8	Prior period adjustments	8			C
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-19,8	323,889
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		511,9	947,050
Par	t 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			res	NO
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant	?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
	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?		За		No
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		3b		

**Software ID:** 15000352 **Software Version:** v1.00

**EIN:** 61-0461919

Name: EAST KENTUCKY POWER COOPERATIVE INC

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, ependent Coi	Direct ntracto	ors, rs	Tru	ste	es, k	ley	Employees, High	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit more the personal Individual trustee or director	nan o n is b dire Institutional	ne b	ox, u an of trus	inless fficer tee)		( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		i g:	Trustee			nsated				
Paul C Hawkins	13 00	х		х				44,050	0	0
Chairman	0							44,030		Ů,
Wade May	0 0	x		x				2,250	0	0
Vice Chairman, resigned January 2015	10 00									
Joseph Spalding Vice Chairman, effective June 2015	0	х		х				30,875	0	0
Michael Adams	5 00	l x		l <sub>x</sub>				29,950	0	0
Secretary - Treasurer	0								-	-
Charles A Ahrman	14 00	x						13,488	0	13,375
Director	5 00									
Kenneth Arrington  Director	0	х						20,800	0	0
Leonard Coffee	7 00	l x						23,125	0	0
Director	0							,		
Oliver L Cornett Jr	7 00	x						28,100	0	0
Director Timothy & Eldridge	5 00									
Timothy S Eldridge Director		х						21,925	0	0
Elbert Hampton	6 00									
Director		X						20,500	0	0
Jody Hughes	6 00									
Director	0	Х						24,175	0	0
Jimmy Longmire	5 00	x						23,800	0	0
Director	0									
Kelly Shepherd	8 00	x						18,425	0	0
Director, effective March 2015	8 00									
A L Rosenberger  Director		х						15,881	0	5,331
R Wayne Stratton	4 00									
Director	0	х						24,478	0	3,773
Raymond Rucker	6 00									
Director	0	Х						22,975	0	0
William P Shearer	4 00	l x						25,475	0	0
Director	0							,		
Anthony S Campbell President and CEO	60			х				788,918	0	527,780
Michael A McNalley	60 00			, ,				403.000	0	126 142
Executive VP, Chief Financial Officer	0			Х				402,080	0	136,113
Don M Mosier	55			x				401,901	0	130,218
Executive VP, Chief Operating Officer	50 0									
David A Smart General Counsel					х			402,089	0	36,620
David M Crews Sr VP, Power Supply	50				х			276,314	0	76,181
Craig A Johnson	50				Х			266,982	0	178,066
Sr VP, Power Production	0						_	, -		,
Denver York Sr VP, Power Delivery and System Operations	45 00				х			243,856	0	138,187
Joseph T VonDerHaar	60 0				х			184,188	0	36,247
Plant Manager-Spurlock	0							104,100		30,247

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and inde	1	i						l I		ı
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position Pos	ion (e nan o n is b	ne bo oth a ctor/	ox, u an of trus	nless ficer tee)	Former	(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
George S McClure  VP, Human Resources and Support Services	60 00					x		218,682	0	60,201
Barry Mayfield  VP, Strategic Planning and External Affairs	55					x		204,841	0	74,292
Roger R Cowden Sr Corporate Counsel	40 00					х		187,005	0	36,854
Mary Jane Warner  Director, Production Engineer and Construction	50					х		185,515	0	123,972
Jerry Purvis Director, Environmental Affairs	50 0					х		183,890	0	82,044
Stacy A Barker Manager, Sourcing	50 0						Х	141,460	0	44,326

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DLN: 93493228046786

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **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.

By Attach to Form 990.

