Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047 2016 Open to Public Inspection

A	For the	2016 calendar year, or tax year beginning , and ending			
В	Check if ap	plicable C Name of organization TRI-COUNTY ELECTRIC		D Employer	identification number
	Address of	nange COOPERATIVE, INC.			
$\overline{\Box}$		Doing business as		57-02	263136
닏	Name char	Number and street (or PO box it mail is not delivered to street address)	Room/suite	E Telephone	
Ш	Initial retur			803-	874-1215
П	Final return terminated				
$\overline{\Box}$	Amended	ST. MATTHEWS SC 29135-0217	· · · · · · · · · · · · · · · · · · ·	G Gross rece	eipts\$ 44,430,231
님		P Name and address of principal officer	H(a) Is this a gro	vin return for su	ibordinates? Yes X No
Ш	Application	pending CHAD LOWDER	In(a) is this a gro	July return for 30	
		P.O. BOX 217	H(b) Are all sub	ordinates inclu	rded? Yes No
		ST. MATTHEWS SC 29135	If "No,"	attach a list ((see instructions)
ī	Tax-exem	npt status 501(c)(3) X 501(c) (12) ◀ (insert no) 4947(a)(1) or 527			
	Website	/ -	H(c) Group exe	mption number	, >
т К	Form of o		ear of formation 1		M State of legal domicile SC
	Part I	Summary			
<u> </u>		Briefly describe the organization's mission or most significant activities			
_	1	TO PROVIDE THE BEST POSSIBLE ELECTRIC SERVICE TO ALL W	HO DESTRE	IT WIT	THIN
ဦ		THE SYSTEM AREA AT A REASONABLE COST CONSISTENT WITH T			
Б			III III IIIDD	1 0111111	
Ž	ا	OF SERVICE.	-0/ -f .tt		
ŝ	2 (Check this box ▶ if the organization discontinued its operations or disposed of more than 2	5% of its net as:	1 1	۵
~8	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ies	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	
Activities & Governance	5	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	58
Act	6 1	Total number of volunteers (estimate if necessary)		6	0
	7a ⊺	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
		Net unrelated business taxable income from Form 990-T, line 34		7b	0
4PRR& 5.02017			Prior Ye	ar	Current Year
<u>آم</u>	8 (Contributions and grants (Part VIII, line 1h)	43 73	7 443	
ις Ε	9 F	Program service revenue (Part VIII, line 2g)	43,73		44,401,648
8 <u>8</u>	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	4	9,910	28,583
25	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
<u>~</u>	12 7	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,78	7,353	44,430,231
	1 40 6	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
ŭ	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	7,254	2,548,647	
Z,	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,652	756,030	
Se	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0
EXPENSES MITTO	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶	•		
W	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVED	41,05	5,993	41,096,972
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), fine 25)	43,73		44,401,649
		Revenue less expenses Subtract line 18 from line 12		4,454	28,582
5	86		Beginning of Cu		End of Year
Net Assets or	티 20 T	Fotal assets (Part X, line 16)	91,30	9,402	90,184,560
ASS	E 21 7		65,16	4,619	63,620,074
Set.	E 22 N	Fotal liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 OGDEN, UT	26,14	4,783	26,564,486
	Part II	Signature Block			
$\overline{}$		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the b	est of my kn	owledge and belief, it is
t	rue, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer	has any knowled	ge	.
		V Chad T. burder		114	13/17
e:	gn	Signature of officer		Date	/
	_	CHAD LOWDER CEO			
П	ere	Type or print name and title			
			Date	Chack	ıf PTIN
D-	اسا.		MAR 2	4 Ziff	
Pa		JASON A. PEACOCK			
	eparer	Firm's name MCNAIR, MCLEMORE MIDDLEBROOKS & CO	, LLC	Firm's EIN	58-1094351
Us	e Only	POST OFFICE BOX ONE]		400 546 605
_		Firm's address MACON, GA 31202-0001		Phone no	478-746-6277
		S discuss this return with the preparer shown above? (see instructions)			X Yes No
		ork Reduction Act Notice, see the separate instructions.			Form 990 (2016
DA	Α				· 6.6.1

