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## Return of Organization Exempt From Income Tax

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

DLN: 93493317072037 OMB No 1545-0047

Department of the Treasury Internal Revenue Service	foundations)  ▶ Do not enter social security nu  ▶ Information about Form 990 a	

form as it may be made public Open to Public ions is at <u>www IRS gov/form990</u> Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization DENTON COUNTY ELECTRIC COOPERATIVE INC D Employer identification number  $\square$  Address change DBA COSERV ELECTRIC 75-0233075 ☐ Name change Doing business as ☐ Initial return Deturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 7701 SOUTH STEMMONS FREEWAY ☐ Amended return (940) 321-7800 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code CORINTH, TX  $\,$  76210 G Gross receipts \$ 454,168,226 F Name and address of principal officer **H(a)** Is this a group return for DONALD CLARY ☐Yes ☑No subordinates? 7701 SOUTH STEMMONS FREEWAY H(b) Are all subordinates CORINTH, TX 76210 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c) (12) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW COSERV COM L Year of formation 1938 M State of legal domicile TX Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE ELECTRIC POWER TO MEMBERS AT COST ON A COOPERATIVE BASIS Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 402 Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 138,823 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 137,823 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . **9** Program service revenue (Part VIII, line 2g) . . . 470,984,141 450,459,962 740,700 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,761,195 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 847,363 1,054,961 472,572,204 453,276,118 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 46,017 52,692 40,071,506 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 47,261,706 32,125,581 35,180,484 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 392,324,445 375,996,969 471,757,749 451,301,651 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,974,467 19 Revenue less expenses Subtract line 18 from line 12 . 814,455 Assets or d Balances **Beginning of Current Year End of Year** 1,123,708,908 1,169,665,469 20 Total assets (Part X, line 16) . 658,107,078 670,422,476 **21** Total liabilities (Part X, line 26) . . . . . 499,242,993 465,601,830 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has <u>any knowle</u>dge 2017-11-13 Signature of officer Sign Here BRENT BISHOP SENIOR VP & CFO Type or print name and title

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ▶ 8215 NASHVILLE AVENUE

Firm's name 

BOLINGER SEGARS GILBERT AND MOSS LLP

LUBBOCK, TX 79423

Preparer's signature WILLIAM M MILLER

Print/Type preparer's name WILLIAM M MILLER

Paid

**Preparer** 

Use Only

✓ Yes 🗆 No Cat No 11282Y

Firm's EIN > 75-0882037

Phone no (806) 747-3806

Check 🗹 ıf

self-employed

PTIN

P00439459

Date

2017-11-13

Form	990 (2016)				Page <b>2</b>					
Par	t IIII Statement	of Program Service Acc	omplishments							
	Check if Sche	dule O contains a response or	note to any line in this Part III .		🗆					
1	Briefly describe the o	rganization's mission								
TO D	ELIVER EXCELLENT SE	RVICE TO OUR MEMBERS AND	CUSTOMERS BY PROVIDING SAFE A	AND RELIABLE ENERGY SOLUTION	ONS					
2	Did the organization	undertake any significant prog	gram services during the year which v	were not listed on						
	the prior Form 990 o	r 990-EZ?			🗆 Yes 🗹 No					
	If "Yes," describe the	If "Yes," describe these new services on Schedule O								
3	Did the organization	Did the organization cease conducting, or make significant changes in how it conducts, any program								
	services?				🗌 Yes 🗹 No					
	If "Yes," describe the	se changes on Schedule O								
4	Section 501(c)(3) an		plishments for each of its three large required to report the amount of gra ervice reported							
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	See Additional Data		3 3		,					
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	-									
	-									
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	(0000	) (Expenses 4	melading grants of \$	) (Nevende \$	,					
	-									
4d	Other program service	ces (Describe in Schedule O )								
	(Expenses \$	including g	rants of \$	(Revenue \$	)					
4e	Total program serv		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>					

Yes

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14b

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

or X as applicable

Section 501(c)(3) organizations.

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?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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,

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

Νo Nο

Page 3

No

Νo

No Nο

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No

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No

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Νo

Nο

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Part IV	Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

20a 20b

Yes

Yes

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 . . . . . .

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

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

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

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

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

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 . . .

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

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

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

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

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, 

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Yes

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

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

23 24a

24b

24c

24d

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25b

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Yes

Yes

Yes

Yes

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**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? . . . 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,"

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page <b>5</b>			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>				
			Yes	No			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 96						
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c					
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				
U	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103				
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No			
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5</b> -	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		140			
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	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
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 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? <b>Note.</b> 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						
	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 on	m /2016			

-orm	orm 990 (2016)					Page <b>6</b>
Par	Part VI Governance, Management, and DisclosureFor each "Yes" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sc	hedule O		" respo	onse to l	_
	Check if Schedule O contains a response or note to any line in this Part VI .		<del></del>	<u> </u>		✓
Se	Section A. Governing Body and Management					
1a	1a Enter the number of voting members of the governing body at the end of the tax year	ar   1a	7		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 similar committee, explain in Schedule O	or		•		
b	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	1 <b>b</b>	7			
2	2 Did any officer, director, trustee, or key employee have a family relationship or a bus officer, director, trustee, or key employee?	siness rela	ationship with any other	2		No
3	3 Did the organization delegate control over management duties customarily performe of officers, directors or trustees, or key employees to a management company or other company.	3		No		
4	4 Did the organization make any significant changes to its governing documents since	the prior	Form 990 was filed?	4		No
5	5 Did the organization become aware during the year of a significant diversion of the o	rganızatı	on's assets? .	5		No
6	<b>6</b> Did the organization have members or stockholders?			6	Yes	
7a	7a Did the organization have members, stockholders, or other persons who had the powerbers of the governing body?	ver to elec	ct or appoint one or more	7a	Yes	
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval persons other than the governing body?		bers, stockholders, or	<b>7</b> b	Yes	
8	<b>8</b> Did the organization contemporaneously document the meetings held or written action the following	ons under	taken during the year by			
а	a The governing body?			8a	Yes	
b	${f b}$ Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, w organization's mailing address? <i>If "Yes," provide the names and addresses in Schedu</i>			9		No
Se	Section B. Policies (This Section B requests information about policies not re	equired i	by the Internal Revenu	e Code	e.)	
					Yes	No
10a	LOa Did the organization have local chapters, branches, or affiliates?			10a		No
b	b If "Yes," did the organization have written policies and procedures governing the acti and branches to ensure their operations are consistent with the organization's exemp			10b		
11a	L1a Has the organization provided a complete copy of this Form 990 to all members of its form?	governii	ng body before filing the	11a	Yes	
b	${f b}$ Describe in Schedule O the process, if any, used by the organization to review this Fo	orm 990				
12a	L2a Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually conflicts?	/ Interest:	s that could give rise to	12b	Yes	
С	c Did the organization regularly and consistently monitor and enforce compliance with Schedule O how this was done	the policy	? If "Yes," describe in	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	L4 Did the organization have a written document retention and destruction policy? .			14		No
15	Did the process for determining compensation of the following persons include a revipersons, comparability data, and contemporaneous substantiation of the deliberation	ew and a	pproval by independent sion?			
а	a The organization's CEO, Executive Director, or top management official			15a	Yes	
b	${f b}$ 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	L6a Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?		arrangement with a	16a		No
b	<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organ in joint venture arrangements under applicable federal tax law, and take steps to saf status with respect to such arrangements?	eguard th		16b		
Se	Section C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), available for public inspection. Indicate how you made these available. Check all that		1 990-T (501(c)(3)s only)			
	🗌 Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain i					
19	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 or ▶BRENT BISHOP SENIOR VP & CFO 7701 SOUTH STEMMONS FREEWAY CORINTH,	ganızatıoı TX 76210	n's books and records (940) 321-7800			

