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Form	, JJ	İ		Organizatio	=					20	17
		Under		7, or 4947(a)(1) of th						"	
Depa	artment of nal Reven	the Treasury		social security num .irs.gov/Form990 f			-	-	ic.	_	to Public ection
A		2017 calendar year					d ending		nber 31	, 20 17	ection
В				lectric Association		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a chang			er identification	on number
	Address	·· —	usiness as							84-037377	0
	Name ch	ange Number	and street (or P.O bo	x if mail is not delivere	d to street address)	F	Room/suite		E Telephor	ne number	
	Initial ret							_		(970) 345-22	91
님			•	e, country, and ZIP or fo	oreign postal code						
님	Amende	return AKFON, C	O 80720	l officer Terence J	I Uall Je				G Gross re		43,597,101
	Applicati		"same as C above		. Hall, JI.	P			-	subordinates?	Yes No
1	Tax-exer			01(c) (12) ◀ (inse	rt no) 4947(a)(1)) or	527			list (see instru	
	Website			7 (-7)	1	<u> </u>	·	H(c) Group	exemption	number >	
		ganization 🗸 Corpora	ation 🔲 Trust 📗 A	ssociation ☐ Other ►		L Year c	of formation	1945	M State	of legal domic	ıle CO
P	art I	Summary			V						
•	1	-	_	mission or most s	significant activi	ties	Y-W Elect	ric is a R	ıral Electr	ic Distributi	on Coop
, Activities & Governance		selling electricity to	o it's consumers.								
erns	2	Check this box ▶	☐ If the organiza	ition discontinued	its operations	or disn	nosed of r	nore that	25% of	its net asse	
, ŏ				governing body (F					3	ita net asse	9
ø		_		mbers of the gove	•		ne 1b) .				9
ties	l .	-	-	yed in calendar ye			•		5		[`] 51
ξį		Total number of v							6		0
Ą	7a	Total unrelated bu	ısiness revenue f	rom Part VIII, col	MEQ.PAY	<u>.</u>			7a		0
	b	Net unrelated bus	iness taxable inc	ome from Form 9	90-T, Ilne 34		ω	<u> </u>	7b		0
				line 1h) .	JUN 2 8 201	. 1	ଞ୍ଚା 🗀	Prior Y		Currer	nt Year
ne	1								0 1,086,895		41,742,342
Revenue	l .	-	•	nn (A), lin <u>ës 3,</u> 4 C	GREN.		₹ .		73,663		73,681
æ	11		•), lines 5, 6d, 8c, 9			<u>`</u> `		1,079,265		1,781,078
			· · · · · · · · · · · · · · · · · · ·	11 (must equal Pa			12)		2,239,823		43,597,101
	13			Part IX, column (A)					0		0
	14	Benefits paid to o	r for members (P	art IX, column (A),	line 4)				2,951,121		2,955,340
es	15	Salaries, other com	npensation, emplo	yee benefits (Part	IX, column (A), lı	ines 5-	-10)		0		0
Expense	I		• ,	IX, column (A), Irr	•				0		0
ă.				(, column (D), line							
	1	•	•	N), lines 11a-11d,	,				9,288,702		40,641,761
	18 19	•	•	nust equal Part IX ine 18 from line 1:	. , ,.	ie 25)			2,239,823		43,597,101
- X		revenue less exp	chaes. Oublidel I	me to nomine l	• • •	<u>·</u> ·	Bea	inning of Ci		End o	f Year
Net Assets or Fund Balances	20	Total assets (Part	X, line 16)						8,522,004		112,180,241
t Ass	21	Total liabilities (Pa	•				🗀		8,863,558		51,823,114
şë	22	Net assets or fund	l balances. Subtr	act line 21 from li	ne 20			5	9,658,446		60,357,127
Pa	art II	Signature Blo	ck								
Un	der penal	ies of perjury, I declare	that I have examined	this return, including	accompanying sche	edules ar	nd statemer	nts, and to	he best of n	ny knowledge	and belief, it is
	e, correct	and complete Declara	alibri di preparer ibble	er than officer) is based	all information o	which	preparer na	s any know	eage	70/70	7
Sig	ın	Signature of office	LY TA					Da	b/.) Y ZC	<u> </u>
He	-	, A	Hall, Ur General	Manager				U	ne /	ι	
•••	. •	Type or print na		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
Do		Print/Type preparer		Preparer's signa	ature		Date		Charle 5	PTIN	
Pa	ıa epare	.							Check L	if bloyed	
	epare e Onl	l = .		·				Firr	n's EIN ▶		
		Firm's address ▶							ne no		
Ma	y the IF	S discuss this retu	urn with the prepa	arer shown above	? (see ınstructio	ons) .					Yes 🗌 No
For	Paperv	ork Reduction Act	Notice, see the se	eparate instruction	s		Cat No	1282Y		Fo	rm 990 (2017)

