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# SCANNED JUL 1 9 2016

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the	<u>e 2015</u> ca	lendar year, or tax year beginning		, and e				
В	Check if a	applicable	C Name of organization CHERRY-TO	DD ELECTRIC COOP	ERATIVE, IN	С	D Employer ide	entification nu	mber
	Address		Doing business as						
		· ·	Number and street (or PO box if mail is not	delivered to street address)	Room/suite		46-0252750		
$\Box$	Name ch	ange	PO BOX 169	·	1		E Telephone nu	mber	<del></del>
	Initial retu	ım	City or town	State	ZIP code		60E 0E0 4440		
			MISSION	SD	57555		605-856-4416		
Ш	Final return	n/terminated		province/state/county	Foreign postal	code	1		
	Amended	i return	_ ,	·	- ·		G Gross receipt	s \$	13,919,958
$\equiv$							· ·		
Ш	Application	on pending	F Name and address of principal officer				nis a group return for s		Yes X No
			TIMOTHY W GRABLANDER PO BO	X 169, MISSION, SD	57555	H(b) Are	e all subordinates ir	ncluded?	Yes No
1	Tax-exem	pt status	501(c)(3) X 501(c) ( 12 )	(insert no ) 4947(a)(1)	or 527	lf'	"No," attach a list (s	see instructions	)
1	Wohelte	· • WAAA	w cherry-todd com			H(c) Gr	oup exemption num	nher 🕨	
					1				
	_	rganization	X Corporation Trust Associa	tion Other •	L Yea	r of forma	ation 1948	M State of lega	al domicile SD
F	art I		mmary						
_	1	Briefly d	lescribe the organization's mission or	most significant activitie	s To se	ell and o	distribute electr	icity-to	7
ဦ		approxir	mately 3575 members with 5980 sites	The purpose is to distr	ibute to its m	embers	s <u>]</u>	F-2'	
퍨	1	electricit	ty in a safe reliable, cost effective mar	ner				Γ	20.
Activities & Governance	2	Check th	his box ▶ ☐ if the organization dis	continued its operations	or disposed	of more	e than 25% of	ts netlasset	6 6 6614 6
ő	3	Number	of voting members of the governing t	ody (Part VI. line 1a)	or alopassa	01		10 110 g g 0 0 0 1	8-
ಷ	1 4				\// (mo 1h)	•	<del>   </del>		_8_
S	4		of independent voting members of th				14		
Ę	5		mber of individuals employed in caler		ine za)	•	15		22
ਓ	6		mber of volunteers (estimate if neces				<u>_</u>	-	<del></del>
⋖	7a		related business revenue from Part V				7		0
	b	Net unre	elated business taxable income from I	orm 990-T, line 34					0
							Prior Year		irrent Year
Revenue	8	Contribu	utions and grants (Part VIII, line 1h)					<u> </u>	0
	9	Program	n service revenue (Part VIII, line 2g)				13,932,3	56	13,594,317
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					216,8	78	182,818
œ	11	Other re	evenue (Part VIII, column (A), lines 5,	·)		1,8	70	8,374	
	12		enue-add lines 8 through 11 (must equ				14,151,1	14	13,785,509
	13		and similar amounts paid (Part IX, col-					0	0
	14		s paid to or for members (Part IX, colu				477,50	04	441,746
ဟ	1		, other compensation, employee benefits		s 5–10)		1,745,60		1,987,419
Se	16a		ional fundraising fees (Part IX, column		,			0	0
Expenses	b		ndraising expenses (Part IX, column (	• •	0	3000			
ă	17		xpenses (Part IX, column (A), lines 11		<u>-</u> -	15.07. XXV.	11,655,89		11,080,215
	18		penses Add lines 13–17 (must equal		25)	<del>                                     </del>	13,879,00		13,509,380
	1				. 20)	<u> </u>	272,1		276,129
	19	Revenu	e less expenses Subtract line 18 fron	Time 12		Rogins	ning of Current Yea		nd of Year
2	Ĕ	Total as	anta (Dart V. lina 16)			Degiiii			
1886	20		sets (Part X, line 16) .			-	41,864,0		43,215,532
Net Assets or	21		bilities (Part X, line 26)	from line 20		├──	25,918,88		26,948,928
			ets or fund balances Subtract line 21	Irom line 20		L	15,945,18	וטט	16,266,604
	art II		nature Block		and pints	and *- "	ha hast of soutes 1	- dec	
und	uer penalti I helief i⁴ i	ies of perjun	y, I declare that I have examined this return, inclued and complete. Declaration of preparer (other	than officer) is taked on all info	and statements	, and to th h prepare	ne best of my Knowl er has any knowleda	eage	,
3110	Jener, It i	La true, corre	The complete Decignation of preparer (other		The second second	. p. cpare	1 19/	1/2/	12.011
Si	gn	• •	MARGINET WIX	MONEY LANCE				170	1000
	ere	"	Signature of officer		050		Date		
			Timothy W Grablander		CEO	<u>'</u>			
			Type or print name and title			- 1 -	<del></del>		FINI
		Prin	t∕Type preparer's name	Preparer's signature		Dat	te Chec		TIN
Pa								mployed	
	eparer								
Us	se Only	Y Firm	n's name ►				Firm's EIN		
		Firm	n's address 🕨				Phone no		
Ma	y the IR	RS discus	s this return with the preparer shown	above? (see instruction	s)				Yes No
	<u> </u>		uction Act Notice, see the separate in	<del></del>	<del></del>				Form <b>990</b> (2015)
1.0	- raperv	WOIN LAND	uction Act Notice, see the Separate in	3LI UULIQII 3.					(2013)