Form 990 (2016) TRI-COUNTY ELECTRIC Part IV ' Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4		v
2	complete Schedule A	2		$\frac{x}{x}$
3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 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	x	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		 -	
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	l	X
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		X
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		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	Ì	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		Į	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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,			
	VII, VIII, IX, or X as applicable	- 1	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Į	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	- 1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	- 1		
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	X	
b	· · · · · · · · · · · · · · · · · · ·		i	
	"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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	4.45		v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		•
ıe	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		х
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	- 17		
0	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		x
9		10		
3	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		X
	n 100, complete constitute of 1 art m			_ <u></u>

Form 990 (2016) TRI-COUNTY ELECTRIC

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	\neg		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	i	X
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		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	ĺ		
	employees? If "Yes," complete Schedule J	23	x	
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	ł	ł	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ľ	1	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ŀ		
	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	ĺ	ı	
	disqualified persons? If "Yes," complete Schedule L, Part II	26_		<u>X</u>
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	ŀ		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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)	Ì	- 1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
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		<u>X</u>
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	1		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			7.5
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			v
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled 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,			x
20	Part VI	37_		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	x	
	19? Note. All Form 990 filers are required to complete Schedule O.	38		

DAA

га	Check if Schedule O contains a response or note to any line in this Part V					
•	Officer if Schedule O contains a response of flote to any line in this rail v				Yes	No
19	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	27		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		1		
·	reportable gaming (gambling) winnings to prize winners?			1c	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		10		
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a	58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	7		3b		 -
			v			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		,			
	account)?			4a		x
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 A	ccount	S			
	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Э				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		1		
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?			7a	ļ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		İ		
	required to file Form 8282?	ì		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	- -	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f	 -	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g	 	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h_		├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	a by th	9			l
0	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			000		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b	 	
b 10	Section 501(c)(7) organizations. Enter			30		_
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	ł	}
11	Section 501(c)(12) organizations. Enter		·	1		
	Gross income from members or shareholders	11a	43,958,840			
b	Gross income from other sources (Do not net amounts due or paid to other sources		<u>_ : .*</u>			
-	against amounts due or received from them.)	11b	155,428			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	ĺ	ĺ
	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.			1	L	1
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					
	the organization is licensed to issue qualified health plans	13b_			l	
C	Enter the amount of reserves on hand	13c				<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
DAA				For	m 990) (2016)

57-0263136

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 9 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 X any other officer, director, trustee, or key employee? 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 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 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 X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section 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 X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure SC List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: TRI-COUNTY ECI 6473 OLD STATE ROAD SC 29135-0217 803-874-1215 ST. MATTHEWS

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

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

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

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

(A) Name and Title	(B) (C) Average hours per (do not check more than one box, unless person is both an officer and a director/trustee)				s both a r/trustee	in e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization and related organizations
(1)HEATH HILL										
	40.00			.,				70 067	0	0
PRESIDENT	0.00	X		X		\vdash		78,967	<u> </u>	
(2) KENNETH DAVIS,	22.90									
SECRETARY	0.00	x		x				64,500	0	0
(3) BILLY SHANNON	0.00	A		^		++		04,300		
(5) DILLI DIMINON	17.30									
TRUSTEE	0.00	x						57,707	0	0
(4) MARY BROWN	<u> </u>	†==								
(,,	35.00				l	1 1				
TRUSTEE	0.00	x						54,091	0	0
(5) MAURICE ETHEREDO	Ε									
•	16.50			ļ						
VICE PRESIDENT	0.00	X		X		\perp , \downarrow		52,662	0	0
(6) FREDRICK SHULER	SR				İ] [
	15.30				l]				
TREASURER	0.00	X		X	L_			48,325	0	0
(7) BARBARA HEAPE										
	19.50	1				1				_
TRUSTEE	0.00	X	<u> </u>	ļ		\sqcup		45,091	0	0
(8) BARRY HUTTO						1				
	4.30	١				1		40 005	_	0
TRUSTEE	0.00	X	<u> </u>	_		╄╌┼		42,295	0	ļ
(9) JEFFREY REEVES	10.50									
	12.50		1	i				24 270	o	0
TRUSTEE (10) CHAD LOWDER	0.00	X	├	-	\vdash	+		24,278		
(10) CHAD LOWDER	40.00					1 1				1
CEO	0.00		1	x				197,045	o	91,069
(11) JERRELL FURTICK	0.00	+	\vdash	┢┸	\vdash	┼─┼		17/1013	 	32,003
(II) CERREDL FORTICK	40.00									
coo	0.00		1			$ \mathbf{x} $		145,397	0	70,764
DAA		1	····			<u>, ,</u>				Form 990 (2016)