SENIOR VP - INFORMATION SERVICES

SENIOR VP - EMPLOYEE RELATIONS

SENIOR VP - FIELD OPERATIONS

SENIOR VP - ENGINEERING SERVICES

SR DIRECTOR OF INFORMATION SECURITY

SR DIRECTOR OF CUSTOMER OPERATIONS

(12) DENISE SMITHERS

(13) BRENT BISHOP

SENIOR VP & CFO

(14) GREG WARD

(15) ROBBY HAMLIN

(16) JEFFREY MCNEAL

(17) BRUCE BOUTILIER

Part VII

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

and Independent Contractors

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

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

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

- 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"
- organization and any related organizations

organization, more than \$10,000 of reportable co	mpensation fro	m the o	organ	ıızatı	ion	and ar	ny re	elated organizations	5		
List persons in the following order individual trus compensated employees, and former such person		rs, insti	tutioi	nai t	rust	ees, o	OTTIC	ers, key employees	s, nignest		
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee		
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t cho x, u n an	eck minless office	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) ANNE VADEN CHAIRMAN	13 30	x		x				46,111	0	0	
(2) RICHARD MUIR VICE CHAIRMAN	10 80	х		x				42,185	0	0	
(3) BILL RAGSDALE SECRETARY/TREASURER	11 10	х		x				42,185	0	0	
(4) CURTIS TALLY DIRECTOR	10 50	х						42,460	0	0	
(5) LEON PELZEL DIRECTOR	11 00	х						43,066	0	0	
(6) CLINTON BEDSOLE DIRECTOR	13 40	х						47,573	0	0	
(7) CHRISTOPHER MCCRAW DIRECTOR	12 70	х						41,389	0	0	
(8) DONALD CLARY PRESIDENT AND CEO	45 00 1 00			х				392,993	0	148,463	
(9) CURTIS TRIVITT SENIOR VP - ENERGY SERVICE	40 00			x				318,868	0	146,368	
(10) JOE FORMAN SENIOR VP - CORP RELATIONS	50 00			x				295,150	0	143,360	
(11) STACIA SIMS	45 00			Ţ				270.055	0	81 028	

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45 00

50 00

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• 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 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

81.928

86,285

87,101

64.869

73,970

31,782

59.035

270.055

250,091

242,213

216.619

198,545

198,466

179,320

0

0

0

0

1122 WEST BETHEL ROAD STE 100 COPPELL, TX 75019

compensation from the organization ▶ 35

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

Page 8

Felt	Section A. Officers, Directors	s, irustees, k	ey Em	pioy	ees	<u>, an</u>	ia nig	mes	st compensate	a Employees (co	nunuea		
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t che unles ficer	and a	son	(D) Reportable compensation from the organization (W	1 -	amou comp fro	(F) cimated nt of ot censation om the	ther on
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated emptoxies	Former	2/1099-MISC)	(W- 2/1099- MISC)	r	zation elated nizatioi	
	CHARLES TURNER	40 00					×		174,23	5	0	62	2,173
(19) V	TOR OF FINANCE VAYNE FRANCIS TOR OF INFORMATION TECHNOLOGY	40 00					×		161,15	8	0	50	3,111
(20) F	RUTH ANN SICKING CTOR OF INFORMATION SYSTEMS	40 00					x		156,34	8	0	34	4,296
													_
						_					+		
c T	oub-Total	VII, Section A				•	• 🗀				•		_
2	Total (add lines 1b and 1c)  Total number of individuals (including but of reportable compensation from the org.	it not limited to				ve) v		ceive	3,359,030 ed more than \$10	0,000		1,072	2,741
											Ye	s N	lo
3	Did the organization list any <b>former</b> offic line 1a? <i>If "Yes," complete Schedule J for</i>	r such individual	·	•	•	•		•		· · ·	3	N	lo
4	For any individual listed on line 1a, is the organization and related organizations grandividual										4 Ye	5	
5	Did any person listed on line 1a receive of services rendered to the organization $^{\circ}If$				,	,		-	ganization or indiv		5	N	lo
Se	ction B. Independent Contractors	s											
1	Complete this table for your five highest from the organization Report compensat	tion for the cale								's tax year	ensation		
	Name and	(A) business address							Descr	(B) ption of services	Com	(C) pensatio	on
WILLE	BROS T&D SERVICES LLC								UTILITY LINE	CONTRACTOR		16,410	,913
MCKI	CHURCH STREET NNEY, TX 75069 S STATE UTILITIES INC								LITTI ITY I ING	CONTRACTOR		8,061	950
3112	WICHITA COURT WORTH, TX 76140								OTILITY LINE	CONTRACTOR		0,001	,033
	EC NORTH AMERICA INC								UTILITY LINE	CONTRACTOR		5,525	,179
ATLAN	0X 277181 ITA, GA 30384 S COMPUTER SOLUTIONS INC								IT/IS CONS	LTING		2 614	902
РО ВС	S COMPUTER SOLUTIONS INC 0X 202289 AS, TX 75320								IT/IS CONSU	LITING		2,614	,002
	PROSE								PRINTING			1,732	,658