Open to Public

ne of the organization F KENTUCKY POWER COOPERATIVE INC		Emplo	oyer identification number
			461919
	or Advised Funds or Other Similar F red "Yes" on Form 990, Part IV, line 6.	unds o	r Accounts.
<u> </u>	(a) Donor advised funds	(b)	- unds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to		nor advis	ed <b>Yes No</b>
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?			purpose <b>Yes No</b>
Conservation Easements. Comp	lete if the organization answered "Yes"	on Form	n 990, Part IV, line 7.
Preservation of land for public use (e.g., reciperation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	Preservation of a	certified	ally important land area historic structure of a conservation
easement on the last day of the tax year			Held at the End of the Yea
Total number of conservation easements		2a	Tiona at the Line of the Fea
otal acreage restricted by conservation easem	nents	2b	
lumber of conservation easements on a certifie	ed historic structure included in (a)	2c	
Number of conservation easements included in historic structure listed in the National Register		2d	
Number of conservation easements modified, tr tax year •	ansferred, released, extinguished, or terminat	ed by the	e organization during the
Number of states where property subject to con	servation easement is located ►		
Does the organization have a written policy rega violations, and enforcement of the conservation	arding the periodic monitoring, inspection, har	 ndling of	┌ Yes
Staff and volunteer hours devoted to monitoring year	, inspecting, handling of violations, and enforc	ing cons	ervation easements during the
<u> </u>			
Amount of expenses incurred in monitoring, ins	pecting, handling of violations, and enforcing o	conserva	tion easements during the yea
<b>*</b> \$	(mag 2/4) above as 1, 6, 11	· -	0 (1.) (4.)
Does each conservation easement reported on (B)(I) and section 170(h)(4)(B)(II)?			☐ Yes ☐ No
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	kt of the footnote to the organization's financia easements	ıl statem	ents that describes
Organizations Maintaining Colle Complete if the organization answe	ections of Art, Historical Treasures, red "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foo	SFAS 116 (ASC 958), not to report in its reve ar assets held for public exhibition, education,	, or resea	rch in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating t	SFAS 116 (ASC 958), to report in its revenue ar assets held for public exhibition, education,	stateme	nt and balance sheet
Revenue included on Form 990, Part VIII, line	1	<b>►</b> \$_	
Assets included in Form 990, Part X		<b>-</b> ¢	
If the organization received or held works of art, following amounts required to be reported under			ial gain, provide the
Revenue included on Form 990. Part VIII. line	1		<b>b-</b> ¢

**b** Assets included in Form 990, Part X

ZEII.	<b>3</b> * * ·	(continued)	Collections of Art,	HIS	tori	сагтге	asures,	or C	tner Similar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other record	ls, ch	ecka	iny of the	following	that a	are a significant us	e of its	
а	ΓР	ublic exhibition		d	Γ	Loan or	exchange	progr	rams		
b	Г so	cholarly research		e	Γ	Other					
С	_	reservation for future generations									
		le a description of the organization'	s collections and explai	n how	v they	further t	he organiz	zatıon	ı's exempt purpose	ın	
	Part X						_				
		the year, did the organization solic to be sold to raise funds rather th								□ No	
a r		Escrow and Custodial Arra		Jari	n the	organiza	tion's cone	ection		) 140	
		Complete if the organization a Part X, line 21.		orm 9	990,	Part IV	, line 9, o	r rep	oorted an amoun	nt on Forr	n 990,
а		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other intermed	dıary	for c	ontributio	ons or othe	erass	ets not <b>T Yes</b>	┌ No	
b	If"۱	Yes," explain the arrangement in Pa	art XIII and complete th	ne foll	lowin	g table		_	Am	ount	
С	Beg	inning balance						1c			
d	Add	litions during the year						1d			
e	Dist	tributions during the year						1e			
f	End	ıng balance						1f			
1	Did the	e organization include an amount o	n Form 990, Part X, line	21,f	for es	crow or o	ustodial a	ccou	nt liability? <b>TYes</b>	┌ No	
											_
)	If"Yes	s," explain the arrangement in Part									<u> </u>
a	rt V	<b>Endowment Funds.</b> Comple							<u> </u>		
			(a)Current year	<b>(b)</b> Prid	or yea	r <b>b</b> (c	Two years	back	(d)Three years back	(e)Four ye	ears back
1		ning of year balance									
)	Contri	ibutions									
3	Net in losses	vestment earnings, gains, and s									
d	Grants	s or scholarships									
е		expenditures for facilities rograms									
F	A dmir	nistrative expenses									
3		fyear balance									
	Provid	e the estimated percentage of the	current year end balance	e (lını	e 1q,	column	(a)) held as	 s			
3		designated or quasi-endowment	·	•							
b		nent endowment ►									
<b>C</b>		prarily restricted endowment 🕨									
-	•	ercentages on lines 2a, 2b, and 2c	should equal 100%								
a		ere endowment funds not in the pos	session of the organiza	tıon t	hat a	re held a	nd admınıs	stere	d for the		
	_	zation by							2-	Yes	No
		elated organizations							<u> </u>	(i) (ii)	_
b		s" on 3a(II), are the related organiz				ule R?	·		<u></u>	Bb	
		ibe in Part XIII the intended uses o								<b>I</b>	
ar	t VI	Land, Buildings, and Equip									
		Complete if the organization a	nswered 'Yes' to For	m 99		art IV,	line 11a.9 Cost or		Form 990, Part X  Accumulated	(, line 10 (d)Book	
		Description of property			st or o	her basis	(b)basis (o		(c)depreciation	(0)000	value
_	land			<del>                                     </del>	`	ment)		0		4.4	0 993 64
	Land . Building				13	.0,882,601		U		11	0,882,60
ارس	• •	,			44	12,524,317		0	164,895,670	27	7,628,64
c I	Leaseho	old improvements				0		0	0		
d I	Equipme	ent			3,43	39,920,066		0	1,052,254,696	2,38	7,665,37
e	Other										