Part VII	, Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)							
•	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson ı	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amount other	of ation				
•		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	ļ	from ti organiza and refa organiza	ition ited				
	LINDA WRIGHT	40.00					x		105,587	0			51,1	124			
(13) I	RICKEY HANES OPERATIONS	40.00					x		103,018	0			13,5				
									203,023								
					li												
	from continuation shee	ets to Part VII, S	Secti	on A	۸	•		>	1,018,963				56,4				
2 Total	(add lines 1b and 1c) number of individuals (in table compensation from				thos	e lıs	ted a	bov	1,018,963 e) who received more than	\$100,000 of							
empl	oyee on line 1a? <i>If "Yes,"</i>	complete Sche	dule	J foi	suc	h inc	dividu	ıaİ	loyee, or highest compensation and other compensation			3	Yes	X			
orgar <i>ındıvı</i>	nization and related organidual	nizations greater	thar	\$15	50,00)0? <i> </i>	f "Ye	s," c	complete Schedule J for suny unrelated organization or	rch		4	х				
Section B.	ervices rendered to the or Independent Contracto	rs										_ 5		X			
	ensation from the organi								ractors that received more dar year ending with or with Descrip		ear	Co	(C) mpensat	ion			
		· · · · · ·						-									
2 Total	number of independent of	contractors (inclu	uding	but	not i	lımıte	ed to	tho	se listed above) who								
recei	ved more than \$100,000	of compensation	fror	n the	e org	anız	ation	>		0		L	000				

1321898 Form 990 (2016) TRI-COUNTY ELECTRIC 57-0263136 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax business function revenue under sections 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1ď 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn. Code 221000 43,958,840 43,958,840 2a ELECTRIC ENERGY SALES 221000 395,646 395,646 b PATRONAGE CAP-ASSOC ORGS 221000 47,162 47,162 POLE RENTAL f All other program service revenue 44,401,648 g Total. Add lines 2a-2f Investment income (including dividends, interest, 28,583 28,583 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (ii) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) ▶ Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses

44,430,231

44,401,648

10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue **Busn Code**

b

11a þ

c Net income or (loss) from fundraising events

c Net income or (loss) from gaming activities

9a Gross income from gaming activities

See Part IV, line 19 b Less. direct expenses

All other revenue Total. Add lines 11a-11d Total revenue. See instructions 0 28,583 Form 990 (2016)

Part IX 'Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			mplete column (A).	
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign			,	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2 540 647		<u> </u>	
4	Benefits paid to or for members	2,548,647			
5	Compensation of current officers, directors,	756 020		;	
_	trustees, and key employees	756,030			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	}			
а	Management				
b	Legal				<u>.</u>
С	Accounting		· · · · · · · · · · · · · · · · · · ·		
d	,g				
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	451,266			
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	2,192,581	<u> </u>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,383,923			
23	Insurance				
24	Other expenses. Itemize expenses not covered			}	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PURCHASED POWER	24,037,115			
b	DISTRIBUTION MAINTENANCE	3,653,826			
С	ADMIN & GENERAL EXP	2,611,292			
d	DISTRIBUTION OPERATIONS	2,530,843			
е	All other expenses	2,236,126			
25	Total functional expenses. Add lines 1 through 24e	44,401,649	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If				