						<b>-</b>
				·		
d	Other program services (Describ	pe in Schedule O )				
	(Expenses \$		3	0)(Revenue \$	0)	
е	Total program service expenses	<b>&gt;</b>	0			
					Form <b>990</b>	(2015)
						` '

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Part IV	Che	cklisť (	of R	Required	1 Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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? If "Yes," complete Schedule C, Part II	4	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u>                                   </u>		$\overline{}$
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۳		_^
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			V
-	"Yes," complete Schedule D, Part I	6		_ <u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		_X
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		Х
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		X
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	Х	
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		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		_X
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	a a b		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		_ <u>X</u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u> </u>
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		_X
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		Х
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		Х
			agn /	

Form 990 (2015)

Par	t IV Checklist of Required Schedules (continued)			
	·		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b>├</b> —
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1 04		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	23	х	
04-	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25	^	
<b>24a</b>	\$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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- 15		
·	to defease any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
252	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	-	<b></b>	
250	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	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		X
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		\ \ \
24	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
31	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		<del>  ^-</del>
32	If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	and the same and t			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part			
	VI	37		Х
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	Х	

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 24 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 22 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 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? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f 7<u>g</u> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? а 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter 10a initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter 11 11a 13,217,236 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 594,281 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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 Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c C 14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

Sect	ion A. Governing Body and Management							
		1 4		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	릭	,				
	If there are material differences in voting rights among members of the governing body, or		1.	٠,	اء ```			
	if the governing body delegated broad authority to an executive committee or similar				. '			
L	committee, explain in Schedule O	1b	8		,			
b	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relations	<u> </u>	4	į	-			
2	any other officer, director, trustee, or key employee?	orap with	2		X			
3	Did the organization delegate control over management duties customarily performed by or under	the direct	-	<del> </del>	<del>  ^-</del>			
3	supervision of officers, directors, or trustees, or key employees to a management company or other		3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4	<del>                                     </del>	X			
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X			
6	Did the organization become aware during the year of a significant diversion of the organization of the organization have members or stockholders?	200010	6	X	<del>  ^</del>			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	Ť					
	one or more members of the governing body?	<b>арронн</b>	7a	x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i.	1		$\vdash$			
-	stockholders, or persons other than the governing body?							
8								
•	the year by the following	J	1		, i			
а	The governing body?		8a	X				
b	Each committee with authority to act on behalf of the governing body?		8b		Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u>L</u>	<u> </u>			
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code	)				
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	<u> </u>	_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore ming the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		420	-, -				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could	nive rise to conflicte?	12a 12b					
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes "	120	<del>  ^-</del>				
C	describe in Schedule O how this was done	700,	12c	x				
13	Did the organization have a written whistleblower policy?		13	X				
14	Did the organization have a written document retention and destruction policy?		14	X				
15	Did the process for determining compensation of the following persons include a review and appro-	val by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	1	, ,				
а	The organization's CEO, Executive Director, or top management official		15a	Χ				
b	Other officers or key employees of the organization		15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			12.5				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	jement		2	247			
	with a taxable entity during the year?		16a		_X_			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		`a'	( , , , )				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	تشتد	_:. '	احنا			
	the organization's exempt status with respect to such arrangements?	<u>-</u>	16b					
	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an erganization to make its Forms 1033 (or 1034 if applicable), 990, and 99	0 T (Soction 504/c)/	No 001					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99 available for public inspection. Indicate how you made these available. Check all that apply	0-1 (Section 501(C)(3	ys onl	y)				
		plaın ın Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•	licv. ar	nd				
	financial statements available to the public during the tax year	po		-				
20	State the name, address, and telephone number of the person who possesses the organization's l	ooks and records	•					
	Theresa Benda, Office Manager	605-856-4416						
	625 West 2nd Street Mission, SD 57555				<b></b>			