6,238,224

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

5,369,621

2,781,546,239

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organiza	ation answered 'Ye	es' on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>»</b>		
Part VIII Investments—Program Related. Complete if the organization answered "	Yes' on Form 990, F	Part IV, line 11c.s,	ee Form 990 Part X line 13
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization	answered 'Yes' on For	m 990 Part IV line	11d See Form 990 Part X June 15
(a) Descrip		m 990,1 arc IV, ime	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	.)		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	nization answered '\	es' on Form 990,	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal income taxes		0	
Sick Leave	312,77	5	
Deferred Credits	3,989,98	0	
Accumulated Operating Provision and Other Liabilities	6,452,67	9	
Asset Retirement Obligations	56,407,68		
Accrued Post Retirement Benefit Obligation	92,545,83		
and the second s	22,313,03		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	159,708,94	8	

		v, iiiie iza.	aiciv						Complete if the or	Part XI
893,224,150	1			atemer	inancıa	er audited	ıpport p	d other su	evenue, gains, and o	. Tota
				e 12	rt VIII,	m 990, P	t on Fo	e 1 but no	nts included on line 1	. A mo
		0	2a			ents .	nvestm	ses) on II	realized gains (losse	<b>a</b> Net
		0	2b				ities .	e of facılı	ed services and use	<b>b</b> Don
		0	2c					grants .	eries of prior year gr	<b>c</b> Reco
		0	2d					XIII) .	(Describe in Part XI	<b>d</b> Othe
0	2e								nes <b>2a</b> through <b>2d .</b>	<b>e</b> Add
893,224,150	3							1	ct line <b>2e</b> from line <b>1</b>	Subt
				ıne <b>1</b>	ut not o	, line 12	art VII	m 990, P	nts included on Form	A mo
		0	4a	e 7b .	t VIII,	m 990, P	d on Fo	t included	ment expenses not	<b>a</b> Inve
		0	4b					XIII) .	(Describe in Part XI	<b>b</b> Othe
0	<b>4</b> c								nes <b>4a</b> and <b>4b</b>	<b>c</b> Add
893,224,150	5	[	12).	Part I. I						Tota
										100
eturn.	s per Re	ents With Expense	ateme	ncial	ted Fi	per Au	enses	of Expe		Part XII
843,934,535	s per Re	ents With Expenses V, line 12a.	<b>ateme</b> Part IV	n <b>cial</b> orm 99	<b>ted Fi</b> 'es' on	<b>per Au</b> c swered	enses ition a	<b>of Expe</b> organiza	Reconciliation o	Part XII
		ents With Expenses V, line 12a.	<b>ateme</b> Part IV	ncial orm 99	<b>ted Fi</b> 'es' on ements	per Auc swered ancial st	e <b>nses</b> ition a dited fi	<b>of Expe</b> organiza es per au	Reconciliation of Complete of the or	Part XII Tota
		ents With Expenses V, line 12a.	<b>ateme</b> Part IV	ncial orm 99 	ted Fi 'es' on ements rt IX, lir	per Auc swered ancial st m 990, P	enses ition a dited fi ot on Fo	of Expe organiza es per au e 1 but no	Reconciliation of Complete of the orexpenses and losses	Part XII Tota
		ents With Expense	Part IV	ncial orm 99 	ted Fi 'es' on ements rt IX, lir	per Aud swered ancial st m 990, P	enses ition a dited fi ot on Fo ities .	of Expendence 1 but no	Reconciliation or Complete if the or expenses and losses at included on line 1	Tota A mo
