efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

DLN: 93493318034167 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

foundations)

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

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

Open to Public Inspection

<u>Λ</u> Ε.	or th	9 2016 ~	alendar vear or tay year hosi	nning 01-01-2016 , and endir	na 12-21	_201 <i>6</i>			
		pplicable	C Name of organization		ıg 1∠-31	-2010	D Employ	er identif	ication number
□ Ad	dress	change	CARROLL ELECTRIC COOPERATIVE	CORPORATION			71-002		
	me ch tıal ret	- 1	Doing business as					, 000	
Fin	ıal								
	•	nınated d return	Number and street (or P O box if r PO BOX 4000	nail is not delivered to street address)	Room/suit	ie	E Telephor		
□ Ар	plication	on pending		intry, and ZIP or foreign postal code			(870) 4	23-2161	
			BERRYVILLE, AR 72616	initry, and ZIP or foreign postal code			G Gross re	eceipts \$ 18	81,395,105
			F Name and address of princip	al officer		H(a) Is	this a group re		
			ROB BOAZ PO BOX 4000			SI	ubordinates?		□Yes ☑ No
			BERRYVILLE, AR 72616				re all subordina [.] icluded?	tes	☐ Yes ☐No
I Ta	x-exer	npt status	501(c)(3) 501(c)(12)	◄ (insert no)	□ 527		"No," attach a	list (see	instructions)
J W	ebsit	e:▶ WW	VW CARROLLECC COM			H(c) G	roup exemption	number	>
14 =				. 🗆 .		L Year of t	ormation 1937	M State	of legal domicile AR
K Forr	n of or	rganization	Corporation Trust Ass	ociation					
Pa		_	mary					•	
			scribe the organization's mission (OUR MEMBERS WITH SAFE, REL	or most significant activities IABLE, AND AFFORADABLE ELECT	RICITY				
nce	-								
E E	-								
Governance	2	Check thi	ıs box ▶ 🔲 ıf the organization di	scontinued its operations or dispo	sed of m	ore than	25% of its net a	ssets	
	l		-	ng body (Part VI, line 1a)			•	3	9
Activities &	l		•	f the governing body (Part VI, line	•			4	9
Ĭ	l		, ,	alendar year 2016 (Part V, line 2a	•			5	275
,	l		nber of volunteers (estimate if ne	• •				6 7a	0
•	l			t VIII, column (C), line 12 m Form 990-T, line 34				7a 7b	0
		Net ame	accu business taxable medine no	1111 O 111 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• •	i.	Prior Year	/ 5	Current Year
	8	Contribut	tions and grants (Part VIII, line 1	h)				0	0
Rəvenue	l		service revenue (Part VIII, line 2				165,579,	923	176,240,968
ō∧ċ}	10	Investme	ent income (Part VIII, column (A)	, lines 3, 4, and 7d)			3,345,	512	3,674,983
ш	11	Other rev	venue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)			1,172,	880	1,039,867
	12	Total rev	enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), lii	ne 12)		170,098,	315	180,955,818
	l		, , ,	column (A), lines 1–3)				185	30,171
	l		,	column (A), line 4)			12,186,		12,332,008
Ses	l	-		enefits (Part IX, column (A), lines	5-10)		17,236,		19,297,506
Expenses	١.		onal fundraising fees (Part IX, colu	, ,,	•			0	0
핓	l		raising expenses (Part IX, column (D), penses (Part IX, column (A), lines	· -			140,646,	191	149,296,133
	l		penses Add lines 13–17 (must eq	•			170,098,		180,955,818
	l	·	less expenses Subtract line 18 fi					0	0
કે. જે.						Begin	ning of Current Y	'ear	End of Year
an A		T-+-!	-t- (Dt-V I 16)				F27 20F	700	FF2 FF6 F00
Net Assets or Fund Balances	l		ets (Part X, line 16)		•		537,285, 310,276,		552,556,509 315,863,212
ž.Š.	l		ts or fund balances Subtract line				227,009,		236,693,297
Pai			ature Block					- 15	
Undei	r pena	alties of p		nined this return, including accom					
know any k			er, it is true, correct, and complete	e Declaration of preparer (other t	nan omc	er) is bas	ed on all inform	ation of v	wnich preparer has
			*				2017 11 12		
Sign		Signati	ure of officer				2017-11-13 Date		
Here		ROB B	OAZ PRESIDENT/CEO						
			r print name and title						
			rınt/Type preparer's name VILLIAM M MILLER	Preparer's signature WILLIAM M MILLER		nte 117-11-13		PTIN P00439459	<u> </u>
Paid		<u> </u>				, , , - 11-13	self-employed		
Pre		*! <u> </u> -	Firm's name ► BOLINGER SEGARS G Firm's address ► 8215 NASHVILLE AVE				Firm's EIN ► 75		
Use	On	ly ˈ		NOL			Phone no (806)	747-3806	
		C 1	LUBBOCK, TX 79423				<u> </u>		
			this return with the preparer sho duction Act Notice, see the se	· · · · · · · · · · · · · · · · · · ·		Ca+ N	· · · · · · · · · · · · · · · · · · ·	<u>~ 1</u>	′es □ No Form 990 (2016)
	~PCI	NC		, ato 11131 HOLIVII31		Let I	44 IIZOZĪ		