:			
Form 990 (2015)	CHERRY-TODD ELECTRIC COOPERATIVE, INC 46-025	52750	Page
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	· · · · ·	_ <u></u>
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within to tax year.	the	

- 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 nor any related organization compensated any current officer, director, or trustee Position (do not check more than one (D) (A) (B) (E) (F) Name and Title Reportable Reportable Average box, unless person is both an Estimated officer and a director/trustee) hours per compensation compensation amount of week (list any from from related other Individual trustee Institutional trustee Key employee employee Highest compensated hours for the organizations compensation (W-2/1099-MISC) related organization from the (W-2/1099-MISC) organizations organization below dotted and related line) organizations (1) Richard Schneider 6 00 Х President 0 001 Х 4,675 4 00 (2) Byron Stolzenburg Х 6,050 Vice-President 0.00 Χ 4 00 (3) Gary Garvin Х Secretary 0 00 Х 5,775 (4) Whitney Meek 4 00 Х Х 0 00 1 4,125 Treasurer (5) Don McClanahan Term Ended 9/2015 4 00 Director 0 00 1,375 (6) David Assman 4 00 0 00 4,263 Director 4 00 (7) Justin Brickner 0 00 8,113 Director 4 00 (8) Dan Valburg Director 0 00 1 1.925 (9) Arthur Reagle Jr 4 00 0 00 Director 9,075 (10) Timothy Grablander 40 00 0 00 Х CEO 146,759 65,727 (11)

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch unles	Pos neck ss pe	C) ation more erson tirect	the sort employee	one n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con or a	(F) Estimate imount other othe	of ation e tion
(15)											<del>                                     </del>		··
(16)			-										
(17)							-						
(18)					_	-							<del></del>
(19)						-	_	-			-		
(20)						-					-		
(21)			-			-							
(22)			-			_				<del></del> -			
						_			:	<del></del>			
(24)													
(25)						-	-		· · · · · · · · · · · · · · · · · · ·				
1b c d	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) Total number of individuals (including but not lir	nited to those lis	ted a	bov	e) v	vho	recei	▶ ▶ ved	192,135 0 192,135 more than \$100	0 0 0 0,000 of			5,727 0 5,727
	reportable compensation from the organization				1_			_	_ <del></del>	·	г	Yes	No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched		-		oye	e, a	r higi	hest	compensated		3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual									7	4	X	
5	Did any person listed on line 1a receive or accr									ridual			
Sec	for services rendered to the organization? If "Ye tion B. Independent Contractors	es, complete Sc	neau	ie J	IOI	Suc	n pei	SON	<u>_</u>		_ 5_	<u> </u>	X
1	Complete this table for your five highest compecompensation from the organization Report coyear										tax		
	(A) Name and business addi	ress			-				(B) Description of serv	rices (	(C Comper		
S&L	Pole Testing Company PO Box 536 Co	lumbus, NE 682	02					Pol	e Testing			156	5,543 0
													0
								<u> </u>					0
2	Total number of independent contractors (include more than \$100,000 of compensation from the	_	ed to	tho	se l	ste	d abo	L_ ve)	who received				0