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

Part		(2016)  Statement of	Pevenue									Page 9
	-			respo	onse or note to any	line in th	ıs Part VIII					🗹
			0 00		3.130 01 11012 10 41.7	( <i>P</i> Total re	١)	Rela ex fur	( <b>B)</b> Ited or empt	Unre Unsi	C) :lated ness enue	(D) Revenue excluded from tax under sections
	12	Federated campaig	ns	1a				rev	renue			512-514
nts nts		<b>b</b> Membership dues	L	1b								
3ra nou		Fundraising events	L	1c	<u>                                       </u>							
IS. (		d Related organizatio	L	1d	<u>                                       </u>							
ia ia		• Government grants (co	L	1e	<u>                                     </u>							
ns, Sim	1	All other contributions										
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts n above	ot included	1f								
를 된		Noncash contribution	ons included									
ind in	١.	in lines 1a-1f \$		_	_							
	┸	Total.Add lines 1a-1	.г	•	Business	Code						1
Program Service Revenue	2a	SALES OF ELECTRICITY				221000	432,7	725,693	432,72	5,693		
Ę.		PATRONAGE DIVIDENDS	5			221000	10,5	541,776	10,54	1,776		
JC e	С	SERVICE FEES				221000	7,1	192,493	7,19	2,493		
Ser.	d			-								
an	е			-								
rogr		All other program se			450,4	59,962						
<u> </u>		Total.Add lines 2a-21			<u> </u>			1		ı		T
		Investment income (ii imilar amounts) .			interest, and other		623,188	3				623,188
	4	Income from investm	ent of tax-exen	npt b	ond proceeds 🕨							
	5	Royalties	() D1	•	<b>&gt;</b>	<u> </u>						
	6a	Gross rents	(ı) Real		(II) Personal							
				7,076		4						
	b	Less rental expenses	67	0,015	39,300							
	c	Rental income or (loss)	61	7,061	71,001	1						
	d	Net rental income o	r (loss)			 	688,062	2	306,235		92,425	289,402
			(i) Securitie		(II) Other	<u> </u>					•	, ·
	7a	Gross amount from sales of assets other than inventory			1,320,800							
	b	Less cost or other basis and			182,793	1						
		sales expenses Gain or (loss)			1,138,007							
		Net gain or (loss)			<b>&gt;</b>	1	1,138,00	7			46,398	1,091,609
	8a	Gross income from f	-									
Other Revenue		(not including \$ contributions reporte See Part IV, line 18		a								
Ϋ́,		Less direct expense		Ь	ents							
the		: Net income or (loss) Gross income from g		-	ents	1		+				
0		See Part IV, line 19			]							
	b	Less direct expense	s	a b								
		Net income or (loss)			les \blacktriangleright	J						
	10a	Gross sales of invent										
		returns and allowand	es	a	17,968							
	b	Less cost of goods s	sold	Ь	0	-						
	c	Net income or (loss)		nvent	tory ►		17,968	3	17,968			
	11	Miscellaneous			Business Code 221000	-	348,93:	ı				348,931
		aPOLE ATTACHMENT	INCOME		221000		540,53.					340,331
	ь	,										
	_											
	c											
	d	All other revenue .										
	e	Total. Add lines 11a	-11d		•		348,93:	L				
	12	Total revenue. See	Instructions				453,276,118		450,784,165		138,823	2 353 130
							,.,0,110	1	5,, 5 1,100		100,020	Form <b>990</b> (2016)

Forn	n 990 (2016)				Page <b>10</b>
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations 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	( <b>D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	52,692			
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, line 15 and 16				
4	Benefits paid to or for members	40,071,506			
5	Compensation of current officers, directors, trustees, and key employees	3,321,847			
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	19,165,368			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,633,073			
9	Other employee benefits	7,013,940			
10	Payroll taxes	2,046,256			
11	Fees for services (non-employees)				
a	Management				
b	Legal				
	Accounting				
	Lopping				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	26,561,780			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,111,956			
	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 COST OF PURCHASED POWER	299,299,018			
	L ADMIN & CENERAL EXPENSE	0.167.470			
	b ADMIN & GENERAL EXPENSE	9,167,479			
,	c TAXES-PROPERTY & OTHER	4,954,881			
,	d UBIT EXPENSE	36,966			
	e All other expenses	6,864,889			
	Total functional expenses. Add lines 1 through 24e	451,301,651			
	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)

Page **11** 

85,675,668

162.604.471

16.853.088

49,805,955

70,979

732.691

573.285.000

46.527.851

670,422,476

2,709,560 117.185.335

379,348,098

499,242,993

1.169.665.469

Form **990** (2016)

1,169,665,469

Form 990 (2016)

12

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14

15

16

17

18

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34

Liabilities 22

Fund Balances

Assets or

Net

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

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

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 ▶ ☐ and

Investments-program-related See Part IV, line 11

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

Total liabilities. Add lines 17 through 25 .

0 0 ,		l '
19,217,978	1	20,185,356
47,000,000	2	38,000,000
	3	
17,466,284	4	16,039,686
	5	
	47,000,000	,,

	_			· .		_	
	4	Accounts receivable, net			17,466,284	4	16,039,686
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			5		
Assets	6 7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L  Notes and loans receivable, net	(c)(3)(B), and f section 501(c)(9)	51,208	6		
Se	_	•			705 700		
Š	8	Inventories for sale or use		•	725,786	8	638,036
Ø	9	Prepaid expenses and deferred charges			124,974,783	9	119,483,971
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	957,614,416			
	b	Less accumulated depreciation	10b	247,429,223	664,610,433	<b>10</b> c	710,185,193
	11	Investments—publicly traded securities .				11	
	1						

81,400,005

152.491.269

15,771,162

44,681,261

70,520

725.587

568.505.000

44.124.710

658,107,078

2,565,485

110.048.368

352,987,977

465,601,830

1,123,708,908

1,123,708,908

12

13

14

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16

17

18

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22

23

24

25

26

27

28

29

30

31

32

33

34

Yes

3b

Nο

Form 990 (2016)

Consolidated basis Separate basis ☐ Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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

## Additional Data

Software ID: Software Version:

**EIN:** 75-0233075

Name: DENTON COUNTY ELECTRIC COOPERATIVE INC. DBA COSERV ELECTRIC

Form 990 (2016)

ON A COOPERATIVE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITAL

Form 990, Part III, Line 4a:

THE COOPERATIVE PROVIDED ELECTRICITY TO 209,341 ACTIVE MEMBER SERVICES AT YEAR END THE ELECTRICITY AND RELATED SERVICES WERE PROVIDED AT COST

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

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

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. OMB No 1545-0047 2016

DLN: 93493317072037

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization NTON COUNTY ELECTRIC COOPERATIVE INC		Em	oloyer identification number
	A COSERV ELECTRIC		75-0	0233075
Pā	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fund d "Yes" on Form 990, Part IV, line 6.	ls or Acc	counts.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to		r advised	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			urpose
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" on I	Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)		
	$\square$ Preservation of land for public use (e g , rec	reation or education) $\qed$ Preservation o	f an histor	ically important land area
	Protection of natural habitat	Preservation o	f a certifie	d 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 contribution in the	e form of a	a conservation  Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemen	ts	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (c structure listed in the National Register	) acquired after 8/17/06, and not on a historic	2d	
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguished, or terminated	l by the or	ganızatıon durıng the
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar and enforcement of the conservation easements	ding the periodic monitoring, inspection, handl t holds?	ing of viol	ations,
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	ng conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing cor	nservation	easements during the year
8	Does each conservation easement reported on line and section $170(h)(4)(B)(i)^2$	e 2(d) above satisfy the requirements of section	on 170(h)(	4)(B)(□)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial s		atement, and
Pai		tions of Art, Historical Treasures, or	Other Si	milar Assets.
1a	If the organization elected, as permitted under SI art, historical treasures, or other similar assets historide, in Part XIII, the text of the footnote to it	FAS 116 (ASC 958), not to report in its revenueld for public exhibition, education, or research	ı ın further	
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			<b>&gt;</b> \$
C	ii)Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, following amounts required to be reported under		financial g	ain, provide the
а	Revenue included on Form 990, Part VIII, line 1	· -		<b>▶</b> \$
b	Assets included in Form 990, Part X			<b>▶</b> \$
	· · · · · · · · · · · · · · · · · · ·			