Form	990 (2016)				Page 2
Par	t IIII Statement	t of Program Service Acc	omplishments		
	Check If Sche	edule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	organization's mission			
WE E	XIST TO SERVE OUR	MEMBERS WITH SAFE, RELIAB	LE, AND AFFORDABLE ELECTRICITY		
	5.1.1				
2	-		•	ere not listed on	☐ Yes ☑ No
					⊔ Yes ⊻ No
3					
3	_		inilicant changes in now it conducts, a	ny program	☐ Yes ☑ No
					□ Yes ☑ No
4		Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III effy describe the organization's mission ITO SERVE OUR MEMBERS WITH SAFE, RELIABLE, AND AFFORDABLE ELECTRICITY If the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-E27 Yes," describe these new services on Schedule O If the organization cease conducting, or make significant changes in how it conducts, any program vices? Yes," describe these changes on Schedule O scribe the organization's program service accomplishments for each of its three largest program services, as me tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other benses, and revenue, if any, for each program service reported Including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ accomplishments for each of its three largest program services, as me including grants of \$) (Revenue \$ a		.	-d b
•	Section 501(c)(3) ar	nd $501(c)(4)$ organizations are	required to report the amount of gran		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
4d	Other program serv	ices (Describe in Schedule O)			
	(Expenses \$,	rants of \$	Revenue \$)
4e	Total program ser	vice expenses ▶			

or X as applicable

Section 501(c)(3) organizations.

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

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

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

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

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

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

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

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

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

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

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

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

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

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

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

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

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

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

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

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

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

Yes

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11a

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11d

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Page 3

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Nο

Nο

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Νo

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Nο

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29

Part IV Checklist of Required Schedules (continued)

Nο

Νo

Nο

Page 4

Yes 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? 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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

21 22

20b

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24a

24b

24c

24d

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28b

28c

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35a

35h

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Yes

Form 990 (2016)

Yes Yes

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26

orm	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 90			
	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?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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)			
5-2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	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?	76 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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			
	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			
а	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		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	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			
c	Enter the amount of reserves on hand			
	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		

-orm	990 (2016)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	_
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 1		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	Light the Chalco with which a compact this Forms 2000 is no growted to be folder.			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CHAD ALLEN 920 HWY 62 SPUR BERRYVILLE, AR 72616 (870) 423-2161			