Form 990 (2015) CHERRY-TODD ELECT
Part VIII Statement of Revenue

		Check if Schedule O contains	s a response or	note to any line ir	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				[
S E	С	Fundraising events	10	0				
T A	d	Related organizations	1d					j 
<u>n</u> = 0.	۵	Government grants (contribution	<del></del>	<del></del>				
Sign		All other contributions, gifts, gran	·			•		}
it et	•	similar amounts not included abo		0				
풀	_							'
a S	g	Noncash contributions included in I	ines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<del></del>	Business Code	0		<del></del>	
Program Service Revenue	0-	Davis and for Florida and Distribution			40.047.000			
946	2a	Revenue for Electrical Distribution	on	221000	13,217,236		<del></del>	
ě.	b	Cooperative Capital Credits		221000	377,081			
$\frac{5}{6}$	C				0			
Ser	d				0			
E	е				0			
ğ	f	All other program service revenu	ie		0			
تة	g	Total. Add lines 2a-2f		<b>&gt;</b>	13,594,317			
	3	Investment income (including div	udends, interest					
		other similar amounts)		▶	175,397			175,397
	4	Income from investment of tax-e	xempt bond pro	ceeds <b>&gt;</b>	0			
	5	Royalties		<b>&gt;</b>	0			
			(ı) Real	(II) Personal				,
	6a	Gross rents						!
	b	Less rental expenses						
	С	Rental income or (loss)		0		,		
	d	Net rental income or (loss)		•	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	(	7,421				
	ь	Less cost or other basis					•	
		and sales expenses	] (					
	С	Gain or (loss)	(	7,421				
	d	Net gain or (loss)	<u> </u>	<b>•</b>	7,421			7,421
	_	rvot gam or (loss)				··		.,,
9	8a	Gross income from fundraising		Ì			ı	;
ř		events (not including \$	0				1	
Š		of contributions reported on line						
Other Revenue		See Part IV, line 18	a	O				,
je l	b	Less direct expenses	- h	0	:			
ŏ	c	Net income or (loss) from fundra	ising events	<b>D</b>	0			<del></del>
		Gross income from gaming activ						
	Ja	See Part IV, line 19	a a	0		Ì		(
	b	Less direct expenses	b b	0				) (
		Net income or (loss) from gamin	-		0			
	C 40a		g activities				<del></del>	
ľ	Tua	Gross sales of inventory, less		4.40.000				,
	L	returns and allowances	а	142,823	'	·		
	b	Less cost of goods sold	b	134,449		0.074		
}	<u> </u>	Net income or (loss) from sales of	or inventory	<del></del>	8,374	8,374	<del></del>	<del>,</del>
}	44-	Miscellaneous Revenue	· <del></del> .	Business Code				
1	11a			<del></del>	0	<del></del> -		<del></del> -
ļ	b				0			
	C	All all an annual and		<u> </u>	0			<del></del>
1	d	All other revenue			0	<del></del>	<del></del>	
	е	Total. Add lines 11a-11d			0			400.015
	12	Total revenue. See instructions		_	<u>13,785,5</u> 09	8,374	0	182,818

Part IX Statement of Functional Expenses

Secin	Check if Schedule O contains a response or note			Comprete Column (17)	
		<del></del>	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0		,	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16 .	0			
4	Benefits paid to or for members	441,746		1	
5	Compensation of current officers, directors,				
	trustees, and key employees	219,622	·	0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,016,450			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	266,442			
9	Other employee benefits	404,993			<del></del>
10	Payroll taxes	79,912			<del></del>
11	Fees for services (non-employees)	0.545			
а	Management	9,545			
b	Legal	14,263			<del></del>
C	Accounting	18,338			
d	Lobbying  Professional fundrausing services, See Bort IV, line 17	0			
e	Professional fundraising services See Part IV, line 17	0			
T	Investment management fees	<u> </u>			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	49,134			
13	Office expenses	153,042			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	43,616			
18	Payments of travel or entertainment expenses		· ·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,925			
20	Interest	920,527			
21	Payments to affiliates	58,394			
22	Depreciation, depletion, and amortization	1,377,804	0	0	0
23	Insurance	36,392			
24	Other expenses Itemize expenses not covered				,
	above (List miscellaneous expenses in line 24e If			}	; ' ' f
	line 24e amount exceeds 10% of line 25, column	İ		1	,
	(A) amount, list line 24e expenses on Schedule O)		. <u></u>		
а	Cost of Puchased Power	7,099,989		ļ	<del></del>
b	kWh Receipts Tax	177,600			
С	Operations Expense	227,712		-	
d	Maintenance Expense	501,844			
е	All other expenses Consumer Accounts	378,090		ļ	
25	Total functional expenses. Add lines 1 through 24e	13,509,380	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here	1			
	14-11-11-11-11-11-11-11-11-11-11-11-11-1			}	
	following SOP 98-2 (ASC 958-720)	J			