	1	ents With Expense V, line 12a	Part IV	ncial orm 99  25 	ted Fi 'es' on ements rt IX, lir	per Auc swered ancial st m 990, P	enses tion a dited fi ot on Fo ties .	of Expe organiza es per aud e 1 but no e of facili	Reconciliation of Complete of the orexpenses and losses at sincluded on line 1 and services and use	Tota
	1	ents With Expense V, line 12a	Part IV  2a 2b	ncial orm 99	ted Fi 'es' on ements rt IX, lir 	per Auc swered ancial st m 990, P	enses tion a dited fi ot on Fo ties	of Expe organiza es per au e 1 but no e of facili	Reconciliation or Complete if the or expenses and losses at included on line 1 and services and use ear adjustments .	Tota Amo a Done b Prio c Othe
	1	ents With Expense V, line 12a.  O  O  O	2a 2b 2c 2d	ncial orm 99	ted Fi 'es' on ements rt IX, lir	per Auc swered ancial st m 990, P	enses Ition a dited fi of on Fo ities	of Experimental programma of the control of the con	Reconciliation of Complete if the or expenses and losses at included on line 1 and services and use ear adjustments.	Total A mo Dona Prior C Othe
	1	onts With Expense: V, line 12a.  O  O  O  O  O	2a 2b 2c 2d	ncial orm 99 	ted Fi 'es' on ements rt IX, lir 	per Auc swered ancial st m 990, P	enses tion a dited fi ot on Fo ties .	of Expeorganiza es per aud e 1 but no e of facili KIII ) .	Reconciliation of Complete if the orexpenses and losses at sincluded on line 1 and services and use ear adjustments. losses	Total Amo Don Prio C Othe d Othe Add
843,934,535	1 2e	onts With Expense: V, line 12a.  O  O  O  O  O	2a 2b 2c 2d	ncial orm 99	ted Fi 'es' on ements rt IX, lir 	per Auc swered ancial st m 990, P	enses tion a dited fi of on Fo ties	of Experimental programma of Experimental programma of the control	Reconciliation of Complete if the or expenses and losses at included on line 1 and services and use ear adjustments . losses (Describe in Part XI nes 2a through 2d .	Total Amo Dona Priol C Othe Othe Add Subt
843,934,535	1 2e	onts With Expense: V, line 12a.  O  O  O  O  O	2a 2b 2c 2d	ncial orm 99  25 	ted Fi 'es' on ements rt IX, lir	per Auc swered ancial st m 990, P	dited for the street of the st	of Experimental programma of the program	Reconciliation of Complete if the orexpenses and losses at sincluded on line 1 and services and use ear adjustments. Illusses	Total A mode Done Prior C Othe C Othe Add Subt
843,934,535	1 2e	o	2a 2b 2c 2d	ncial orm 99  25 	ted Fi 'es' on ements rt IX, lir	per Auc swered ancial st m 990, P	dited find the street of the s	of Expeorganiza es per au e 1 but no e of facili KIII ) e 1 m 990, P	Reconciliation of Complete if the orexpenses and losses at sincluded on line 1 and services and use ear adjustments. It is concept to the con	Total Amo a Done b Prio c Othe d Othe e Add Subt Amo
843,934,535	1 2e	o	2a 2b 2c 2d	ncial 99	ted Fi 'es' on ements rt IX, lir not on t VIII,	per Auc swered ancial st m 990, P	dited for the street of the st	of Experimental programma of Experimental programma of the control	Reconciliation of Complete if the or expenses and losses at included on line 1 and services and use ear adjustments . losses (Describe in Part XI nes 2a through 2d	Total A mole Done Prior C Othe Add Subt A mole Inve