	30 (2017		Page Z
Part	Ш	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	<u>. []</u>
1		ly describe the organization's mission:	
	Y-W I	Electric Association is a Rural Electric Distribution Coop selling electricity to it's consumers.	
2	Did t	he organization undertake any significant program services during the year which were not listed on the	
-		Form 990 or 990-EZ?	₩o.
		es," describe these new services on Schedule O.	E. 110
3		the organization cease conducting, or make significant changes in how it conducts, any program	
_	servi	ces?	₩ No
		es," describe these changes on Schedule O.	
4		cribe the organization's program service accomplishments for each of its three largest program services, as meas	ured by
-		enses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
		otal expenses, and revenue, if any, for each program service reported.	•
4a	(Cod	le:) (Expenses \$including grants of \$) (Revenue \$)
	Purcl	hase of electric nower to sell to our customers.	
			·
4b	(Cod	le) (Expenses \$including grants of \$) (Revenue \$)
	Oper	ating and Maintenance expenses incurred in conjunction with the selling and maintaining of electric lines for our custome	ers.
			 -
		,	 -
4c	(Cod)
	Depr	eclation on Electric Plant used for distribution of electricity to our customers	
4d	Othe	r program services (Describe in Schedule O.)	
		enses \$ including grants of \$) (Revenue \$)	
4e		program service expenses ► 40,641,761	

DJOL

Part	Checklist of Required Schedules		1	
	to the expenientian department in section 501(a)(2) or 4047(a)(1) (other than a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		v
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	٧	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		•
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	~	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		٧
e f	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	11e		ν ν
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
b	Schedule D, Parts XI and XII	12a	>	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		7
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-70		Ť
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		V
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		v
			000	

Part	Checklist of nequired Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
zo a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<i>y</i>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<i>v</i>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 28b	-	v	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	~	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	~	
		For	m 99 0	(2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance	_		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c	~	ļ
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. 2a 51			
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 51 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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	0.0		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		
-	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	•		
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
_	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		ļ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter			1
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter.			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		İ	
	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.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	<u> </u>		
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<u> </u>	L	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
h	If "Ves " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schodule O	14h	1	1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	iee ins	truct	ions.
Saati	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	. <u>v</u>
Secu	on A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
14	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			
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		V
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		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	~	
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	>	
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	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	٧	
b	Each committee with authority to act on behalf of the governing body?	8b		~
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
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	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	~	~
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14	~	-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			.
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b		~
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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		<u></u>
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	<u> </u>	<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Colorado Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only
	available for public inspection. Indicate how you made these available Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ated any currer	nt officer, director	r, or trustee.
-					C)					
(A)	(B)	Position (do not shock me			osition ck more than one			(D)	(E)	(F)
Name and Title	Average	box, unless person is both an		Reportable	Reportable	Estimated				
	hours per week (list any		direct and a director/trustee)		compensation	compensation from related	amount of other			
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	the	organizations	compensation
	related organizations	rect	t tic	ĕ	emp	lest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	입 물	nal		Joy	eom		ľ		and related
	line)	ste	trus		&	Pen				organizations
		"	ee			Highest compensated employee				
(4) Dahart Bladana										
(1) Robert Bledsoe Director	2.2	1						4,200	o	0
(2) Chester Gebauer	2.2	-				-	\vdash	4,200		
Treasurer	1.5	/		1				4,200	o	0
(3) Craig Lambley	1		 		┢╌		<u> </u>	1,255	-	
Director	3.0	1						9,450	o	0
(4) Max Olsen			•				T			·
Director	66	V						7,700	o	0
(5) Roger Schenk										
President	3 1	1	l					9,450	0	0
(6) Steve Schoenfield										
Director	1.8	~					L	4,900	0	0
(7) Charles Soehner										
Director	2 4	~	<u> </u>				<u> </u>	6,300	0	0
(8) Stuart Travis					ŀ					_
Vice President	7.8	~	<u> </u>	<u> </u>	<u> </u>		_	16,100	0	0
(9) Joneal Young							Ì			
Secretary	1.7	~	ļ	ļ	<u> </u>			4,200	0	0
(10) Terence J Hall, Jr.	40			١,				040.074		(2.707
General Manager	40		⊢	~	 -	ļ		243,371	0	63,787
(11) Brandee Bullard	40			,				05 740		36,110
Office Manager	40		├	-			-	95,718	0	30,110
(12)		ł		ĺ	ŀ					
(13)	+			\vdash			1			
V-7/		1								
(14)			T	T		<u> </u>	T	<u> </u>		
V	1	1		1			1			