	•	Check if Schedule O contains a response or	note to	any line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			249,552	1	85,902
	2	Savings and temporary cash investments			1,776,399	2	2,253,699
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			1,456,699	4	1,817,169
	5	Loans and other receivables from current and for	ormer o	officers, directors,			
		trustees, key employees, and highest compens.	ated er	nployees			
	ļ	Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified person	ons (as o	defined under section	***	,,	
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	ind conti	nbuting employers and	, t 1		
	ļ	sponsoring organizations of section 501(c)(9) voluntary e	mployee	es' beneficiary			- 4 - 4
क्ष		organizations (see instructions) Complete Part II of Sche	dule L	,		_6	
Assets	7	Notes and loans receivable, net			0	7	0
Ä	8	Inventories for sale or use			798,394	8	868,096
	9	Prepaid expenses and deferred charges			738,874	9	653,518
	10a	Land, buildings, and equipment cost or			,		
		other basis Complete Part VI of Schedule D	10a	47,533,215			
	b	Less accumulated depreciation	_10b	16,351,205	30,760,505	10c	31,182,010
	11	Investments—publicly traded securities		-	0	11	0
	12	Investments-other securities See Part IV, line		0	12	0	
	13	Investments—program-related See Part IV, line	11		6,083,650	13	6,355,138
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	41,864,073	_16	43,215,532
	17	Accounts payable and accrued expenses			1,109,328	17	1,427,792
	18	Grants payable			18		
	19	Deferred revenue	1,020,045	19	1,979,497		
	20	Tax-exempt bond liabilities	,		20		
	21	Escrow or custodial account liability Complete I				21	
68	22	Loans and other payables to current and former					
<b>=</b>		trustees, key employees, highest compensated		yees, and			
Llabilities	1	disqualified persons Complete Part II of Sched		}		22	
_	23	Secured mortgages and notes payable to unrela		ī	23,686,915	23	23,427,689
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	\$ 17-24	) Complete	400.000		440.050
		Part X of Schedule D		-	102,600	25	113,950
	26	Total liabilities. Add lines 17 through 25			25,918,888	26	26,948,928
Ø	]	Organizations that follow SFAS 117 (ASC 958	• -	ck here   ▶ 🔛 and			
<u> </u>		complete lines 27 through 29, and lines 33 ar	nd 34.				
ā	27	Unrestricted net assets				_27	
ä	28	Temporarily restricted net assets		}		_28	
핕	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	check l	nere 🕨 🔙 and			
ō		complete lines 30 through 34.					1
ets	30	Capital stock or trust principal, or current funds				30	
158	31	Paid-in or capital surplus, or land, building, or en	quipme	ent fund		31	
3t /	32	Retained earnings, endowment, accumulated in	come,	or other funds	15,945,185	32	16,266,604
ž	33	Total net assets or fund balances			15,945,185	_33	16,266,604
	34	Total liabilities and net assets/fund balances			41,864,073	34	43,215,532

Form 9	990 (2015) CHERRY-TODD ELECTRIC COOPERATIVE, INC	4	6-0252750	Pag	ge <b>12</b>
Part					
	Check if Schedule O contains a response or note to any line in this Part XI		•		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	3,785	5,509
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,380
3	Revenue less expenses Subtract line 2 from line 1	3			5,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1		5,185
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		45	5,290
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	΄ Τ			
	column (B))	10	1	6,266	604
Part	XII Financial Statements and Reporting			!	
	Check if Schedule O contains a response or note to any line in this Part XII	• •	· · · ·		닏
_			<u></u>	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				i :
	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				1
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			ĺ	
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1 1		. 1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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		X
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		
			Form	990 (	2015)