organization and any related organizations

Part VII

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

and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

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

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

Part VII

PO BOX 2627

compensation from the organization ▶ 33

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

Page **8**

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

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

Form 9 Part	90 (2016) VIIII Statement of	Pevenue								Page 9
Paru	Check if Schedule		esponse or no	te to any lin	e in this Part VI	II				. 🗸
					(A) Fotal revenue	Rela exe fun	B) ted or empt ction	(C) Unrelated business revenue	Rev exclud tax unde	(D) venue ded from er sections 2-514
	1a Federated campaign	ns 1	.a			1 160	enue			2-314
ınts	b Membership dues .	. 1	.ь							
Grants tmounts	c Fundraising events	1	Lc							
fs.	d Related organization	ns 1	.d							
ig ig	e Government grants (co	ontributions) 1	.e							
Sin Sin	f All other contributions, and similar amounts no	st included								
Contributions, Gifts, Grants and Other Similar Amounts	above	1 included	Lf							
를	g Noncash contribution in lines 1a-1f \$	ns included								
Cont and	h Total.Add lines 1a-1	f	•							
	II Totali Add IIIIes 1a-1		<u> </u>	Business Co	ode					
<u>ا</u> ا	2a SALES OF ELECTRICITY			22	21000 172	,451,076	172,451	1,076		
ž Ž	b PATRONAGE DIVIDENDS	j		22	21000 2	,567,859	2,567	7,859		
10 e	c SERVICE FEES				21000	977,634		7,634		
Program Service Revenue	d SURGE SUPPRESSOR RE				21000	175,523 68,876		5,523 3,876		
an	e other program reven				21000	00,070	- 00	5,670		
rogr	f All other program ser		L	176,240	0.968	-			<u> </u>	
<u>•</u>	gTotal. Add lines 2a-2f		<u> </u>							
	3 Investment income (in similar amounts).	ncluding dividend		nd other	3,482,77	70				3,482,770
	4 Income from investme	ent of tax-exemp	ot bond proce	eds ▶						
	5 Royalties			<u> </u>						
	6a Gross rents	(ı) Real	(II) P∈	ersonal						
	oa Gross reins	13,	770							
	b Less rental expenses		0							
	c Rental income or	13,	770							
	(loss)	- (13,77	70				12 770
	d Net rental income or	(i) Securities		▶ Dther	15,7	70				13,770
	7a Gross amount	(i) Securities	(11)							
	from sales of assets other			406,400						
	than inventory									
	b Less cost or other basis and sales expenses			214,187						
	C Gain or (loss)			192,213						
	d Net gain or (loss) .				192,2	13				192,213
	8a Gross income from fu (not including \$	ındraısıng event of	s							
ň	contributions reporte	d on line 1c)								
eve	See Part IV, line 18		a							
ب ۳	b Less direct expenses c Net income or (loss)		b events .	· •						
Other Revenue	9a Gross income from g	amıng actıvıtıes								
0	See Part IV, line 19		a							
	b Less direct expenses	S	b							
	c Net income or (loss)		tivities							
	10aGross sales of inventoreturns and allowance									
	recarns and anowane	c3 1 1	a a	263,950						
	b Less cost of goods s	old	b	225,100						
	C Net income or (loss)				38,85	50	38,850			
	Miscellaneous		Busine	221000	987,24	47				987,247
	11apole attachment	TINCOME		221000	307,20	.,				201,247
	b		-							
	с								+	
	d All other revenue .									
	e Total. Add lines 11a-	-11d		>	987,24	47				
	12 Total revenue. See	Instructions .		. ▶ ├	·		176 270 919			4 676 000
					180,955,8	-0	176,279,818		0	4,676,000

Forr	n 990 (2016)				Page 10
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,071			
2	Grants and other assistance to domestic individuals See Part IV, line 22	15,100			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members	12,332,008			
5	Compensation of current officers, directors, trustees, and key employees	1,232,206			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	10,973,355			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,327,728			
9	Other employee benefits	2,872,616			
10	Payroll taxes	891,601			
11	Fees for services (non-employees)				
	Management				
_	Legal				
	· · · · · · · · · · · · · · · · · · ·				
	· Accounting · · · · · · · · · · · · · · · · · · ·				
	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
	Royalties				
	Occupancy				_
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
		10.015.317			
	Interest	10,815,317			_
	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,420,049			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a PURCHASED POWER	108,008,834			
		2 425 274			
	b DISTRIBUTION EXPENSE	8,485,974			
	c ADMIN AND GENERAL EXPEN	4,480,722			
	d CONSUMER EXPENSE	580,919			
	e All other expenses	504,318			
	Total functional expenses. Add lines 1 through 24e	180,955,818			_
		100,233,010			
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2016)

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

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

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284.737.357

16.378.554

315,863,212

1,825,925

234,867,372

236,693,297

552.556.509

Form **990** (2016)

283.880.467

19.201.501

310,276,451

1,786,740

225,222,608

227,009,348

537,285,799

	s e
	alance
7	2
	2 2
	Assers
1	ě

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Liabilities

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

26 Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

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

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

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

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

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

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

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

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

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

Nο

Form 990 (2016)

3b

Additional Data

Software ID:

Software Version: **EIN:** 71-0027635

Name: CARROLL ELECTRIC COOPERATIVE CORPORATION

Form 990 (2016)

Form 990, Part III, Line 4a: SALES OF ELECTRIC POWER TO MEMBERS - 96,233 ACTIVE SERVICES WERE PROVIDED POWER AT YEAR END AT COST ON A COOPERATIVE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITAL

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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

(Form 990)

Department of the Treasury

As Filed Data -

Supplemental Financial Statements

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

Attach to Form 990.