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
		(C) Position										_		
	(A)	(B)	(do not check more than one					(D)	(E)			F)		
	Name and title	Average hours per							Reportable compensation	Reportable compensation from	m		nated unt of	
		week (list any hours for	V						from the	related organizations		compe	her ensatio	nn
		related	Individual trustee or director	Institutional trustee	Officer	Key er	ghes	Former	organization	(W-2/1099-MISC)	fror	n the	
		organizations below dotted		tions		employee	/ee co	-	(W-2/1099-MISC)		1		ızatıor elated	
		line)	rust	[2		yee	nper						zation	
			8	stee			Highest compensated employee							
(4.5)				_	<u> </u>	-	ä	-						
(15)		 				ĺ								
(16)		-				-								
119			-	l										
(17)				<u> </u>										
						<u> </u>								
(18)														
				<u> </u>	ļ	ļ								
(19)		 	-											
(20)				┢	1			 						
(20)						l								
(21)											1			
32														
(22)														
		ļ		<u> </u>		<u> </u>		╙						
(23)														
(0.4)				 	┢						-			
(24)		 	ł		1									
(25)					\vdash	<u> </u>					_			
3772			1							ŀ				
1b	Sub-total							>	405,589					99,897
C	Total from continuation sheets to Part	VII, Section	n A					▶	0		_			0
d							• •	<u> </u>	405,589	L			'	99,897
2	Total number of individuals (including but		d to th	nose	e list	ted	above	e) w	ho received m	ore than \$100,	000 o	f		
	reportable compensation from the organ	ization											Yes	No
3	Did the organization list any former of	fficer, direc	tor.	or te	rust	ee.	kev e	emr	olovee, or high	nest compensa	ated		163	110
	employee on line 1a? If "Yes," complete											3		~
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	ensation from	the			
	organization and related organizations	greater th	an \$	150	,000)? /	f "Ye	s, "	complete Sch	nedule J for s	uch			
	individual		• •	٠				-				4	~	↓ ,
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi	dual	_ <u>_</u>		
Soction	on B. Independent Contractors	- 11 163, 6	Jone	-	00,	100	ale o	-	Bacil person	· · · · ·	•	5		
1	Complete this table for your five highest	compensat	ed in	den	end	lent	contr	act	ors that receive	ed more than \$	100.0	000 of		
·	compensation from the organization. Rep													:ax
	year	•							_					
	(A)								(B)		_	(C)		
	Name and business add	dress						L	Description of s	services	Co	mpens		<u> </u>
	ster, P.O. Box 855, Brush, CO 80723								ee Service					01,120
	ne Electric Ass'n, P.O. Box 57, Holyoke, CO 8		104					-	gineering Servi					18,828 92,900
UH GU	ernsey & Co., P.O. Box 96-0012, Oklahoma (Jity, UK /3	1 70					<u> - </u>	gineering Servi	ue3				72,700
								†-						
2	Total number of independent contractor	ors (ıncludı	ng bi	ut r	ot	lımı	ted to	o th	nose listed ab	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgar	nızat	tion	>		3					}

Part	VIII	Statement of Hevenue		1 41	. D- 4 \ \		
-		Check if Schedule O contains	a response or note t		s Part VIII ■ (B)	(0)	<u></u>
		ţ-		(A) Total revenue	Related or	(C) Unrelated	(D) Revenue
					exempt function	business rev e nue	excluded from tax under sections
y y	1a	Federated campaigns	1a		revenue		512 514
La da	b	Membership dues	1b	<u> </u>	, , ,	- 1	***
اَعْ يَّ	c	Fundraising events	1c	1			- -
infts	ď	Related organizations	1d	- ;		- 1	3
5 E	е	Government grants (contributions)	1e			 	' •
เล็	f	All other contributions, gifts, grants,			f	ļ. ,	, ,
를 를		and similar amounts not included above	1f	<u>}</u>	4		١ -
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a	1f \$, 1	1
$\overline{}$	h	Total Add lines 1a-1f	<u> </u>				
ĝ.			Business Code	<u> </u>	1		
e Ve	2a	Electric Revenue	221000	41,742,342	41,742,342		
e e	b				}		
١	C C				<u></u>		
Program Service Revenue	d				1		
yran	e f	All other program service revenu	10		t		
ğ	g	Total Add lines 2a–2f		41,742,342	<u>, - •</u>		
_	3	Investment income (including	dividends, interest.	11/7/2/01/2	1	-	_,
i		and other similar amounts)	•	73,681	73,681		
	4	Income from investment of tax-exer	mpt bond proceeds▶		1		_
	5	Royalties	>	132,381	132,381		
		(i) Real	(ii) Personal		7 7 7		,
	6a	Gross rents	0 0	<u> </u>]	- \$
	b	Less rental expenses	0 0	1			
	С	Rental income or (loss)	0) 0	<u></u>		<u> </u>	13
	d	Net rental income or (loss)	too (4) Other	0	i 0	,	
	7a	Gross amount from sales of (i) Securit assets other than inventory	ies (ir) Other	,	, ,		
	ь	Less cost or other basis			إخرا)	h 34
		and sales expenses			1 1	,	
	С	Gain or (loss)	0 0	F		ļ. j	
	ď	Net gain or (loss)	<u> </u>	0	0	L	L
		3, ,			¦' ¶]	F . 18 1	, jr
enne	8a	Gross income from fundraising		1	a 1	۱	
, kei		events (not including \$, ,	1	!
~ B		of contributions reported on line 1	c)	- ,	- -	ļ	`
Other Rev	_	See Part IV, line 18	a 0		. !		ļ.,,
ŏ	b	Less direct expenses	p[<u> </u>	-		<u> </u>
	C	Net income or (loss) from fundra Gross income from gaming activi		U	<u>-</u>		<u> </u>
Ì	34	See Part IV, line 19	a 0	, "	**************************************	ļ.,	
ĺ	b	Less direct expenses	b 0	* *	, , , , , , , , , , , , , , , , , , ,		, · ·
		Net income or (loss) from gamin	~1	0	0	L	
		Gross sales of inventory,		,	7	1 - 7	r.
į		returns and allowances	a 142,012	r r	,	_^;	;
	b	Less cost of goods sold	b 160,989		Ė	<u> </u>	٠
1	С	Net income or (loss) from sales		(18,977)	j (18,977)		
1		Miscellaneous Revenue	Business Code	9 , ,	, , , , ,	<u> </u>	
	11a	Patronage Capital G & T & Other	900099	1,667,674	1,667,674		
	b						
	c d	All other revenue			jt 1	- '	
	e	Total Add lines 11a-11d		1,667,674		 ,	<u></u>
	12	Total revenue See instructions		43,597,101	43,597,101	<u> </u>	
					1		Form 990 (2017)