Cat No 52283D

Schedule D (Form 990) 2016

**d** Equipment .

Sche	edule D (Form 990) 2016									Page <b>2</b>
Par	t III Organizations Maintaining Co	llections of A	Art, Histori	cal Tr	easure	s, or Other	Similar A	ssets (cont	inued)	
3	Using the organization's acquisition, accession items (check all that apply)	n, and other re	cords, check	any of	he follov	ving that are a	significant i	use of its col	lection	
а	Public exhibition		d		Loan or	exchange prog	ırams			
b	Scholarly research		е		Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and ex	oplain how the	y furth	er the or	ganization's ex	xempt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to						nılar	☐ Yes	□ N	o
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		n Form 990	, Part	IV, line	9, or reporte	ed an amou	unt on Forr	n 990,	Part
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other into	ermediary for	contrib	utions o	r other assets	not	Yes	<b>☑</b> N	0
ь	If "Yes," explain the arrangement in Part XII	I and complete	the following	table			Δ	lmount		_
c	Beginning balance	I and complete	the following	table		1c		····ouric		_
d	Additions during the year					1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an amount on Fo	orm 990, Part X	(, line 21, for	escrow	or custo	dıal account lıa	ability?	✓ Yes	□ N	_
b	If "Yes," explain the arrangement in Part XII								✓	
Pa	Irt V Endowment Funds. Complete									
4-	Paginning of year balance	(a)Current ye	ear (b)Pi	rior year	(c)	Two years back	(d)Three ye	ars back (e)	Four year	rs back
	Beginning of year balance				+					
	Net investment earnings, gains, and losses				-					
	Grants or scholarships				_					
	Other expenditures for facilities				-					
	and programs									
	End of year balance				-					
_	,					1.1				
2	Provide the estimated percentage of the curr Board designated or quasi-endowment ▶	ent year end ba	alance (line 1	g, colur	nn (a)) n	ieid as				
a	Permanent endowment ►									
b	Temporarily restricted endowment ►									
С	The percentages on lines 2a, 2b, and 2c shot	ıld equal 100%								
3а	• • • • • • • • • • • • • • • • • • • •	•		are he	ld and a	dmınıstered fo	r the		Yes	No
	(i) unrelated organizations							3a(i)	1	
	(ii) related organizations							3a(ii)		
b	If "Yes" on 3a(II), are the related organizatio				• •			3b		
4	Describe in Part XIII the intended uses of the		endowment f	unds						
Pa	rt VI Land, Buildings, and Equipme Complete if the organization ansi		n Form 990,	Part I	V, line :	11a. See For	m 990, Pa	rt X, line 10	).	
	Description of property (a) Cost or ot (investm		<b>b)</b> Cost or other	basıs (o	ther) (	<b>c)</b> Accumulated d	lepreciation	<b>(d)</b> B	ook value	e
<b>1</b> a	Land	3,102,142		2,86	8,309				5	5,970,451
b	Buildings			31,98	3,650		10,679,030		21	,304,620
С	Leasehold improvements									
d	Equipment	1,005,758		858,44	5,610		236,750,193		622	2,701,175

91,095

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

60,117,852

•

60,208,947

710,185,193

Part VII Investments—Other Securities. Complet See Form 990, Part X, line 12.	e if the organization ans	wered 'Yes' on Form 9 	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value		nod of valuation of-year market value
(1)Financial derivatives	•		
(2)Closely-held equity interests	•		
(A) INVESTMENT IN SUBSIDIARY CORPORATION - EQUITY MET (A)	THOD 85,675,668		С
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>▶</b> 85,675,668		
Part VIII Investments—Program Related. Comple			990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Met	hod of valuation
(1)MEMBERSHIPS IN ASSOCIATED ORGANIZATIONS	2,365	Cost or end-	of-year market value C
(2)PATRONAGE CAPITAL - BEPCI	160,721,295		С
(3)PATRONAGE CAPITAL - CFC (4)PATRONAGE CAPITAL - COBANK	357,632 431,600		C C
(5)PATRONAGE CAPITAL - NRTC	708	+	С
(6)PATRONAGE CAPITAL - TEC (6)	1,090,871		С
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>▶</b> 162,604,471		
Part IX Other Assets. Complete if the organization and (a) Description		art IV, line 11d See Form	1 990, Part X, line 15 (b) Book value
(1)	<u>'</u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 1:	5)		. •
Part X Other Liabilities. Complete if the organiza		orm 990, Part IV, lıne	11e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) I	Book value	
(1) Federal income taxes			
POST RETIREMENT HEALTH INSURANCE BENEFITS		10,707,872	
DEFERRED COMPENSATION		524,699	
CONSUMER DEPOSITS		10,378,686	
ACCRUED OPERATING TAXES & MUNICIPAL FRANCHISE FEES		12,528,210	
ACCRUED UNBILLED POWER COST		9,539,772	
DEFERRED CREDITS		2,019,774	
OTHER CURRENT & ACCRUED LIABILITIES		828,838	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	46,527,851	
2. Liability for uncertain tax positions In Part XIII, provide the	text of the footnote to the o	rganization's financial sta	
organization's liability for uncertain tax positions under FIN 48 (	(ASC 740) Check here if the	e text of the footnote has	been provided in Part XIII

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 <b>4a</b> and <b>4b</b>

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 <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
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	<b>Ic.</b> (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					
			, and the second			

Schedule D (Form 990) 2015

Page <b>5</b>		Schedule D (Form 990) 2015		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2016

## **Additional Data**

#### Software ID: Software Version:

**EIN:** 75-0233075

Name:

Explanation

PURSUANT TO SECTION 74 3013 OF THE TEXAS PROPERTY CODE, THE COOPERATIVE HAS ESTABLISHED A SCHOLARSHIP FUND WITH AMOUNTS DESIGNATED UNCLAIMED UNDER STATE LAW THE AMOUNTS