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

DLN: 93493318034167 OMB No 1545-0047

Open to Public Inspection

	me of the organization RROLL ELECTRIC COOPERATIVE CORPORATION			Employer ide	entification	numb	er
CAR	RROLL ELECTRIC COOPERATIVE CORPORATION			71-0027635			
Pa	Organizations Maintaining Donor			r Accounts.			
	Complete if the organization answere	d "Yes" on Form 990, Part IV, (a) Donor advised funds	line 6.	(b)Funds and	d other seco	unte	
L	Total number at end of year	(a) Donor advised funds		(D)Fullus alle	u other acco	iunts	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
1	Aggregate value at end of year						
5	Did the organization inform all donors and donor funds are the organization's property, subject to			vised		Yes	□ N•
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				□·	Yes	□ N•
Pai	rt III Conservation Easements. Complet	e if the organization answered	d "Yes" on Forn	n 990, Part IV	, line 7.		
L	Purpose(s) of conservation easements held by the	organization (check all that apply	/)				
	\square Preservation of land for public use (e g , rec	reation or education) 🔲 Pr	eservation of an	historically imp	ortant land a	area	
	Protection of natural habitat	☐ Pr	eservation of a c	ertified historic	structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neld a qualified conservation contr	ibution in the for		ation at the End o	of the `	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easemen	:s		2b			
С	Number of conservation easements on a certified	` '		2c			
d	Number of conservation easements included in (c) structure listed in the National Register	,	L	2d			
3	Number of conservation easements modified, traitax year ▶	sferred, released, extinguished, o	r terminated by t	the organization	ı durıng the		
1	Number of states where property subject to conse	ervation easement is located 🕨					
5	Does the organization have a written policy regar and enforcement of the conservation easements i	ding the periodic monitoring, inspe t holds?	ection, handling o	of violations,	☐ Yes		ło
5	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of violations,	and enforcing co	nservation ease	ements durin	ng the y	year
7	Amount of expenses incurred in monitoring, insper	cting, handling of violations, and e	enforcing conserv	/ation easement	ts during the	e year	
3	Does each conservation easement reported on lin and section $170(h)(4)(B)(II)^2$	e 2(d) above satisfy the requireme	ents of section 17	70(h)(4)(B)(ı)	☐ Yes		lo
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the organizatior			and		
ar	the organization's accounting for conservation ear	ions of Art, Historical Trea		er Similar As	sets.		
La	Complete if the organization answere If the organization elected, as permitted under Si art, historical treasures, or other similar assets he	AS 116 (ASC 958), not to report i	n its revenue sta				of
_	provide, in Part XIII, the text of the footnote to it						
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items						
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$			
(i	i)Assets included in Form 990, Part X			▶ \$	·		_
2	If the organization received or held works of art, following amounts required to be reported under			ncıal gaın, provi	de the		
а	Revenue included on Form 990, Part VIII, line 1			> \$			
b	Assets included in Form 990, Part X			▶ \$			_