	·	
Part IX	Statement of Functional Expenses	
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A)

	(-)(-) and (-)(-) organizations made con	ipiete dir colarimo 71	other organization	is must complete co	marrier (A).
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX		🗹
	Check if Schedule O contains a respon to include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
8b, 9Ł	, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,955,340 505,486			
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management	i			
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				-
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	1,439,280			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,936,651	 		
23	Insurance	2,700,001			
	· · · · · · · · · · · · · · · · · · ·				
24	Other expenses Itemize expenses not covered				Í
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Cost of Power	28,624,425			
b	Operating & Maintenance Expense	7,129,623			
С	Misc Deductions	6,296			
d				·······	
e	All other expenses				<u> </u>
25	Total functional expenses. Add lines 1 through 24e	43,597,101			
26	Joint costs. Complete this line only if the	43,377,101			
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	İ			

Part X Balance Sheet

٢	art X				_
		Check if Schedule O contains a response or note to any line in this		 .	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	(449,008)	1	(890,203)
	2	Savings and temporary cash investments	1,680,105	2	1,504,162
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,224,092	4	2,217,695
	5	Loans and other receivables from current and former officers, director	rs,		
		trustees, key employees, and highest compensated employee	es		
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under secti			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficia			
Assets		organizations (see instructions) Complete Part II of Schedule L	0		0
SS	7	Notes and loans receivable, net	454,212		304,061
⋖	8	Inventories for sale or use	1,853,333		1,838,695
	9 10a	Prepaid expenses and deferred charges	1,786,956	9	1,686,886
	IUa		922		
	h	· · · · · · · · · · · · · · · · · · ·	<u> </u>	100	71,931,543
	11	Less: accumulated depreciation	277 87,542,567		71,731,043
	12	Investments—publicly traded securities		_	
	13	Investments—program-related. See Part IV, line 11	32,312,209		33,443,809
	14	Intangible assets	52,512,25	14	30/110/337
	15	Other assets See Part IV, line 11	117,538		143,593
	16	Total assets. Add lines 1 through 15 (must equal line 34)	108,522,004		112,180,241
	17	Accounts payable and accrued expenses	4,145,964	17	6,150,766
	18	Grants payable	C	18	0
	19	Deferred revenue	C	19	0
	20	Tax-exempt bond liabilities		20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule \ensuremath{D} .	C	21	0
es	22	Loans and other payables to current and former officers, director			
ij		trustees, key employees, highest compensated employees, at			
Liabilities		disqualified persons. Complete Part II of Schedule L	0		0
_	23	Secured mortgages and notes payable to unrelated third parties .	44,717,594		45,672,348
	24	Unsecured notes and loans payable to unrelated third parties	.	24	0
	25	Other liabilities (including federal income tax, payables to related this parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D	()	25	0
	26	Total liabilities. Add lines 17 through 25	48,863,558		51,823,114
			and		
Ses		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	C	27	0
Bal	28	Temporarily restricted net assets	C	28	0
Ē	29	Permanently restricted net assets	C	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► ✓ a complete lines 30 through 34.	and		
ts c	30	Capital stock or trust principal, or current funds		30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	(1	0
As	32	Retained earnings, endowment, accumulated income, or other funds.	59,658,446		60,357,127
Net	33	Total net assets or fund balances		33	0
_	34	Total liabilities and net assets/fund balances	108,522,004	34	112,180,241
		 			Form 990 (2017)