DENTON COUNTY ELECTRIC COOPERATIVE INC. DBA COSERV ELECTRIC

**Supplemental Information** Return Reference

PART IV, LINE 2B

DEPOSITED	
INTO THE SCHOLARSHIP FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE USED FOR SCHO	
LARSHIPS TO ENABLE STUDENTS WITHIN AREAS SERVED BY THE COOPERATIVE TO ATTEND COLLEGE, TECH	
NICAL SCHOOL OR OTHER POST SECONDARY EDUCATION INSTITUTION ANY AMOUNTS SO DEPOSITED INTO	
THE SCHOLARSHIP FUND ARE STILL PAYABLE TO THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE	
BUT UNCLAIMED ALSO PURSUANT TO SECTION 74 3013 OF THE TEXAS PROPERTY CODE, THE COOPERATI	
VE HAS ESTABLISHED AN ECONOMIC DEVELOPMENT FUND WITH AMOUNTS DESIGNATED UNCLAIMED UNDER	
ST	
ATE LAW THE AMOUNTS DEPOSITED INTO THE ECONOMIC DEVELOPMENT FUND ARE APPROVED BY THE STAT	
E OF TEXAS AND CAN ONLY BE USED FOR THE STIMULATION AND IMPROVEMENT OF BUSINESS AND COMMER	
CIAL ACTIVITY FOR ECONOMIC DEVELOPMENT WITHIN AREAS SERVED BY THE COOPERATIVE ANY AMOUNTS	
SO DEPOSITED INTO THE ECONOMIC DEVELOPMENT FUND ARE STILL PAYABLE TO THE PERSON TO WHOM T	
HE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED ALSO PURSUANT TO SECTION 74 3013 OF THE TEXAS	
PROPERTY CODE, THE COOPERATIVE HAS ESTABLISHED AN ENERGY EFFICIENCY ASSISTANCE FUND WITH A	
MOUNTS DESIGNATED UNCLAIMED UNDER STATE LAW THE AMOUNTS DEPOSITED INTO THE ENERGY EFFICIE	
NCY ASSISTANCE FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE USED TO ASSIST MEMB	
ERS OF AN ELECTRIC COOPERATIVE IN REDUCING THEIR ENERGY CONSUMPTION AND ELECTRICITY BILLS	
ANY AMOUNTS SO DEPOSITED INTO THE ENERGY EFFICIENCY ASSISTANCE FUND ARE STILL PAYABLE TO	

THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED

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 ORE LIKELY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERN AL REVENUE SERVICE OR OTHER STATE TAXING AUTHORITY, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES

Cupplemental Information

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

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN	l: 93493317072037
Schedule I (Form 990)  Department of the Treasury	Governments a	other Assistance  and Individuals  tion answered "Yes," o  Attach to Form  I (Form 990) and its i	s in the United on Form 990, Part IV, 990.	d States line 21 or 22.			2016 Open to Public Inspection	
Internal Revenue Service Name of the organization	Revenue Service Employ the organization Employ						er ıdentıfica	tion number
DENTON COUNTY ELECTRIC COC DBA COSERV ELECTRIC	DPERATIVE INC					75-023	3075	
Part I General Inform	nation on Grants	and Assistance				·		
<ol> <li>Does the organization mainthe selection criteria used</li> <li>Describe in Part IV the organization</li> </ol>	to award the grants	or assistance?			for the grants or assistance	e, and		☑ Yes ☐ No
		estic Organizations an can be duplicated if add		nts. Complete if the or	ganızatıon answered "Yes"	on Form 990, Pa	art IV, line :	21, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Descrip non-cash ass		(h) Purpose of grant or assistance
(1) COSERV CHARITABLE FOUNDATION 7701 SOUTH STEMMONS FREEWAY CORINTH, TX 76210	13-4281766	501(C)(3)	52,492					TO SUPPORT THE FOUNDATION'S OPERATIONS
2 Enter total number of sect	ion 501(c)(3) and go	overnment organizations	listed in the line 1 table .				<b>&gt;</b>	1
3 Enter total number of other	er organizations listed	d in the line 1 table					<b>&gt;</b>	
For Paperwork Reduction Act Note	ce, see the Instruction	ns for Form 990.		Cat No 50055	P		Sche	dule I (Form 990) 2016

Schedule I (Form 990) 2016						Page <b>2</b>	
		Domestic Individu	als. Complete if the org	anızatıon answered "Yes'	on Form 990, Part IV, line 22		
(a) Type of grant or	•	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV Suppleme	ental Informati	on. Provide the inf	ormation required in	Part I, line 2, Part III	, column (b), and any other a	dditional information.	
Return Reference	Explanati	on					
PART I, LINE 2	RT I, LINE 2 ALL DONATIONS WERE MADE TO NON-PROFIT ORGANIZATIONS, AS SUCH, ALL DONATIONS MADE TO THE ORGANIZATION SUPPORT THE FOUNDATION'S OPERATIONS						

## DLN: 93493317072037 **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.

OMB No 1545-0047

2015

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule J (Form 990)

		V ELECTRIC COOPERATIVE INC			75-0233075			
Pa	rt I	Questions Regarding Compensation			1,10 02000,0			
							Yes	No
La		k the appropiate box(es) if the organization provide Part VII, Section A, line 1a Complete Part III to						
	ΓF	irst-class or charter travel	Г	Housing allowance or residence	ce for personal use			
	ΓТ	ravel for companions	Г	Payments for business use of	personal residence			
	ΓТ	ax idemnification and gross-up payments	Γ	Health or social club dues or i	nitiation fees			
	ΓD	Discretionary spending account	Γ	Personal services (e g , maid,	chauffeur, chef)			
b		of the boxes in line 1a are checked, did the organ oursement or provision of all of the expenses descr				1b		
2		ne organization require substantiation prior to reim cors, trustees, officers, including the CEO/Executi				2	Yes	
3	organ	ate which, if any, of the following the filing organiza ization's CEO/Executive Director Check all that a by a related organization to establish compensation	appl	ly Do not check any boxes for n	nethods			
	L C	Compensation committee	Г	Written employment contract				
	Ľ I	ndependent compensation consultant	Ľ	· · · · · · · · · · · · · · · · · · ·				
	r ⊦	orm 990 of other organizations	Ľ	Approval by the board or com	pensation committee			
ŀ		g the year, did any person listed on Form 990, Par elated organization	t V I	II, Section A, line 1a with respe	ct to the filing organization			
а	Recei	ve a severance payment or change-of-control pay	mer	nt?		4a		Νo
b	Partic	cipate in, or receive payment from, a supplemental	nor	nqualified retirement plan?		4b	Yes	
c	Partic	cipate in, or receive payment from, an equity-base	d co	ompensation arrangement?		4c		Νo
	If"Ye	es" to any of lines 4a-c, list the persons and provide	le th	he applicable amounts for each	item in Part III			
5	Forpe	501(c)(3), 501(c)(4), and 501(c)(29) organizationersons listed on Form 990, Part VII, Section A, linensation contingent on the revenues of			crue any			
а	The o	rganization?				5a		
b	Any r	elated organization?				5b		
	If"Ye	es," on line 5a or 5b, describe in Part III						
5		ersons listed on Form 990, Part VII, Section A, lir ensation contingent on the net earnings of	ne 1	a, did the organization pay or ac	crue any			
а	The o	rganization?				6a		
b	Any r	elated organization?				6b		
	If"Ye	es," on line 6a or 6b, describe in Part III						
,		ersons listed on Form 990, Part VII, Section A, lir ents not described in lines 5 and 6? If "Yes," desc			iny non-fixed	7		
3		any amounts reported on Form 990, Part VII, paid ct to the initial contract exception described in Re t III				8		
)	If"Ye	es" on line 8, did the organization also follow the re	butt	table presumption procedure de	scribed in Regulations			

section 53 4958-6(c)?