Cat No 52283D

Schedule D (Form 990) 2016

Par	1111	Organizations Ma	aintaining Col	lections o	of Art, His	stori	cal T	reası	ires, oi	r Other	Similar A	ssets (d	ontinu	ed)
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	r records, cl	heck a	any of	the fo	llowing t	hat are a	significant	use of its	collect	ion
а		Public exhibition				d		Loan	or exch	ange prog	rams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4	Provi Part :	de a description of the		ections and	d explain ho	w the	y furtl	ner the	e organiz	zation's ex	empt purpo	ose in		
5		ng the year, did the orga ts to be sold to raise fur									ılar	☐ Ye	s [□No
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Form	990	, Part	IV, lı	ne 9, o	r reporte	ed an amoi			90, Part
1a		e organization an agent ded on Form 990, Part)		an or other	ıntermediai	ry for	contri	bution	s or othe	er assets	not	☐ Ye	s [O No
ь	If "Y€	es," explain the arrange	ement in Part XIII	and comple	ete the follo	wing	table				p	Amount		
С		nning balance		,		_				1c				
d	Addıt	ions during the year								1d				
е	Dıstrı	ibutions during the year	r							1e				
f	Endır	ng balance								1f				
2a	Dıd tl	he organization include	an amount on Fo	rm 990, Pa	rt X, line 21	L, for	escrow	or cu	stodial a	ccount lia	ability?	□ Үе	s [☑ No
b	If "Ye	es," explain the arrange	ment in Part XIII	Check her	e if the exp	lanatı	on has	been	provide	d in Part)	KIII			
Pa	rt V	Endowment Fund	ds. Complete ıf	the organ	ızatıon an	swer	ed "Y	es" or	n Form	990, Par	t IV, line :	10.		
_	_			(a)Currer	nt year	19 (d)	rior yea	r	(c) Two y	ears back	(d)Three ye	ars back	(e)Four	years back
	_	ning of year balance .						_						
		butions										-		
		vestment earnings, gair												
		or scholarships												
	and pr	expenditures for facilitie ograms	es											
f	Admın	istrative expenses .												
g	End of	year balance												
2		de the estimated percei	-	nt year end	d balance (I	ıne 1g	g, colu	mn (a)) held a	s				
а	Board	d designated or quasi-e	ndowment 🟲											
b	Perm	anent endowment 🟲												
С	Temp	porarily restricted endov	wment 🟲											
		percentages on lines 2a												
3а		here endowment funds nization by	not in the posses	sion of the	organizatio	n that	are h	eld an	d admın	stered fo	r the		Г	es No
	_	nrelated organizations										3a	1(i)	<u> </u>
		elated organizations .											(ii)	
b		es" on 3a(II), are the rel		s listed as i	required on	Sche	dule R	? .				. 🏻 📑	3b	
4	Desci	ribe in Part XIII the inte	ended uses of the	organızatıo	n's endown	nent f	unds							
Pai	rt VI	Land, Buildings,								_				
	Da	Complete if the ord			on Form (b)Cost or			_			n 990, Pai		≥ 10. d)Book	value
	Descri	iption of property	(a) Cost or oth (Investme		(D)Cost or	omer	va515 (0	ocner)	(E)Acc	umurated d	epreciation	'	ијвоок	value
1a	Land						6,87	74,269						6,874,269
	Buildin						44,29	94,043			4,731,143			39,562,900
		nold improvements												
		ment					473,76	53,066			142,973,338			330,789,728

52,538,163

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

52,538,163

429,765,060

	Book (c)Method of valuation
	C)Method of Valuation
	lue Cost or end-of-year market value
(1)Financial derivatives	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	
Part VIII Investments—Program Related. Complete if the organization	n answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment (b) Book va	c) Method of valuation Cost or end-of-year market value
See Additional Data Table (1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) 66,579	2 183
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 99	90, Part IV, line 11d See Form 990, Part X, line 15
(1) (a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	
Part X Other Liabilities. Complete if the organization answered 'Yes' of	on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCUMULATED PROVISION FOR POST RETIREMENT BENEFITS	4,283,024
CONSUMER DEPOSITS	5,383,911
ACCRUED OPERATING TAXES	5,072,979
DEFERRED CREDITS (5)	1,638,640
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	16,378,554
2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to to organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here	

1

2

e

3

5

1

2

b

d

3

4

C 5

Part XIII

Part XII

Schedule D (Form 990) 2016

Page 4

Amounts i Investmen b Other (De:

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Other losses .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

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

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

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

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

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

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

> 4a 4b

> > 2a

2b

2c

2d

2a

2b 2c

2d

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

4c

						Γ
_			 			ı

2e	
3	
4c	
5	

2e

3

3	Subtract line 2e from line 1 .	3				
4	Amounts included on Form 990, F					
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4	Ic. (This must equal Form 990, Part I, line 18) .		5	
Par	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9, Part III, lines 1a and 4 nes 2d and 4b, and Part XII, lines 2d and 4b			de any	addıtıonal ınformatıon
	Return Reference		Exp	planation		
ee A	dditional Data Table					
			,			

Schedule D (Form 990) 2015

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

Schedule D (Form 990) 2016

Additional Data

(1)CAPITAL TERM CERTIFICATES

(2) PATRONAGE CAPITAL - AECC

(3)PATRONAGE CAPITAL - AECI

(4)PATRONAGE CAPITAL - CFC

(5)PATRONAGE CAPITAL - COBANK

Software ID:

Software Version:

EIN: 71-0027635

1,823,217

58,616,511

3,485,104

1,008,249

549,304

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

Name: CARROLL ELECTRIC COOPERATIVE CORPORATION

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

С

C

C

C

C

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

(a) Description of investment (b) Book value

NT WITH TAXING AUTHORITIES

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

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

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

(6) (7)