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Page		_	

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				-90
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u>. Ll</u>
1	Total revenue (must equal Part VIII, column (A), line 12)			7,101
2	Total expenses (must equal Part IX, column (A), line 25)		43,59	97,101
3	Revenue less expenses. Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			0
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			C
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))			0
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>. D</u>
			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			ļ
b	Were the organization's financial statements audited by an independent accountant?	2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated 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.	3b		<u></u>
		Forr	n 99 0	(20

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

	lectric Association, Inc.		84-0373770
Par	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered		
		(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 the	-	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<u> </u>	Yes No
Par	Conservation Easements.	"Vac" on Form 000 Port IV line 7	
	Complete if the organization answered		•
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea	•	of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
С	Number of conservation easements on a certified l		
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	-		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		·
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
-	Assessed of assessed in a second to a second to the second		
7	Amount of expenses incurred in monitoring, inspectir \$ \\$	ig, nandling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements o	of section 170(h)(4)(R)(i)
U	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	_	
Part	Organizations Maintaining Collection	s of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted under SF	•	
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relat		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · > \$
^	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art following amounts required to be reported under S		
_		•	
a h	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		· · · · ▶ \$
()	- Caacia ilicioucu ili EUIIII 880. E80 A		– 3

Part										
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and oth	ner recor	ds, chec	k any of the	e follov	ving that are a s	ignifican	t use	of its
а	Public exhibition		d [☐ Loan	or exchang	e prog	rams			
b	☐ Scholarly research		е [☐ Other	•				_	
С	☐ Preservation for future generations									
4	Provide a description of the organizatio XIII	n's collections a	nd expla	in how t	hey further	the org	janization's exer	npt purp	ose i	n Part
5	During the year, did the organization so assets to be sold to raise funds rather the								es [□ No
Part										
	Complete if the organization a 990, Part X, line 21.								n For	m
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?								es [□No
b	If "Yes," explain the arrangement in Part	t XIII and comple	te the fo	llowing ta	able:		A	mount	_	
С	Beginning balance					10				
d	Additions during the year					1d	<u> </u>			
е	Distributions during the year					1e	•			
f	Ending balance					1f				
2a	Did the organization include an amount									☐ No
	If "Yes," explain the arrangement in Part	t XIII. Check here	if the ex	planatio	n has been	provide	ed on Part XIII .	· · ·		<u> </u>
Par	V Endowment Funds.									
	Complete if the organization a	nswered "Yes"						•		
		(a) Current year	(b) Prio	or year	(c) Two year	s back	(d) Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance								_	
ь	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships			_			<u> </u>			
e	Other expenditures for facilities and									
	programs									
f	Administrative expenses							<u> </u>		
g g	End of year balance									
2	Provide the estimated percentage of the		d halanc	e (line 1c	L column (a)) held	as.	_1		
a	Board designated or quasi-endowment	-		o (mio ig	,, 001411111 (4	,, 11010	u 0.			
h	Permanent endowment ►	%	/ 0							
C	Temporarily restricted endowment ▶	^{/0}								
C	The percentages on lines 2a, 2b, and 2c		nn%							
За	Are there endowment funds not in the p			zation th	at are held	and ad	ministered for th	ne		
Ua	organization by:	p0330331011 01 an	c organiz	Lation the	at are nota	and do	ininiotoroa ioi ti		Yes	No
	(i) unrelated organizations							3a(i)	_	110
	(ii) related organizations							3a(ii)	-	+
	If "Yes" on line 3a(ii), are the related org							3b	-	-
b 4	Describe in Part XIII the intended uses of							30	<u> </u>	1
4				WILLELLE II	unus.					
Pari	VI Land, Buildings, and Equipm Complete if the organization a		on For	~ 000 1	Part IV line	110	Saa Form 990	Dart Y	line	10
								(d) Bo		
	Description of property	(a) Cost or oth			or other basis other)		Accumulated epreciation	(a) Bo		
1a	Land				386,230					86,230
b	Buildings				1,818,039		877,658		9	40,381
С	Leasehold improvements									
d	Equipment				105,465,553		34,860,621		70,6	04,932
ее	Other									
Total.	Add lines 1a through 1e. (Column (d) mu	st equal Form 99	90, Part)	(, columr	n (B), line 10	c.) .	▶		71,9	31,543