# SCHEDULE D (Form 990) .

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 **Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CHE	RRY-TODD ELECTRIC COOPERATIVE, INC			46-0252750
Par		or Advised Funds or Other :	Similar Funds or Acc	counts.
	Complete if the organization answ	vered "Yes" on Form 990, Par	IV, line 6.	
		(a) Donor advised funds	(b) Fu	nds 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		L	
5	Did the organization inform all donors and do			
	funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, don	-	_	
	used only for charitable purposes and not for		advisor, or for any other	
	purpose conferring impermissible private bei	nefit?		Yes No
Par	<del></del>			
	Complete if the organization answ			
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e g , rec	reation or education) Pr	eservation of a historical	ly important land area
	Protection of natural habitat	L Pr	eservation of a certified l	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation	contribution in the form o	of a conservation
	easement on the last day of the tax year	·	200	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation eas	ements	2b	
C	Number of conservation easements on a cer			
d	Number of conservation easements included	I in (c) acquired after 8/17/06, and	not on a	
	historic structure listed in the National Regist		2d	
3	Number of conservation easements modified	l, transferred, released, extinguish	ed, or terminated by the	organization during
	the tax year •		_	
4	Number of states where property subject to			
5	Does the organization have a written policy i		nspection, nandling of	
	violations, and enforcement of the conservat			Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, nandling of violations, and	enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspi	acting handling of violations and enfo	rcina conseniation essem	onte during the year
,	► \$	ecting, handling of violations, and emit	icing conservation easem	ents during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requ	rements of section 1700	h)(4)(B)(ı)
•	and section 170(h)(4)(B)(ii)?	on me 2(a) above sallony the requ		Yes No
9	In Part XIII, describe how the organization re	ports conservation easements in i	s revenue and expense	
•	balance sheet, and include, if applicable, the	text of the footnote to the organiz	ation's financial statemer	nts that describes
	the organization's accounting for conservation		_	
Par		ections of Art, Historical Tre	asures, or Other Sin	nilar Assets.
	Complete if the organization answ	vered "Yes" on Form 990, Part	IV, line 8	
1a	If the organization elected, as permitted und	er SFAS 116 (ASC 958), not to rep	ort in its revenue statem	ent and balance sheet
	works of art, historical treasures, or other sin			
	of public service, provide, in Part XIII, the tex	t of the footnote to its financial sta	ements that describes t	hese items
b	If the organization elected, as permitted und			
	works of art, historical treasures, or other sin	nilar assets held for public exhibition	n, education, or researc	h in furtherance
	of public service, provide the following amou			
	(i) Revenue included on Form 990, Part VIII	, line 1 .	1	<b>\$</b>
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of			gain, provide the
	following amounts required to be reported ur			
а	Revenue included on Form 990, Part VIII, Iin	e 1	I	> \$ > \$
b_	Assets included in Form 990, Part X			<b>&gt;</b> \$