Schedule J (Form 990) 2015							Page Z
Part III Officers, Directors	, Trustees, Key Er	nployees, and Hig	hest Compensate	<b>ed Employees.</b> Use	duplicate copies if	additional space is	needed.
For each individual whose compensal instructions, on row (ii) Do not list al <b>Note.</b> The sum of columns (B)(i)-(iii)	ny individuals that are	not listed on Form 990	, Part VII	• , ,	-	·	
(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation				<b>(F)</b> Compensation in			
	Base (1) 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

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

## Part III Supplemental Information

Return Reference	Explanation
	THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATON (NQDC) PLAN THE AMOUNTS LISTED REPRESENT THE ACTUARIAL INCREASE ASSOCIATED WITH PARTICIPATION IN THE PLAN DONALD CLARY - \$48,257 CURTIS TRIVITT - \$31,307
SCHEDULE J, PART II, COLUMN (C)	INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTIONS TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE REPENSED IN THE FINANCIAL STATEMENTS DONALD CLARY ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN 5 56,815 ACTUARIAL INCREASE IN NQDC PLAN 48,257 401(K) EMPLOYER CONTRIBUTION 7,950 TOTAL COLUMN C \$ 113,022 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT & NQDC PLANS (105,072) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN \$ 23,37 ACTUARIAL INCREASE IN NGDC PLAN 31,307 401(K) EMPLOYER CONTRIBUTION 7,950 TOTAL COLUMN C \$ 121,614 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT & NQDC PLANS 1,303 EXPENSED TO THE COOPERATIVE \$ 52,983 CURTIST STRIVITY ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 32,375 ACTUARIAL INCREASE IN NGDC PLAN 31,307 401(K) EMPLOYER CONTRIBUTION TO DEFINED BENEFIT PLAN \$ 32,375 ACTUARIAL INCREASE IN NGDC PLAN 31,307 401(K) EMPLOYER CONTRIBUTION TO DEFINED BENEFIT PLAN \$ 108,809 401(K) EMPLOYER CONTRIBUTION 7,950 TOTAL COLUMN C \$ 116,759 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 108,809 401(K) EMPLOYER CONTRIBUTION 7,950 TOTAL COLUMN C \$ 116,759 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 108,809 401(K) EMPLOYER CONTRIBUTION 7,950 TOTAL COLUMN C \$ 116,759 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 108,809 A01 (K) EMPLOYER CONTRIBUTION NOTAL SERVICE OF THE COOPERATIVE \$ 42,027 STACIA SIMS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 108,809 A01 (K) EMPLOYER CONTRIBUTION TO DEFINED BENEFIT PLAN 34,077 EXPENSE OF THE COOPERATIVE \$ 42,027 STACIA SIMS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 108,8
	(45,918) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 20,950 EXPENSE TO THE COOPERATIVE \$ 24,275 CHARLES TURNER ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 48,062 401(K) EMPLOYER CONTRIBUTION 5,091 TOTAL COLUMN C \$ 53,153 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (48,062) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 21,511 EXPENSE TO THE COOPERATIVE \$ 26,602 WAYNE FRANCIS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 39,382 401(K) EMPLOYER CONTRIBUTION
	4,773 TOTAL COLUMN C \$ 44,155 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (39,382) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 19,927 EXPENSE TO THE COOPERATIVE \$ 24,700 RUTH ANN SICKING ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 22,489 401(K) EMPLOYER CONTRIBUTION 4,647 TOTAL COLUMN C \$ 27,136 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN

(22,489) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 19,282 EXPENSE TO THE COOPERATIVE \$ 23,929

# Software ID: Software Version:

**EIN:** 75-0233075

Name: DENTON COUNTY ELECTRIC COOPERATIVE INC

DBA COSERV ELECTRIC

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

Form 990, Schedule J, I	Part II	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compens		i .	
(A) Name and Title	(	(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	( <b>E)</b> Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 DONALD CLARY PRESIDENT AND CEO	(1)	345,959	30,000	17,034	113,022	35,441	541,456	0
	(11)	Ü	0	0	0	0	0	0
1CURTIS TRIVITT SENIOR VP - ENERGY SERVICE	(1)	287,451 	10,510	20,907	121,614	24,754	465,236	0
						0	0	
2JOE FORMAN SENIOR VP - CORP RELATIONS	(1)	264,823  0	9,784  0	20,543	116,759	26,601 	438,510	0  0
3STACIA SIMS	(.)	245.000				0	0	
SENIOR VP - INFORMATION SERVICES	(1)	245,908	9,021	15,126	65,995	15,933	351,983	0
	(11)	0	0	0	0	-0	- 0	0
4DENISE SMITHERS SENIOR VP - EMPLOYEE RELATIONS	(1)	227,487	8,476	14,128	51,867	34,418	336,376	0
	(11)	O .	0	0	0	0	- 0	0
5BRENT BISHOP SENIOR VP & CFO	(1)	220,834	8,206	13,173	53,531	33,570	329,314	0
	(11)	0	0	0	0	-	- 0	0
6GREG WARD SENIOR VP - FIELD	(1)	197,544	6,028	13,047	32,339	32,530	281,488	0
OPERATIONS	(11)	0	0	0	0	-	- 0	0
<b>7</b> ROBBY HAMLIN SENIOR VP - ENGINEERING	(1)	181,071	6,487	10,987	42,187	31,783	272,515	0
SERVICES	(11)	0	0	0	0			0
8JEFFREY MCNEAL SR DIRECTOR OF	(1)	181,424	6,738	10,304	23,048	8,734	230,248	0
INFORMATION SECURITY	(11)	0	0	0	0	-	- 0	0
9BRUCE BOUTILIER SR DIRECTOR OF CUSTOMER	(1)	158,972	6,015	14,333	49,243	9,792	238,355	0
OPERATIONS	(11)	0	0	0	0			0
10CHARLES TURNER DIRECTOR OF FINANCE	(1)	163,195	6,116	4,924	53,153	9,020	236,408	0
	(11)	0	0	0	0	-	- 0	0
11WAYNE FRANCIS DIRECTOR OF INFORMATION	(1)	152,574	5,696	2,888	44,155	8,956	214,269	0
TECHNOLOGY	(11)	0	0	0	0			0
12RUTH ANN SICKING DIRECTOR OF INFORMATION	(1)	150,139	5,540	669	27,136	7,160	190,644	0
SYSTEMS	(11)	0	0	0	0	- 0	_ 0	0