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
Schedule D, Part X, Line 2	The Cooperative is exempt under Section 501(c)(12) of the Internal Revenue Code from federal income tax for any year in which at least 85% of its gross income is derived from members but is responsible for income taxes on certain unrelated business income ASC Topic 740-10, Income Taxes, clarifies the accounting for uncertainty in income taxes and income recognized in the financial statements. This interpretation requires financial statement recognition of the impact of a tax position if a position is more likely than not of being sustained on audit, based on technical merits of the position. Additionally, ASC Topic 740-10 provides guidance on measurement, recognition, classification, accounting in interim periods and disclosure requirements for uncertain tax positions. The Cooperative has determined that more than 85% of its gross income is derived from members and it meets the exemption status under Section 501(c)(12)

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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OMB No 1545-0047

### Schedule J (Form 990)

Department of the Treasury

**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.

2015

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization EAST KENTUCKY POWER COOPERATIVE INC 61-0461919

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

## 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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
	Base (i) 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
See Additional Data Table							

Schedule J (Form 990) 2015

### Part III Supplemental 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** Schedule J, Part I, Line 1a All flights were for business purposes and accordingly, were not included in employee taxable compensation. Policy requires a determination that the chartered flight is time and cost effective or no other commercial flight available to meet business needs. Of all travel completed in 2015, there was one chartered flight Listed persons participating in flights included one corporate officer The President and CEO's compensation is determined by the Board of Directors. The Board of Directors retains a consulting group to perform a Schedule J, Part I, Line 3 comparability data assessment to benchmark the compensation of peer groups. There is a written employment contract Schedule J, Part I, Line 4 The Cooperative provides a 457(f) Supplemental Executive Retirement Plan to the executives of the organization The plan is considered a defined contribution plan whereby annual contributions are made based upon a percentage of base salary Participants become 100% vested and the account balance paid out upon attaining age 62 or if separation occurs due to involuntary termination without cause, disability, or death Separation for any other reason before age 62 will result in participants forfeiting their benefits David A Smart received a 457 (f) payout of \$71,070 in 2015, which is included in other reportable compensation

Schedule J (Form 990) 2015

**Software ID:** 15000352 **Software Version:** v1.00

**EIN:** 61-0461919

Name: EAST KENTUCKY POWER COOPERATIVE INC

Form 990, Schedule J, P	art :	II - Officers, Direc	ctors, Trustees, K	ey Employees, an	d Highest Compen	sated Employee	s	
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in	
		(i) Base 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
1Anthony S Campbell President and CEO	(1)		0	8,980	508,210	23,606	1,320,734	0
	(11)	0		0		0	) 0	_ ) 0
1 Michael A McNalley Executive VP, Chief Financial	(1)	381,590	0	20,490	114,858	24,725	541,663	0
Officer	(11)		- c	.   -	-	0	ـ ا اد	,   -
2Don M Mosier Executive VP, Chief Operating	(1)	392,680	0	9,221	114,858	18,863	535,622	0
Officer	(11)		- 0		-	0	- ) 0	0
<b>3</b> David A Smart General Counsel	(1)	313,361	0	88,728	26,500	13,263	3 441,852	
	(11)				-	C		-
4David M Crews Sr VP, Power Supply	(1)	260,897	0	15,417	70,786	8,186	355,286	0
	(11)	0			-		- 0	0
<b>5</b> Craig A Johnson Sr VP, Power Production	(1)	252,607	0	14,375	160,929	19,863	3 447,774	<u> </u>
	(11)		-					
<b>6</b> Denver York Sr VP, Power Delivery and	(1)	230,060	0	13,796	119,850	20,840	384,546	6 0
System Operations	(11)	0		0		- C	0	
<b>7</b> Joseph T VonDerHaar Plant Manager-Spurlock	(1)	183,210	0	978	18,421	19,830	222,439	_
	(11)	0	,     0		-	0		
8George S McClure VP, Human Resources and	(1)	202,797	0	15,885	48,336	14,062	2 281,080	_
Support Services	(11)	0	- c		- 0	-		
<b>9</b> Barry Mayfield VP, Strategic Planning and	(1)	186,737	0	18,104	56,008	20,347	7 281,196	+
External Affairs	(11)	-1	 c		-	-		
<b>10</b> Roger R Cowden Sr Corporate Counsel	(1)	184,076	0	2,929	18,783	20,087	7 225,875	
	(11)	0		. 0				
<b>11</b> Mary Jane Warner Director, Production Engineer	(1)	181,378	0	4,137	116,997	8,946	311,458	
and Construction	(11)	0				C	- 0	
<b>12</b> Jerry Purvis Director, Environmental	(1)	182,176	0	1,714	63,270	20,777	7 267,937	
Affairs	(11)	! !			-			
<b>13</b> Stacy A Barker Manager, Sourcing	(1)	) 138,501	0	2,959	36,056	9,779	187,295	<u> </u>
5 ,	(11)		0		0			
	ı	1	"		V	1	-	· ·