Schedi	ule D (Form 990) 2015 CHERRY-TODD EL	ECTRIC COOPE	RATIVE, II	NC.			46-0252	2750		Page 2
Part					easures, o	r Other				
3	Using the organization's acquisition, ac									
	collection items (check all that apply)					_	_			
а	Public exhibition		d _	Loan	or exchange	program	s			
b	Scholarly research		e	Other						
С	Preservation for future generation	ne	<del></del>	•						
4	Provide a description of the organization		l ovnlain h	ow they fi	uther the ora	anization	n's evemnt nurno	se in P	art	
7	XIII	irs collections and	CAPIAIIIII	OW they it	inities the org	arnzanor	13 exempt purpe	30 1111	art	
5	During the year, did the organization so assets to be sold to raise funds rather t	han to be maintair							es 🗌	] No
Part	Complete if the organization 990, Part X, line 21	answered "Yes"					<del>_</del>	nt on F	orm	
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	ustodian or other in	ntermediar	y for conti	ributions or o	ther asse	ets not		es 🗀	No
b	If "Yes," explain the arrangement in Par	t XIII and complete	e the follo	wing table			<del></del>			
						-		Mount		
C	Beginning balance			•		1c	<del> </del>			0
ď	Additions during the year					1 <u>d</u>				
e	Distributions during the year					1f				
f	Ending balance .					<u> </u>				0
2a	Did the organization include an amount							Y	es X	No
b	If "Yes," explain the arrangement in Par	t XIII Check here	ıf the expl	anation ha	as been prov	ded on F	Part XIII			<u> </u>
Part										
	Complete if the organization	answered "Yes"	on Form	990, Pa	rt IV, line 10	)				
	<u> </u>	(a) Current year	(b) Pn	or year	(c) Two years	back (	d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	0	<u> </u>					4		
b	Contributions				<u> </u>			4		
С	Net investment earnings, gains,							1		
	and losses							╃		
d	Grants or scholarships							<del></del>		
е	Other expenditures for facilities		ļ	;						
	and programs		ļ					<del>-</del>		
f	Administrative expenses		ļ					-		
g	End of year balance	0		0		0		<u> </u>		0
2	Provide the estimated percentage of the			line 1g, co	olumn (a)) he	d as				
а	Board designated or quasi-endowment		<u>%</u>							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%	-							
_	The percentages on lines 2a, 2b, and 2			41 41	h - lat a - at a at		-1 £ 41			
3a	Are there endowment funds not in the p	oossession of the o	organizatio	on that are	neia ana aa	ministere	ed for the		V	Nia
	organization by							20(1)	Yes	No
	(i) unrelated organizations							3a(i) 3a(ii)		
<b>L</b>	(ii) related organizations	nominations listed (		d on Sobo	dula P2			3b		
b	If "Yes" on line 3a(ii), are the related org	•	•				•		l	
4	Describe in Part XIII the intended uses		15 endowi	Herit Iunu	<u> </u>		<del></del>			
Part	VI Land, Buildings, and Equip Complete if the organization		on Form	199 <u>0,</u> Pa	rt IV, line 11	a_See	Form 990, Par	t X, lın	e 10.	
	Description of property	(a) Cost or o	ther basis	(b) Co	st or other	(c) A	ccumulated		ook value	e
		(investr	nent)	bası	s (other)		preciation			
1a	Land		0				745374		3	2,290
b	Buildings		0	<b></b>	1,148,149		445,990		70	2,159
С	Leasehold improvements	<u> </u>	0		0		0			0
d	Equipment	<u> </u>	0		3,352,931		1,784,723			8,209
<u>e</u>	Other		0	L	42,999,845		14,120,492			9,352
Total	. Add lines 1a through 1e (Column (d) m	nust equal Form 99	90, Part X,	column (l	3), line 10c )		<u> </u>		31,18	2,010

Part VII	. Investments—Other Securities		0 Part IV line 11h See For	m 900 Part V line 42
(a)	Complete if the organization ar  Description of security or category	(b) Book value	(c) Method of vi	
	(including name of security)		Cost or end-of-year	market value
(1) Financial o		0		
	ld equity interests	0		·
			<del></del>	
			· · · · · · · · · · · · · · · · · · ·	
(D)				
(E) (F)				
(G)				<del></del>
(H)				
	nust equal Form 990, Part X, col (B) line 12)	0	· · · · · · · · · · · · · · · · · · ·	
Part VIII	InvestmentsProgram Relat			
C Cold Cold	Complete if the organization ar		0. Part IV. line 11c. See For	m 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1) See attac	ched statement	6,355,138		
(2)		0		
(3)		0		
(4)		0		
(5)		0		
(6)		0		
_(7)		0		
(8)	· · · · · · · · · · · · · · · · · · ·	0		
(9)	······································	0		
	nust equal Form 990, Part X, col (B) line 13)	6,355,138		<del></del>
Part IX	Other Assets.		0.0 (0/1 4410 5	000 D 4 V 1 45
	Complete if the organization ar		U, Part IV, line 11d See For	
	(i	) Description		(b) Book value
			<del></del>	
(2)				
(3)				
(4)	<del></del>			
(5) (6)				
(7)		······		
(8)				
(9)				
	n (b) must equal Form 990, Part X, co	I (B) line 15)	<b>&gt;</b>	(
Part X	Other Liabilities.			<u> </u>
	Complete if the organization ar	swered "Yes" on Form 99	0, Part IV, line 11e or 11f Se	ee Form 990, Part X.
	line 25		•	,,
1.	(a) Description of liability	(b) Book value		
(1) Federal II	ncome taxes	0		
(2) Member	Deposits	113,950		-
(3)				
(4)				
(5)				
(6)			· · · · · · · · · · · · · · · · · · ·	
(7)			_	ار الجريف الله الله الله الله الله الله الله الل
(8)			·	The said of the said
(9)				
	ist equal Form 990, Part X, col (B) line 25)	113,950		41 4 4 4
<ol><li>Liability for u</li></ol>	ncertain tax positions. In Part XIII, provid	e the text of the foothote to the	organization's financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par		Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	_1_	13,785,509
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b	l	
C	Recoveries of prior year grants	ĺ	
d	Other (Describe in Part XIII )		_
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	13,785,509
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	j	
а	Investment expenses not included on Form 990, Part VIII, line 7b	Ì	
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	13,785,509
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	13,067,634
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	]	
а	Donated services and use of facilities 2a		
b	Prior year adjustments . 2b	1	
С	Other losses 2c	- 1	
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d.	2e	0
3	Subtract line 2e from line 1	3	13,067,634
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	-	
b	Other (Describe in Part XIII ) 4b 441,746		
С	Add lines 4a and 4b	4c	441,746
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	13,509,380
Part	XIII Supplemental Information.		
2, Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part II, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information of \$441,746.		
<b>-</b>			
·		<b></b>	
<b></b>			