efile GRAPH	IC prin	nt - DO NOT PROCESS   As Filed Data -	D	LN: 93493317072037
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any additional inform Pattach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its information www.irs.gov/form990.	nation about Schedule O (Form 990 or 990-EZ) and its instructions is at Open to	
Internal Revenue Service Name of the organizati DENTON COUNTY ELECTRI DBA COSERV ELECTRIC  990 Schedule O. S			75-0233075	entification number
Return Reference		Explanation		
FORM 990, PART I, LINE 19	RGINS MENTS UITY M U S G S WHO D AS S THE P AS THE LOCAT	NUE LESS EXPENSES AS REPORTED ON PAGE 1, PART I, LINE 19 DIFFE REPORTED ON THE COOPERATIVE'S AUDITED FINANCIAL STATEMEN S REQUIRED TO CONFORM TO THE FORM 990 INSTRUCTIONS THE FIF METHOD INCOME RECORDED ON THE COOPERATIVE'S BOOKS AND IN AAP REQUIRES THE COOPERATIVE TO RECORD ON ITS BOOKS THE E DLLY OWNED SUBSIDIARY EQUITY METHOD INCOME IS NOT INCOME I SUCH HAS BEEN REPORTED AS AN OTHER CHANGE IN NET ASSETS T ATRONAGE DIVIDENDS ALLOCATED OR TO BE ALLOCATED BY THE CO E FORM 990 REQUIRES SUCH AMOUNTS TO BE REPORTED AS AN EXF IED OR TO BE ALLOCATED ARE AN INCREASE IN CAPITAL AND EQUITY L, ON U S GAAP BASIS FINANCIAL STATEMENTS	ITS DUE TO BOOK RST ADJUSTMENT CLUDED IN TOTAL QUITY METHOD IN FOR IRS FORM 990 HE SECOND ADJU DOPERATIVE TO M PENSE, PATRONAG	TO TAX ADJUST IS FOR THE EQ NET MARGINS ICOME FROM IT I PURPOSES AN STMENT IS FOR EMBERS WHERE IS DIVIDENDS AL

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

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

ľ	FORM 990,	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 AMENDMENTS TO TH
	PART VI,	E ARTICLES OF INCORPORATION, 2 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASS
	SECTION A,	ETS, 3 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE, AND 4 MERGER OR CONSOLIDATION OF THE
	LINE 7B	COOPERATIVE WITH ANOTHER ORGANIZATION

Return Explanation
Reference

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

Return Explanation

FORM 990, ALL DIRECTORS, OFFICERS, AND EMPLOYEES OF THE COOPERATIVE ARE REQUIRED TO ANNUALLY CERTIFY
PART VI,
SECTION B, ATIONS OF THE CODE THAT MAY HAVE OCCURRED
LINE 12C

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO IS SUBJECT TO AN ANNUAL EVALUATION BY A COMPENSATION COMMITTEE, WHICH IS COMPRISED OF THE BOARD OF DIRECTORS A COMPENSATION SURVEY AND AN INDEPENDENT COMPENSATION CONSULTA NT ARE USED WHEN DETERMINING THE COMPENSATION OF THE CEO THE SURVEY SHOWS COMPARATIVE SAL ARIES FOR CEOS FROM SIMILARLY SITUATED COOPERATIVES, UTILITIES, AND OTHER BUSINESSES LOCAT ED IN THE DALLAS/FT WORTH METROPLEX AREA, TEXAS AND THE NATION THE CEO USES A WAGE AND S ALARY PLAN APPROVED BY THE BOARD, WHICH IS BASED ON A COMPENSATION SURVEY, WHEN DETERMININ G THE COMPENSATION OF THE COOPERATIVE'S OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEE, IF ANY, FROM SIMILARLY SITUATED COOPERATIVES, UTILITIES, AND OTHER BUSIN ESSES LOCATED IN THE DALLAS/FT WORTH METROPLEX AREA, TEXAS AND THE NATION

Return Explanation
Reference

FORM 990,	ANNUALLY, THE COOPERATIVE PROVIDES A CONDENSED SET OF AUDITED FINANCIAL STATEMENTS TO THE
PART VI,	MEMBERS OF THE COOPERATIVE BY PUBLISHING THE COOPERATIVE'S ANNUAL REPORT IN THE CO-OP POWE
SECTION C,	R MAGAZINE THE BY-LAWS AND ANNUAL REPORT, WHICH INCLUDE THE CONDENSED FINANCIAL STATEMENT
LINE 19	S. CAN ALSO BE FOUND ON THE COOPERATIVE'S WEBSITE

Return Reference	Explanation
FORM 990, PART VII, COLUMN F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE EMPLOYER CO NTRIBUTIONS TO THE PLAN ARE MADE PURSUANT TO THE PLAN DOCUMENT ADDITIONALLY, THE COOPERAT IVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS A RE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYE ES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEAL TH, DENTAL, VISION, LONGTERM DISABILITY, ACCIDENTAL DEATH & DISMEMBERMENT AND GROUP TERM L IFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICERS AND HIGHLY COMPENSATED EMPLOYEES IS COMP RISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND EMPLOYER PAID INSURANCE PREMIUMS IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THR OUGH AN UNFUNDED WELFARE BENEFIT PLAN THE VALUE OF THESE BENEFITS PER INDIVIDUAL HAS NOT BEEN ESTIMATED

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 TO COOPER
LINE 2	ATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS
	THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIO
	NS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO I
	TS MEMBERS

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	ALTHOUGH NO LONGER A BORROWER OF THE RURAL UTILITIES SERVICE (RUS), THE ACCOUNTING RECORDS
PART IX	OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE UNIFORM SYSTEM OF ACCOUNTS AS PR
	ESCRIBED FOR RUS BORROWERS THE UNIFORM SYSTEM OF ACCOUNTING DOES NOT RECORD EXPENSES IN T
	HE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY
	REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACC
	ORDANCE WITH ITS ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23
	ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACC
	OUNTS

Return Explanation

FORM 990, PART IX, LINES 5-7

LINES 5-7

COUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO THE TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$ 22,487,215 LESS DIREC TORS FEES REPORTED ON 1099-MISC (304,969) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (832,344) PLUS SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 8,255,649 TOTAL WAGES AC CRUED AND/OR PAID \$ 29,605,551

Explanation Return Reference

FORM 990. ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING ADMINISTRATIVE & GENERAL EXPENSE \$ 1.148.892 OUTSIDE SERVICES 1.864.207 PROPERTY INSURANCE 919.993 LOSS/DAMAGES 32 4,197 RENTS 40,772 MAINTENANCE OF GENERAL PLANT 14,509 MISCELLANEOUS GENERAL EXPENSE 4,854

PART IX. LINE 24 .909 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$ 9.167.479