Part								
	Check if Schedule O contains a response or note t	o any I	ine in this Part X					
				(A)		(B)		
				Beginning of year		End of year		
1	Cash—non-interest bearing		-	6,117,399	1	3,253,327		
2	Savings and temporary cash investments		1	1,005,709	2			
3	Pledges and grants receivable, net		Ļ		3	1 004 060		
4	Accounts receivable, net			3,647,822	4	4,094,960		
5	Loans and other receivables from current and former office	cers, d	lirectors,					
ŀ	trustees, key employees, and highest compensated emp	loyees	•					
	Complete Part II of Schedule L		_		5			
6	Loans and other receivables from other disqualified person							
	4958(f)(1)), persons described in section 4958(c)(3)(B), a							
	sponsoring organizations of section 501(c)(9) voluntary e	employ	ees' beneficiary					
2	organizations (see instructions) Complete Part II of School	edule L	-		6			
7 8	Notes and loans receivable, net		7	500 040				
8 3	Inventories for sale or use			527,354	8	592,240		
9	Prepaid expenses and deferred charges	, 1		299,261	9	1,023,006		
10	a Land, buildings, and equipment cost or							
-	other basis Complete Part VI of Schedule D	10a	113,967,359			4004		
1	Less accumulated depreciation	10b	36,339,625	76,434,560	10c	77,627,734		
11	Investments—publicly traded securities		<u> </u>	 	11			
12	Investments—other securities See Part IV, line 11		12	2 502 003				
13	Investments—program-related See Part IV, line 11	3,277,297	13 14	3,593,293				
14	ŭ							
15	Other assets See Part IV, line 11	01 000 400	15	00 104 560				
16	Total assets. Add lines 1 through 15 (must equal line 34	l)		91,309,402	16	90,184,560		
17	Accounts payable and accrued expenses			4,809,204	17	4,818,107		
18	Grants payable		18					
19	Deferred revenue		19					
20	Tax-exempt bond liabilities		20					
21	Escrow or custodial account liability. Complete Part IV of			21				
g 22	• •							
	trustees, key employees, highest compensated employe	es, an	d					
<u> </u>	disqualified persons Complete Part II of Schedule L				22			
1 23	. ,		s Į	E4 E4E 226	23	E1 0E7 040		
24	· ·		·	54,545,326	24	51,957,849		
25	·							
ŀ	parties, and other liabilities not included on lines 17-24)	Compl	lete Part X	E 010 000		C 011 110		
	of Schedule D		-	5,810,089		6,844,118		
26	Total liabilities. Add lines 17 through 25			65,164,619	26	63,620,074		
.	Organizations that follow SFAS 117 (ASC 958), check	k here	▶ <u></u> and					
<u> </u>	complete lines 27 through 29, and lines 33 and 34.							
E 27			-		27			
28	•		-		28			
29	•				29			
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958)), chec	k here ▶ X and					
2	complete lines 30 through 34.	plete lines 30 through 34.						
30			67,830		67,920 26,496,566			
₹ 31				26,076,953		20,490,566		
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	_	r other	funds	0.6 4.4 8.4	32	06 564 404		
ີ 33	Total net assets or fund balances			26,144,783		26,564,486		
34	Total liabilities and net assets/fund balances			91,309,402	34	90,184,560		

orm	990 (2016) TRI-COUNTY ELECTRIC	57-0263136			Pa	ge 12
Pá	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line	in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1	44,4		
2	Total expenses (must equal Part IX, column (A), line 25)		2	44,4		
3	Revenue less expenses Subtract line 2 from line 1		3			<u>582</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, co	olumn (A))	4	26,1	44,	<u> 783</u>
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	3	91,	121
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must en	qual Part X, line				
	33, column (B))		10	26,5	64,	486
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line	in this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accru	al Other				
	If the organization changed its method of accounting from a prior year or check	ed "Other," explain in				
	Schedule O			1	ł	1
2a	Were the organization's financial statements compiled or reviewed by an indep	endent accountant?		2a		X
	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				İ	1
	Separate basis Consolidated basis Both consolidated and	separate basis				
b	Were the organization's financial statements audited by an independent account	ntant?		2b	X	
	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				ĺ	ĺ
	X Separate basis Consolidated basis Both consolidated and	separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes	responsibility for oversight		l l	}	1
	of the audit, review, or compilation of its financial statements and selection of a	an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process du	ring the tax year, explain in				
	Schedule O.			1		
За	As a result of a federal award, was the organization required to undergo an aud	lit or audits as set forth in			1	
	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	zation did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps take	en to undergo such audits		3b		<u> </u>
				Fo	rm 99	0 (2016)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Nar	=	RI-COUNTY ELECT COOPERATIVE, INC			Employer identi	fication number 3 6
Ps			exempt under section 501(c) or is a section		
1	· 		id indirect political campaign activitie			
Ċ	•	l campaign activities")				
2	•	ctivity expenditures (see instruc	ctions)		▶ \$	1,750
3	, ,	political campaign activities (see	•			
Pá	art I-B Comple	te if the organization is	exempt under section 501(c)(3).		
1	Enter the amount of	any excise tax incurred by the	organization under section 4955		▶ \$	
2	Enter the amount of	any excise tax incurred by orga	▶ \$			
3	If the organization in	curred a section 4955 tax, did if	t file Form 4720 for this year?			Yes No
4	a Was a correction ma	ade?				Yes No
-	b If "Yes," describe in l					
Pa	art I-C Comple	te if the organization is	exempt under section 501(c), except secti	on 501(c)(3).	
1	Enter the amount dir	ectly expended by the filing org	ganization for section 527 exempt fu	nction		
	activities				▶ \$	
2	Enter the amount of	the filing organization's funds of	contributed to other organizations for	section		
	527 exempt function	activities			▶ \$	1,750
3	•	n expenditures. Add lines 1 and	d 2 Enter here and on Form 1120-P	OL,		1 750
	line 17b		_		▶ \$	1,750
4		tation file Form 1120-POL for the				X Yes No
5	,		ation number (EIN) of all section 52		-	
	•	•	n listed, enter the amount paid from			
			vere promptly and directly delivered t			
	as a separate segre	•	committee (PAC). If additional space		i I	(a) Amount of molyland
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds If none, enter -0-	promptly and directly
						delivered to a separate
						political organization If none, enter -0-
(1)	LEATHERMAN FO	R SENATE	FLORENCE			
(')	1817 PINELAND		SC 29501		250	
(2)		RIFF LEROY RAVENELL				
(-)	1520 ELLIS AV		SC 29039		1,000	
(3)	SETZLER FOR S		WEST COLUMBIA			
(-)	249 CONGAREE		SC 29169		500	
(4)	-,					-
. ,						
(5)						<u></u>
(6)						
				1		