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part IV, line 12. (b) Description descript or selection of security (c) Description of security (c) Description of security (c) Description (c) Description of security (c) Description (c) Description of measurement (c) Description (c) Des	(1) Financial d (2) Closely-hel (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) n Part VIII (1) Investmen (2) NRUCFC -	(a) Description of security or category (including name of security) derivatives	m 990, Part IV, Im (b) Book value	e 11c. See Form (c) Met Cost or end	n 990, Part X, line 13.
Cost or end-of-year market value	(2) Closely-hel (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) I Part VIII (1) Investmen (2) NRUCFC -	(including name of security) Iderivatives	rm 990, Part IV, Im (b) Book value 33,433,254	e 11c. See Form (c) Me Cost or end	n 990, Part X, line 13.
22 Closely-held equity interests	(2) Closely-hel (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) I Part VIII (1) Investmen (2) NRUCFC -	must equal Form 990, Part X, col. (B) line 12) ▶ Investments—Program Related. Complete If the organization answered "Yes" on Fole (a) Description of investment	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
(3) Other (A) (B) (B) (C)	(3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) / Part VIII	must equal Form 990, Part X, col. (B) line 12) ▶ Investments—Program Related. Complete If the organization answered "Yes" on Fol (a) Description of investment	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
A	(A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) r Part VIII	must equal Form 990, Part X, col. (B) line 12) ► Investments—Program Related. Complete If the organization answered "Yes" on Fol (a) Description of investment	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	(B) (C) (D) (E) (F) (G) (H) Total. (Column (b) r Part VIII	Investments—Program Related. Complete if the organization answered "Yes" on Foi (a) Description of investment ats in Associated Organizations	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
C C C C C C C C	(C) (D) (E) (F) (G) (H) Total. (Column (b) r Part VIII	Investments—Program Related. Complete if the organization answered "Yes" on Foi (a) Description of investment ats in Associated Organizations	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
Discription Discription	(D) (E) (F) (G) (H) Total. (Column (b) I Part VIII (1) Investmen (2) NRUCFC -	Investments—Program Related. Complete if the organization answered "Yes" on Foi (a) Description of investment ats in Associated Organizations	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 15.	(E) (F) (G) (H) Total. (Column (b) n Part VIII (1) Investmen (2) NRUCFC -	Investments—Program Related. Complete if the organization answered "Yes" on Foi (a) Description of investment ats in Associated Organizations	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
G G G G G G G G	(F) (G) (H) Total. (Column (b) I Part VIII (1) Investment (2) NRUCFC -	Investments—Program Related. Complete if the organization answered "Yes" on Foi (a) Description of investment ats in Associated Organizations	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
Gill	(G) (H) Total. (Column (b) r Part VIII (1) Investmen (2) NRUCFC -	Investments—Program Related. Complete if the organization answered "Yes" on Foi (a) Description of investment ats in Associated Organizations	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
Final Column (b) must equal Form 990, Part X, col. (b) line 15. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H) Total. (Column (b) r Part VIII (1) Investmen (2) NRUCFC -	Investments—Program Related. Complete if the organization answered "Yes" on Foi (a) Description of investment ats in Associated Organizations	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
Total, (Column (b) must equal Form 990, Part X, col. (B) line 12) ► Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15.	Total. (Column (b) I Part VIII (1) Investmen (2) NRUCFC -	Investments—Program Related. Complete if the organization answered "Yes" on Foi (a) Description of investment ats in Associated Organizations	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
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Complete if the organization answered "Yes" on Form 990, Part IV, Inne 11c. See Form 990, Part X, Inne 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Investments in Associated Organizations 33,433,254 Cost 20, NRUCFC - CTC'S Accrued Interest (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 33,443,809 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (7) NRECA Deferred Compensation (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(1) Investmen (2) NRUCFC -	Complete if the organization answered "Yes" on Formula (a) Description of investment ats in Associated Organizations	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
(a) Description of Investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Investments in Associated Organizations (2) NRUCFC - CTC'S Accrued Interest (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(1) Investmen (2) NRUCFC -	(a) Description of investment Its in Associated Organizations	(b) Book value 33,433,254	(c) Me Cost or end	thod of valuation
Cost or end-of-year market value	(2) NRUCFC -	its in Associated Organizations	33,433,254	Cost or end	
2) NRUCFC - CTC'S Accrued Interest 10,555 Cost	(2) NRUCFC -			Cost	
2) NRUCFC - CTC'S Accrued Interest 10,555 Cost	(2) NRUCFC -		10.555		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 33,443,809 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (f) NRECA Deferred Compensation (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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (7) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶				Cost	
(4) (5) (6) (7) (8) (9) Total.(Column (b) must equal Form 930, Part X, col. (B) line 13,	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 33.443,809 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) NRECA Deferred Compensation (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" 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 (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Folderal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Folderal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Folderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) Folderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Folderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Folderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Folderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) Folderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) Folderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) Folderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					·····
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 13.) ▶ 33,443,809 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) NRECA Deferred Compensation (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" 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 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 25) ▶					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 7					
(6) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 33,443,809 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) NRECA Deferred Compensation (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" 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 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
Total. (Column (b) must equal Form 930, Part X, col. (B) line 13.) ► 33,443,809					
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" 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 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶			33,443,809	1	
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		eferred Compensation			
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(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			<u></u> .		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(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" 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 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	_				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·			
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
Part X Other Liabilities. Complete if the organization answered "Yes" 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 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	Total (Colum	on (b) must equal Form 990. Part X. col. (B) line 15.)		. >	·
Complete if the organization answered "Yes" 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 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)					
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (Double to the form 990, Part X, col. (B) line 25) ▶			rm 990, Part IV, lin	ie 11e or 11f. Se	e Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		•			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	1.	(a) Description of liability (b) Book value			· · - · - ·
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(1) Federal inc	come taxes			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(8)				