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

990 Schedule O, Supplemental Information

Reference		
FORM 990,	OTHER EXPENSES IS COMPRISED OF THE FOLLOWING DISTRIBUTION EXPENSE \$ 4,572,769 SALES 1,239	
PARTIX	524 CUSTOMER ACCOUNTS & SERVICE 907 832 MISCELLANEOUS 134 256 MUNICIPAL FRANCHISE FEES 10	

Explanation

.508 TOTAL OTHER EXPENSES PER FORM 990. LINE 24E \$ 6.864.889

Return

LINE 24E

Return Explanation
Reference

FORM 990,	EQUITY METHOD INCOME (LOSS) FROM SUBSIDIARY COMPANY 4,575,051 NET CHANGE IN MEMBERSHIPS 1
PART XI,	44,075 OCI - POST EMPLOYMENT BENEFITS & AFFILIATES -967,786 PATRONAGE CAPITAL ASSIGNED 4
LINE 9	0,071,506 PATRONAGE CAPITAL RETIRED - TOTAL -19,293,117 PATRONAGE CAPITAL RETIRED - DISC
	OUNT 7,136,967 SUBSIDIARY EQUITY TRANSFERS & ADJUSTMENTS

Explanation Return

Reference	
FORM 990,	PURSUANT TO BOARD POLICY, THE BOARD OF DIRECTORS IS THE AUDIT COMMITTEE AND IS RESPONSIBLE
PART XII.	FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING THE INDEPENDENT FINANCIAL STAT

LINE 2C EMENT AUDITOR PROCEDURES REMAINED UNCHANGED DURING THE YEAR

Return Explanation
Reference

FORM 990,	THE DISCLOSURES PERTAINING TO COSERV INVESTMENTS LP INCLUDE THE FOLLOWING ENTITIES WHICH W
SCHEDULE	ERE DISREGARDED OF ITS SOLE OWNER FOR FEDERAL TAX REPORTING PURPOSES, AS OF DECEMBER 31, 2
R, PARTS IV	016 COSERV NATURAL LLC COSERV GAS LTD RENEWABLE ENERGY ALTERNATIVES LLC THIRTY SEVEN REAL
AND V	TY GP LLC THIRTY SEVEN REALTY HOLDINGS LP

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE R

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047

DLN: 93493317072037

Open to Public Inspection

Department of the Treasury

(Form 990)

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

Internal Revenue Service Name of the organization **Employer identification number** 

DENTON COUNTY ELECTRIC COOPERATIVE INC DBA COSERV ELECTRIC 75-0233075 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity Direct controlling or foreign country) entity (1) QUAIL RUN REALTY LLC REAL ESTATE TX DENTON COUNTY ELECTRIC 7701 SOUTH STEMMONS FWY COOPERATIVE INC CORINTH, TX 76210 (2) COSERV PROPERTY HOLDINGS LLC REAL ESTATE TX DENTON COUNTY ELECTRIC 169,306 3,496,881 7701 SOUTH STEMMONS FWY COOPERATIVE INC CORINTH, TX 76210 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (d) (a) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512 or foreign country) (if section 501(c)(3)) entity (b)(13)controlled entity? Yes No (1)COSERV ELECTRIC GROUP HEALTH BENEFIT PLAN TRUST MEDICAL SELF INSURANCE DENTON COUNTY ELECTRIC TX 501(C)(9) N/A Yes 7701 SOUTH STEMMONS FWY COOPERATIVE INC CORINTH, TX 76210 30-0403374 (2)COSERV CHARITABLE FOUNDATION COMMUNITY CHARITABLE TX DENTON COUNTY ELECTRIC 501(C)(3) Yes 7701 SOUTH STEMMONS FWY CONTRIBUTIONS COOPERATIVE INC CORINTH, TX 76210 13-4281766

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (a) Name, address, and EIN of (b) (c) (d) (e) (f) (g) (h) (1) (j) (k) Percentage Primary Legal Direct Predominant Share of Share of Disproprtionate Code V-UBI General or related organization controlling income(related, end-of-year allocations? amount in box ownership activity domicile total income managing (state entity unrelated, assets 20 of partner? excluded from Schedule K-1 tax under (Form 1065) foreign sections 512country) 514) No Yes No Yes Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of (h) (ı) (e) Legal Type of entity Section 512 Primary activity Direct controlling Share of total Share of end-of-Percentage related organization (C corp, S (b)(13) domicile entity ownership ıncome year (state or foreign assets controlled corp, country) entity? or trust) Yes No (1)COSERV UTILITY SERVICES INC GP FOR COSERV TX DENTON COUNTY 853,261 100 000 % No INVESTMENTS ELECTRIC 7701 SOUTH STEMMONS FWY COOPERATIVE INC CORINTH, TX 76210 75-2766000 (2)COSERV INVESTMENTS LP INVESTMENTS TX 47,539,036 182,369,619 100 000 % DENTON COUNTY C No ELECTRIC 7701 SOUTH STEMMONS FWY COOPERATIVE INC CORINTH, TX 76210 75-2729645

See Additional Data Table

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

(a)

Name of related organization

o Sharing of paid employees with related organization(s) . . . . . . . . . . . .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses .

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g	$\vdash$	No

Page 3

Yes

Yes

No

No

10 l Yes

1q |

1r Yes

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f	Yes	
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
	Evaluation of accepts with valued avaptation(a)	1 i		No

e Loans or loan guarantees by related organization(s)	1e	$\perp \perp \perp$	No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g	П	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	ı	No

(b)

Transaction

type (a-s)

(c)

Amount involved

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

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

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

<b>1</b>													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	<b>(k)</b> Percentage ownership
			514)	Yes	No	<b>!</b>		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	D) 2016



## Additional Data

COSERV CHARITABLE FOUNDATION

COSERV CHARITABLE FOUNDATION

COSERV CHARITABLE FOUNDATION

COSERV CHARITABLE FOUNDATION

(5)

(6)

(7)

(8)

## Software ID: Software Version: **EIN:** 75-0233075 Name: DENTON COUNTY ELECTRIC COOPERATIVE INC. DBA COSERV ELECTRIC Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved Method of determining amount involved type(a-s) (1) COSERV INVESTMENTS LP AND SUBSIDIARY 403,899 INVOICES AND OTHER RECORDS (1) COSERV INVESTMENTS LP AND SUBSIDIARY F 250,000 **DIVIDEND DECLARED & RECEIVED** (2) COSERV INVESTMENTS LP AND SUBSIDIARY Q 6,081,509 INVOICES AND OTHER RECORDS (3) COSERV ELECTRIC GROUP HEALTH BENEFIT PLAN R 5,552,935 INVOICES AND OTHER RECORDS (4) COSERV ELECTRIC GROUP HEALTH BENEFIT PLAN 0 N/A - LESS THAN \$50,000

В

Ν

Ω

52,492

(d)

CASH CONTRIBUTION

N/A - LESS THAN \$50,000

N/A - LESS THAN \$50,000

N/A - LESS THAN \$50,000