Schedule D (Form 990)	2015	CHERRY-TODD ELECTRIC COOPERATIVE, INC	46-0252750	Page 5
Part XIII . S	upple	mental Information (continued)		
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- 4				
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# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

CHERRY-TODD ELECTRIC COOPERATIVE, INC. 46-0252750 **Questions Regarding Compensation** Yes Νo 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee X Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b h Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of The organization? 5a а Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of. The organization? 6a а Any related organization? **6**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 organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53 4958-6(c)?

CHERRY-TODD ELECTRIC COOPERATIVE, INC Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the (B) Breakdown of W.	listed II	(B) Breakdown of W-	he total amount of Form 990, Part VII, www.2 and/or 1099-MISC compensation	total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual 2 and/or 1099-MISC compensation	ion A, line 1a, applica	ble column (D) and (	E) amounts for that in	dividual.
(A) Name and Title		(i) Base compensation	(u) Bonus & incentive compensation	(III) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Timothy Grablander	€ €	143,444		3,315	40,240	27,770	214,769	
	<b>E</b>							
2	: (2)							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	€ €	1						
2	3 8							
4	) E	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	€							
5	(ii)							
	€							
9	(ii)							
	(i)							
7	(ii)							
	(j)							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8	(ii)							
	(i)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	(ii)		-					
	(1)				11 11 11 11 11 11 11 11 11 11 11 11 11		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10	(ii)							
	€					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3
11	<u>(ii</u> )							
	€			1				
12	<b>(E)</b>							
	€							
13	(ii)							
	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
14	(ii)							
	Ξ		1				1	
15	<b>(E)</b>							
	€							
16	(ii)							

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

## 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.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CHERRY-TODD ELECTRIC COOPERATIVE, INC.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

46-0252750

Form 990, Part VI, Section A, Line 6 Cherry-Todd Electric Cooperative, Inc. is a member owned
cooperative In order to receive electrical service from Cherry-Todd Electric Cooperative,
Inc. a consumer has to pay a membership fee of \$5.00 per single or joint membership. There is
only one class of membership. The members receive an allocation of margins yearly based on
revenue of kWh consumption. The allocation is retired and paid to the member at the discretion.
of the Board of Directors of Cherry-Todd Electric Cooperative, Inc
Form 990, Part VI, Section A, Line 7a Cherry-Todd Electric Cooperative, Inc. is a member
owned cooperative. The bylaws provide an election be held annually for the Board of Directors'
positions that are expiring. The balloting for the election is held during the annual meeting.
Therefore, the representation of the Board of Directors is decided by the votes of the
members
Form 990, Part VI, Section A, Line 8b There are no committees with broad authority to act on
behalf of the governing board
Form 990, Part VI, Section B, Line 11a Cherry-Todd Electric Cooperative, Inc. retains a
public accounting firm to review the Form 990 Cherry-Todd Electric Coooperative, Inc. also
provides each member of the governing board with a complete electronic and paper copy,
soliciting comments and any suggested changes, which are to be made before filing
Form 990, Part VI, Section B, Line 12c. The governing board interprets and enforces the
Conflict of Interest Policy Each official must annually complete and sign the Conflict of
Interest Certification and Disclosure Form and deliver the completed and signed form to the
President or Manager Upon receiving or discovering any information or fact that could impact
a Director's compliance with this policy, the Board must A Provide the Director an
opportunity to comment orally and in writing regarding the information or fact, and an
opportunity to be represented by legal counsel, and B. Determine whether the Director complies
with this Policy If the Board determines that a Director does not comply with this Policy,

then A The board must provide the Director an opportunity to comply within thirty days, and