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Financial Statements With Revenue Per Financial Statements With Revenue Per Financial Statements With Revenue Per Financial Statements With Revenu	Return.	-
	Total revenue, gains, and other support per audited financial statements	1	43,597,101
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	43,597,101
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	43,597,101
Part		r Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	43,597,101
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments)	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	43,597,101
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	43,597,101
Part		David V. J.	n a 4. David V. Jun a
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf		
201/ P	atronage Margins of \$2,955,340 are recorded as an expense on Schedule D, Part XI of Form 990, GAAP does	sn't recog	nize Patronage
Moneir	an an arrange and therefore the Form 000 Part VIII in 10 will not match the year and Statement of Onere	tions	
wargir	ns as an expense and therefore the Form 990 Part XI, Line 10 will not match the year end Statement of Opera	tions.	

Schedule D (For	orm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
		

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017

Open to Public Inspection

Name of the organization Y-W Electric Association, Inc.

Employer identification number 84-0373770

Part	t Questions Regarding Compensation			
	•		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant inform			
	☐ First-class or charter travel ☐ Housing allowance of	or residence for personal use		
	☐ Travel for companions ☐ Payments for busine	ess use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club			-
	☐ Discretionary spending account ☐ Personal services (s	uch as, maid, chauffeur, chef)		
	•			
b	If any of the boxes on line 1a are checked, did the organization follow a or reimbursement or provision of all of the expenses described above			
	explain		+	
2	Did the organization require substantiation prior to reimbursing or all directors, trustees, and officers, including the CEO/Executive Director, reg 1a?			
3	Indicate which, if any, of the following the filing organization used to estable organization's CEO/Executive Director Check all that apply. Do not check related organization to establish compensation of the CEO/Executive Director.	any boxes for methods used by a		
	☐ Compensation committee ☐ Written employment			
	☐ Independent compensation consultant ☐ Compensation surve	•		
	☐ Form 990 of other organizations	ard or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line organization or a related organization.	1a, with respect to the filing		
а	Receive a severance payment or change-of-control payment?			V
b	Participate in, or receive payment from, a supplemental nonqualified retiren	nent plan? 4b		V
C	Participate in, or receive payment from, an equity-based compensation arra	angement? 4c		V
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable am	ounts for each item in Part III		
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must come For persons listed on Form 990, Part VII, Section A, line 1a, did the organization contingent on the revenues of			
а	The organization?			
b	Any related organization?			
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organiza compensation contingent on the net earnings of:	ation pay or accrue any		
а	The organization?	6a		-
b				
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the consuments not described on lines 5 and 6? If "Yes," describe in Part III	organization provide any nonfixed	-	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuar to the initial contract exception described in Regulations section 53 in Part III	3.4958-4(a)(3)? If "Yes," describe		
		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable pres Regulations section 53.4958-6(c)?	sumption procedure described in	-	-

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

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (RNA_(iii) for each listed individual must equal the total amount of Form 900. Part VIII. Section A. line 1.a. annihable column (D) and (E) amounts for that individual

Note: The sum of columns (B)(i)-(iii) fc	or eacl	ווsted individual mu misted	st equal the total amo	unt of Form 990, Pa	rt VII, Section A, line 1	a, applicable column	(D) and (E) amounts	s for that individual.
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation		(B) Breakdown of	W-2 and/or 1099-MISC	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Terence J. Hall, Jr., Gen. Mngr.	8	243,371			47,501	16,286	307,158	
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Schedule J (Form 990) 2017

Page 3

SCHEDULE L (Form 990 or 990-EZ)