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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.

2015

Open to Public Inspection

Name of the organization EAST KENTUCKY POWER COOPERATIVE INC	Employer identification number
	61-0461919

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	East Kentucky Power Cooperative, Inc., (EKPC) is a rural electric generation and transmission cooperative that provides wholesale electric power and related services to its 16 member rural electric distribution cooperatives. By virtue of their memberships, these member cooperatives own EKPC Each of these members has a representative of the Board of Directors of EKPC Each member is a tax-exempt organization. The members are Big Sandy RECC, Blue Grass Energy Cooperative, Clark Energy Cooperative, Cumberland Valley Electric, Farmers RECC, Fleming-Mason Energy, Grayson RECC, Inter-County Energy Cooperative, Jackson Energy Cooperative, Licking Valley RECC, Nolin RECC, Owen Electric Cooperative, Salt River Electric, Shelby Energy Cooperative, South Kentucky RECC and Taylor County RECC.

Return Reference	Explanation
	The organization does have members who may elect one or more members of the governing body as explained on Form 990, Part VI, Line 6

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b	The dissolution of the Cooperative, the merger or consolidation with any other corporation, or the sale, lease, exchange, transfer or other disposition of all or substantially all of the Cooperative's assets must be approved by a majority of the total members

Return Reference	Explanation
•	Per the Audit Committee Charter, the Audit Committee reviews the Form 990 to ensure compliance. A copy of the Form 990 is made available electronically to the full Board of Directors before it is filed.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	Directors, key management, managers and employees involved in the procurement process annually sign a Conflict of Interest Compliance Statement stating whether they have any actual or potential personal relationships or business interests with any vendor with which the Cooperative does business. These individuals also affirm that they have a continuing responsibility to amend their statement. All compliance statements are reviewed by Internal Audit and any stated conflicts or potential conflicts are researched with the results provided to the Audit Committee.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The President and CEO's compensation is determined by the Board of Directors in executive session based upon the results of a comparability data assessment conducted by a consulting group retained by the Board. The Chairman of the Board provides documentation of any pay change to General Counsel. General Counsel retains this documentation, along with the comparability study on file. For other officers and key employees of the organization, each job description is ranked and assigned a salary grade. The midpoints for each salary grade are then determined using external benchmarking data. Minimums and maximums are calculated and the compensation model is updated annually.

Return Reference	Explanation	
Form 990, Part VI, Section C, Line 19	The organization's annual report, including financial statements, is posted on its own website. The conflict of interest policy is made available to vendors. The governing documents, Articles of Incorporation, Bylaws, Board and Administrative Policies are available via the intranet to employees and Directors, but not to the public.	

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	The compensation structure for Directors is based upon the results of a director compensation comparability study and the need to attract and retain directors with skills needed to govern a G&T utility. The structure recognizes and compensates directors for the considerable time and effort spent outside of meetings fulfilling their oversight and governance roles. A questionnaire was distributed to each current and former officer, key employee and highest compensated employee. The questionnaire included name, title, date, hours per week and signature of each individual and contained relevant Form 990 instructions and definitions.

Return Reference	Explanation
Form 990, Part XI, Line 9	Other changes in net assets or fund balances represents the actuarial gain or loss on the accumulated postretirement medical benefit obligation