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

Schedule C (Form 990 or 990-EZ) 2016

Sche	edule <u>C (</u> Form 990 or 990-EZ) 2016 TRI - CC	OUNTY ELEC	CTRIC		57	-0263136	5	Page 2
Pa	irt II-A Complete if the organiza section 501(h)).	ition is exemp	t under section	501(c)(3) an	d filed Fo	rm 5768 (ele	ection under	
Ą	Check ▶ ☐ if the filing organization	belongs to an	affiliated group (a	and list in Pa	rt IV each	affiliated gro	up member's	
	name, address, EIN, e	•	• • •			J .	•	
В	Check ▶ ☐ if the filing organization							
	Limits on Lobb (The term "expenditures" m					Filing tion's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence pub							
	Total lobbying expenditures to influence a leg	. ,-	,					
c	Total lobbying expenditures (add lines 1a an	d 1b)						
c	Other exempt purpose expenditures	ŕ						
e	Total exempt purpose expenditures (add line	es 1c and 1d)						
	f Lobbying nontaxable amount. Enter the amo		ring table in both			1		
	columns		_			_		
	If the amount on line 1e, column (a) or (b) is:	The lobbying no	ntaxable amount is:					
	Not over \$500,000	20% of the amour	nt on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15°	% of the excess over \$50	00,000				
	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,			1		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,5	00,000				
	Over \$17,000,000	\$1,000,000						
g	Grassroots nontaxable amount (enter 25% o	of line 1f)						
h	Subtract line 1g from line 1a If zero or less,	enter -0-						
i	i Subtract line 1f from line 1c If zero or less, e	enter -0-						
j	j If there is an amount other than zero on eithe	er line 1h or line 1i	, did the organization	file Form 4720				
	reporting section 4911 tax for this year?	_					Yes	No
	(Some organizations that made Sec	a section 501(h	ing Period Under s) election do not h nstructions for lin	ave to comp	lete all of	the five colur	nns below.	
	Lob	bying Expendit	ures During 4-Yea	r Averaging I	Period			
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 201	5	(d) 2016	(e) Tota	ıl
2a	Lobbying nontaxable amount	1						
t	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
c	Grassroots nontaxable amount							

Schedule C (Form 990 or 990-EZ) 2016

Grassroots ceiling amount
 (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sched	ule C (Form 990 or 990-EZ) 2016 TRI - COUNTY ELECTRIC	57-026	313	6		Page 3
Pair	t II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).					
For e	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(a) 	(b) 	
	ription of the lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or					-
-	referendum, through the use of.					
a	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
¢	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
þ	Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>			
i	Other activities?					
j	Total Add lines 1c through 1i		ļ !			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	501(5)(5)				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(0)(5),	or se	ection		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	163	140
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	+	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the pri	or vear?		3	 	
	t III-B Complete if the organization is exempt under section 501(c)(4), section		or se			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
b	Carryover from last year		2b			
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>		
<u>Par</u>						
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group lis	st), Part II-A, In	nes 1 a	and		
2 (se	e instructions); and Part II-B, line 1 Also, complete this part for any additional information					
~	NUMBER OF BROWN T & TIME 1					
80	CHEDULE C, PART I-A, LINE 1					
~	NITHTONI COMMUTDIMIONO MO CANDATONI NOMINIMINO MITOVILI	. WATE GE	s a me	1 OE		
P(DLITICAL CONTRIBUTIONS TO CAMPAIGN ACTIVITIES WITHIN	THE ST	ATE	, OF		

SOUTH CAROLINA.