(10)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

			▶ Go	► Atta to www.irs.gov/F			or Form 99		est information.				pen T		olic
Name	of the organiza	ation								yer identi	ficati	on nu	mber		
Y-W	Electric Ass	ociation, li	nc								84-0	3737	70		
Par	Ame of the organization (*W Electric Association, Inc Part I Excess Benefit Transic Complete if the organization 1 (a) Name of disqualified person (1) None (2) (3) (4) (5) (6) 2 Enter the amount of tax incurrence in the amount of tax, if an under section 4958 3 Enter the amount of tax, if an under section 4958 (a) Name of interested person (b) Relation with organization reported an under section 4958 (a) Name of interested person (b) Relation with organization reported and under section 4958 (a) Name of interested person (b) Relation with organization reported and under section 4958 (a) Name of interested person (b) Relation with organization reported and under section 4958 (c) Relation with organization reported and under section 4958 (a) Name of interested person (b) Relation with organization reported and under section 4958 (c) Relation organization reported and under section 4958 (c) Relation organization reported and under section 4958 (d) Relation organization reported and under section 4958 (d) Relation organization reported and under section 4958 (d) Relation organization reported and under section 4958 (d) Relation organization reported and under section 4958 (d) Relation organization reported and under section 4958 (d) Relation organization reported and under section 4958 (d) Relation organization reported and under section 4958 (e) Relation organization reported and under section 4958 (e) Relation organization reported and under section 4958 (f) Relation organization reported and under section 4958 (h) Relation organization reported and under section 4958 (h) Relation organization reported and under section 4958 (h) Relation organization reported and under section 4958 (l) Relation organization reported and under section 4958 (l) Relation organization reported and under section 4958 (l) Relation organization reported and under section 4958 (l) Relation organization reported and under section 4958 (l) Relation organization reported and under section 4958 (l) Relatio		fit Transactione organization	ns (section 50 answered "Ye	1(c)(3), es" on	, section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) organiz 5a or 25b, or Fo	organizations only). b, or Form 990-EZ, Part V, line			V, lıne	40b.	
1				(b) Relationship b	etween	disqualified			(c) Description						rected?
(1)	None			 -	organiz	auon								Yes	No
	HOILE								 						-
		-						<u> </u>							
(5)															
															_
							-	-	ed persons du	_	-			l	<u> </u>
3	Enter the	amount o										▶ \$	' S		
•			tan, a,, o.	, m.o 2, abbvo,		, c. c. c. c. j	, and organi	Latio				•	' ——		
	Cor	nplete if th anızatıon r	ne organization	answered "Ye lount on Form (c) Purpose of	es" on 990, F (d) L			2 nal	38a or Form 9	90, Part (g) In def	· 	(h) Ap		(ı) W	ritten
			With Organization	i ioan	orga	ınızatıon?	principal an	lount		V T	No	comm	nittee?		1
(1)	None				То	From	-			Yes	No	Yes	No	Yes	No
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(a) Name of inte	rested persor		ship between inter and the organization		(c) Amount	of assistance	(d) Type of assistant	ce	(e)	Purpo	ose of a	ssistan	ce
(1)	None			·											
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Par	Business Transactions Involving Complete if the organization an	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
-41	Ti Side Co Theater	11	20 400 700		Yes	No
(1)	Tri-State G & T Ass'n., Inc. Western United Electric Supply Corp.	Member of Tri-State Member of W.U.E.S.C.		Wholesale Power, Contract Labor	-	V
(2)	western United Electric Supply Corp.	Member of W.U.E.S.C.	1,178,472	Purchase Material/Supplies	1	~
(4)					1	├─-
(5)					╁┈┈	├
(6)					† .	
(7)						
(8)						
(9)						<u> </u>
(10) Pai	Supplemental Information Provide additional information f	or responses to questions	on Schedule L (see	instructions).	<u>.</u>	<u></u>
Part	IV, Line 1 - Y-W Electric Association, Inc.	is a member of Tri-State Ge	neration and Transm	ission Association, Inc., who sells v	vholes	ale
powe	er and provides contract labor and materia	als for construction of a sul	ostation to Y-W Electr	ic Association, Inc.		
Part	IV, Line 2 - Y-W Electric Association, Inc.	is a member of Western Un	ited Electric Supply C	corporation, who sells material and	suppli	es
to Y-	W Electric Association, Inc.					
						/
				·	- -	
						
	*					
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organization

Y-W Electric Association, Inc.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

84-0373770

Part V, Line 3b-Pole Rental Income is included as an exclusion to Business. Part VI, Section A, Line 6-Y-W Electric is a not-for-profit corporation in which members are allocated the organization's margins. Part VI, Section A, Line 7A-All members of the Cooperative have one vote upon each matter submitted to a vote, including voting for one director from each district in which a director is to be elected. Part VI, Section A, Line 7b-The following governance decisions are reserved to the members: 1. Each director position on the Board of Directors is elected by the membership every three years; 2. The Organizations's Bylaws may be amended only by the members; and 3. The Organization's Articles of Incorporation may be amended by the members pursuant to Colorado law. Part VI, Section A, Line 8b-There were no committees with authority to act on behalf of the governing body. Part VI, Section B, Line 11B-Review conducted by General Manager on 6/18/2018, by the Board of Directors on 6/19/2018, by the Attorney on 6/19/2018, and by the Independent Auditor on 5/29/2018, of Form 990 and all schedules and attachments before its submission to IRS. Part VI, Section B, Line 15a-Board of Directors reviews the prior year performance and utilize CREA and Mountain States Employer's Council compensation surveys to determine compensation. Contemporaneous notes are taken of the deliberation process, except any portion held in executive session. Part VI, Section B, Line 12c-Y-W Electric's policy requires directors to notify the Coop when a conflict of interest may occur. Part VI, Section C, Line 19-Y-W Electric Association, Inc.'s governing documents, conflict of Interest policy, and financial statements are made available upon a written request. Part VII, Section A, Line 10, Column F-Other Compensation is from the organization Y-W Electric Ass'n., Inc. Part IX, Line 4-GAAP doesn't recognize Patronage Margins as an expense and therefore Form 990 Part IX, Line 25 will not match the Statement of Operations.