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

Part IV

Return Reference Explanation

SCHEDULE I, PART II

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

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

SCHEDULE I, PART III

Schedule I (Form 990) 2016

DLN: 93493318034167

OMB No 1545-0047

2015

Schedule J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CARROLL ELECTRIC COOPERATIVE CORPORATION

Name of the organization

Employer identification number

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

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in
		Base (ı) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation			column(B) reported as deferred on prior Form 990
1 ROB BOAZPRESIDENT/CEO	(i)	417,491	4,353	3,378	233,457	18,486	677,165	0
	(ii)	0	0	0	0	0	0	0
2 CHAD ALLEN VP FINANCIAL SERVICES	(i)	152,337	2,986	914	81,048	17,726	255,011	0
	(ii)	0	0	0	0	0	0	0
3 JAMES SANDERS VP EXECUTIVE SERVICES	(i)	205,023	3,672	5,203	151,328	18,069	383,295	0
	(ii)	0	0	0	0	0	0	0
4 KEAN STEELY VP ENGINEERING &	(i)	203,975	3,396	2,358	66,408	18,056	294,193	0
OPERATIONS	(ii)	0	0	0	0	0	0	0
5 MICHAEL DODGE VP BENTONVILLE DISTRICT	(i)	196,285	3,397	1,383	81,900	18,006	300,971	0
	(ii)	0	0	0	0	0	0	0
6 DAVID BROCK VP OFFICE SERVICES	(i)	153,652	2,964	1,042	57,224	17,731	232,613	0
	(ii)	0	0	0	0	0	0	0
7 CHRIS BANKS JOURNEYMAN LINEMAN	(i)	137,816	1,275	216	42,471	16,813	198,591	0
	(ii)	0	0	0	0	0	0	0

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

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

Schedule J (Form 990) 2015

SCHEDULE 1

Schedule J (Form 990) 2015

Page 3

efile GRAPH	IC print - DO NOT PROCESS		DLI	N: 93493318034167			
SCHEDUL (Form 990 or EZ)	990- Complete to pr Form 990 ► Information about	Ital Information ovide information fo or 990-EZ or to prov ► Attach to Form ut Schedule O (Form www.irs.go	ons on n.	OMB No 1545-0047 2016 Open to Public Inspection			
	anization C COOPERATIVE CORPORATION B O, Supplemental Informati	on		71-0027635	ntification number		
Return Reference			Explanation				
FORM 990, PART VI, SECTION A, LINE 1	•	COOPERATIVE HAS 9 BOARD MEMBERS, ALL 9 ARE ALLOWED TO VOTE, HOWEVER THE BOARD CHAIRMAN ES ONLY IN THE CASE OF A TIE					

Return Explanation
Reference

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

Return Explanation
Reference

LINE 4

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

990 Schedule O, Supplemental Information

Return

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

Explanation

Return Explanation
Reference

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

Return Explanation
Reference

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

Return Explanation
Reference

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

Return Explanation
Reference

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

Return Explanation Reference

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

990 Schedule O, Supplemental Information

FORM 990.

PART VI,
SECTION B,
LINE 12C

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

Return

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

Explanation

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION C,
LINE 19

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

Return Explanation
Reference

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

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

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990, PART IX, LINES 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE AC COUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LIN ES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$ 12,205,561 LESS DIRECTORS FEES REPORTED ON 1099-MISC (293,134) LESS DIRECTOR RETIREMENT BENEFITS INCLUDED IN LINE 5 (6,896) LESS OFFICER BENEFITS REPORTED ON LINE 5 (350,717) PLUS SALARIES AND WAGES CAPITA LIZED DIRECTLY TO PLANT 5,432,126 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING AND OTHER ACCOUNTS 1,149,811 TOTAL WAGES ACCRUED AND/OR PAID \$ 18,136,75

Return Explanation

FORM 990, ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING OFFICE AND SUPPLIES \$ 97
5,445 OUTSIDE SERVICES 348,050 REGULATORY COMMISION EXPENSE 288,274 DUPLICATE CHARGES (128
LINE 24 ,150) DIRECTORS EXPENSES 51,945 GENERAL PLANT MAINTENANCE 1,145,356 MISCELLANEOUS GENERAL
EXPENSE 1.799,802 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$ 4,480,722

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

Return Explanation

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

Return Explanation

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

990 Schedule O, Supplemental Information

Reference

AND 15

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

Return Explanation Reference

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

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

990 Schedule O, Supplemental Information

Return

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

Explanation

Return Explanation
Reference

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