Part IV Supplemental Information (continued)

Page 4

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.

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

OMB No 1545-0047 Open to Public Inspection

	of the organization		Employer identification number
	RI-COUNTY ELECTRIC		
	OOPERATIVE, INC.		57-0263136
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A Form 990, Part IV, line 6.	Accounts.
		(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 advisors in writing that	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	ort II Conservation Easements.	5 000 Dort W. Ivon 7	
	Complete if the organization answered "Yes" on F		
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g , recreation or education)	Preservation of a historically impo	
	Protection of natural habitat	Preservation of a certified historic	structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	
_	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	dod .p. (a)	2b
C C	Number of conservation easements on a certified historic structure incl	· •	2c
a	Number of conservation easements included in (c) acquired after 8/17/	ob, and not on a	2d
2	historic structure listed in the National Register	tinguished, or terminated by the organizat	
3	Number of conservation easements modified, transferred, released, ex tax year ▶	linguished, or terminated by the organization	non during the
4	Number of states where property subject to conservation easement is I	ocated >	
5	Does the organization have a written policy regarding the periodic mon		
•	violations, and enforcement of the conservation easements it holds?	normy, inspection, nationing of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation e	
•			
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	lations, and enforcing conservation easen	nents during the year
	> \$	•	- ,
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statemer	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes the
_	organization's accounting for conservation easements		
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n		palance sheet
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIII, the text of the footnote to its financi		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		nce sheet
	works of art, historical treasures, or other similar assets held for public	· ·	
	public service, provide the following amounts relating to these items		
	(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, historical treasures, or	other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958)		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		791,697		791,697			
b Buildings							
c Leasehold improvements							
d Equipment		113,175,662	36,339,625	76,836,037			
e Other							
Total. Add lines 1a through 1e. (Column (d) me	ust equal Form 990, Part X, colu	ımn (B), line 10c.)	>	77,627,734			

	om 990) 2016 TRI-COUNTY ELECTRIC		57-0263136	Page
Pårt VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, line	11b. See Form 990, Pa	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				·
(D)				
(E)				·
(F)				
(G)				
-				
(H)	(h) must a such Farm 000 Bart V and (D) trans 40 h	· · · · · · · · · · · · · · · · · · ·		
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.	E 000 D 4 IV E .	44 - O F 000 D	
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
_(3)				
_(4)				
_(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Pa	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)		····		
(6)				
(7)				
(8)				
(9)	(1)			<u></u>
Part X	n (b) must equal Form 990, Part X, col. (B) line 15)		<u>P</u>	
Part X	Other Liabilities.	. F 000 Dart W line	dda arddf Caa Farra	200 D-4 V
	Complete if the organization answered "Yes" or	i Form 990, Paπ IV, line	e i le or i ii. See Form :	990, Part X,
	line 25.	т		
<u>1.</u>	(a) Description of liability	(b) Book value		
	income taxes			
	RETIREMENT BENEFITS	6,186,900		
(3) DEFEI	RRED CREDITS	657,218		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		 		
	n (b) must equal Form 990, Part X, col (B) line 25.) ▶	6,844,118		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote 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.

Sche	dule D (Form 990) 2016 TRI-COUNTY ELECTRIC	57-026313	36	Page 4
På	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	44,430,231
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a]	
ь	Donated services and use of facilities	2b]	
c	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII)	2d]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	44,430,231
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	44,430,231
Pa	art XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	41,853,002
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		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	6 1	3	41,853,002
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	1	
b	Other (Describe in Part XIII)	4b 2,548,647	'	
c	Add lines 4a and 4b		4c	2,548,647
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	44,401,649

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

PATRONAGE CAPITAL CREDITS

2,548,647

Párt XIII Supplemental Information (continued)

Schedule D (Form 990) 2016

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

TRI-COUNTY ELECTRIC

COOPERATIVE, INC.

Employer identification number 57-0263136

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	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			
	explain	1b		
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			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			,
	Form 990 of other organizations X Approval by the board or compensation committee			
	_			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			,
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		i	ŀ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	l		
	compensation contingent on the revenues of	ļ		
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III			
e	For parcone listed on Form 900, Part VII. Section A line 1a, did the ergonization pay or secret any	ĺ	İ	ĺ
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		1	
_	The organization?	6a	1]
	Any related organization?	6b	 	
D		00		
	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 nonfixed			
•	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	<u> </u>	 -	
•	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
	III GIUII	- ّ ٔ	 	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
,	Regulations section 53 4958-6(c)?	9		

TRI-COUNTY ELECTRIC

Schedule J (Form 990) 2016

Part II

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

57-0263136

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 (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation (c) Retirement and (D) Nontaxable (E) Total of columns	(B) Breakdown	wn of W-2	of W-2 and/or 1099-MISC compensation	C 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)(ı)–(D)	in column (B) reported as deferred on prior Form 990
LOWDER	197,04	045	0	0	66,310	24,759	288,114	0
	(11)	0	0	0	0	0	0	0
ELL FURTICK	() 145,39	397	0	0	46,728	24,036	216,161	0
2 C00	(II)	0	0	0	0	0	0	0
A WRIGHT	() 105,58		0	0	37,490	23,634	166,711	0
3 MGR OF FINANCE	(II)	0	0	0	0	0	0	
	(1)							
4	(n)							
	(1)							
ıo	(11)							
	(0)		•					
9	(n)							
	(0)		.					
7	(n)							
	(0)							
8	· 🗊							
	(1)					!		
6	(11)							
			- ,					
10	(11)							
	()		•					
11	(11)							
	(E)	_	•					
	(2)							
13	(11)							
	(1)		•					
14	(11)							
	② ③		<u> </u>					
	(ii)							
91				3		j)S	Schedule J (Form 990) 2016

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part Schedule J (Form 990) 2016 TRI - COUNTY ELECTRIC
Part III Supplemental Information for any additional information. 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.

2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

TRI-COUNTY ELECTRIC COOPERATIVE, INC.

Employer identification number

57-0263136

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE COOPERATIVE HAS MEMBERS AS PROVIDED FOR IN ITS BYLAWS WHICH ARE

INCLUDED AS A PART OF THIS RETURN.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE COOPERATIVE HAS MEMBERS WHO ELECT MEMBERS OF THE GOVERNING BODY AS

PROVIDED FOR IN ITS BYLAWS WHICH ARE INCLUDED AS A PART OF THIS RETURN.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS

AS PROVIDED FOR IN ITS BYLAWS WHICH ARE INCLUDED AS A PART OF THIS RETURN.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE BOARD WITH ALL SUPPORTING DOCUMENTATION MADE AVAILABLE TO THEM.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE COOPERATIVE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE

WITH THEIR CONFLICT OF INTEREST POLICY AS PROVIDED FOR IN ITS POLICY WHICH

IS INCLUDED AS A PART OF THIS RETURN.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION FOR THE CEO IS REVIEWED AND APPROVED AS PROVIDED FOR IN THE

COOPERATIVE'S POLICY WHICH IS INCLUDED AS A PART OF THIS RETURN.

TRI-COUNTY ELECTRIC

Employer identification number

57-0263136

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION FOR KEY EMPLOYEES IS REVIEWED AND APPROVED AS PROVIDED FOR IN

THE COOPERATIVE'S POLICY WHICH IS INCLUDED AS A PART OF THIS RETURN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE COOPERATIVE MAKES ITS BYLAWS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AS PART OF ITS FORM 990. THE
FORM 990 IS AVAILABLE UPON REQUEST AS REFLECTED IN PART VI SECTION C LINE
18.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLAI	NATION
OTHER EQUITIES - RETIRED CAPITAL CREDITS	\$	32,842
PATRONAGE CAPITAL CREDITS	\$	2,548,647
MEMBERSHIP FEES	\$	90
CAPITAL CREDIT RETIREMENTS	\$	-1,114,163
OTHER COMPREHENSIVE INCOME	\$	-1,076,295
TOTAL.	Ś	391.121