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- Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

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	For th	e 2009 calen	dar year,	or tax year begir		ary I	, 200	9, and endir	ng Dece	ember	_	, 2009		
В	Check if	applicable	Please use	C Name of organiz	zation					D Emplo	yer iden	itification Nu	mber	
	Add	dress change	IRS label	South Centr	al Indiana	Rural El	ectric	Membersh	ip Corp	35-	6043	3583		
	Nar	me change	or print or type.	Number and stre	eet (or PO box if n	nail is not delive	ered to street	addr) Room/s	uite	E Teleph	one nun	nber		
	Init	al return	See specific	300 Morto	n Avenue					(76	5) 3	343-334	4 4	
	H	mination	Instruc-	City, town or co			Stat	te ZIP code + 4			<u>~ </u>	3.0 00		
	Ħ		lions	i -	•					•		• 60 67	1 251	
	\vdash	ended return	<u> </u>	Martinsvi		-	<u>IN</u>	N 461 <u>5</u> 1	117-2 1- 8		_	\$ 62,67		
	L App	olication pending		and address of princip					H(a) Is this : H(b) Are all			illiates?	_	X No
				. Sump 300 M	<u>lorton</u> Ave	Martins	ville]	<u>IN 46151</u>		attach a list		structions)	Yes	∐ No
<u>:</u>	Tax-	exempt statu	ıs X 501	(c) (12)	(insert no)	4947	(a)(1) or	527]		•	•		
J	Web	site: ► ww	w.scir	emc.coop					H(c) Group	exemption n	umber I	>		
ĸ	Form	of organization	X Corpora	ation Trust	Association	Other ►	1	L Year of Forma	tion 1939) M:	State of	legal domicil	e IN	
	irt I				7.00001011	0 11.0.						30. 00		
3 30.0				janization's miss	ion or most sig	ınıfıcant acti	vities: (Dur miss	ion is	to ma	aint			
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nar	-	and broa	<u> </u>	Tier Produc	cs and s	ETATCES	. 041 10	empers _	alue					
Activities & Governance	٠ - ا	05												
Ĝ				if the organization				oosea of mor	e than 255	% of its a:		110		
ಳ				bers of the gover t voting members				. 16\			4	10 8		
ies					_	ing body (F	ait vi, iiile	: 10)			5	91		
ivit				yees (Part V, line eers (estimate if							6	0		
Act				usiness revenue		loolumn (C	\ ino 12				7a		226,3	303
_				taxable income		-), IIIE 12				7 b		79,9	
	- D 1	<u>vet uni erateu</u>	Dusiriess	taxable income	irom Form 990	1-1, lifte 34			т		/ / D	<u> </u>		
	_								P	rior Year		Curi	rent Yea	ır
<u>o</u>	I			ts (Part VIII, line	-						0.			
Revenue				ue (Part VIII, line					57	<u>,761,1</u>			409,3	
ě	10 (nvestment in	come (Pa	rt VIII, column (A	4), fines 3, 4, a	ind 7d)			<u> </u>	<u>-26,1</u>	L37.		110,6	622.
<u> </u>	11 (Other revenue	e (Part VII	II, column (A), Iır	nes 5, 6d, 8c, 9	c, 10c, and	11e)		2	<u>,009,6</u>	552.	1,	325,0	041.
	12	<u>Fotal revenue</u>	- add Iir	nes 8 through 11	(must equal Pa	art VIII, colu	ım <u>n</u> (A), lı	ne 12)	59	,744,6	551.	61,	845,0	ე37.
	13 Grants and similar amounts paid (Part IX, column (A), lines 3)										0.			
	14 Benefits paid to or for members (Part IX, column (A), line 4)									0.				
				sation, employed			(A) lines	5.10)	6	,162,2	234	6.	149,2	202
898							191	, 5 10,		710272		7	115/2	
ens	16a i	Professional 1	iunoraisin	g fees (Part IX,\	column (A), line	e Pessigin	1861			Pater S	BEEFE ST	Carriera and target	E SOMMENO.	*\&\$\##\$\$#***\
Expenses	b T	Total fundrais	ing exper	ises (Part IX, co	ហ៊្សាក់ (D)\\ing 2	25)	<u> </u>		~ 20 1					
ш	17	Other expens	es (Part II	X, column (A), lii	es ila IId, I	1f:24f)			51	,808,4	128.	55,	116,1	147.
	18	Total expense	es Add Iır	nes 13-17 (must	equal PartotX To	column (A)	line 25)			,970,6			265,3	
				Subtract line 1			,			,773,9			579,6	
- k 8		tovoride 1033	Сиропос	GODEFOCE IIIC I	0 10111 11111212									
Assots or d Balancos		T-4-1 1	(O1 \) (10)						ning of Y			of Year	
Balt		Total assets (<u>, 865, 8</u>			811,7	
to E	21	Total liabilitie	s (Part X,	line 26)	٦				82	<u>,568,0</u>)/0.	86,	923,6	<u> </u>
Z <u>Z</u>	22 1	Vet assets or	fund bala	nces Subtract li	ne 21 from line	20			43	<u>,297,8</u>	300.	43,	888,0)66 <u>.</u>
Pa	rt II 🐇	Signati	ure Bloc	k (<i>I</i>									
0		Under penaltie	s of periury	I declare that I have beclaration of prepa	xamined this return	n, including acci	ompanying so	chedules and sta	tements, and	to the best	of my kr	nowledge and	i belief, it i	ıs
<u>-</u>		true, correct, a	ind complete	Declaration of prepa	rer (other than offic	er) is based on	all'informatio	on of which prepa	arer has any l	knowledge	<i>i</i>	,		
Sic	ın		-L	$\longrightarrow 1 \setminus \Lambda$					1	21	121	110		
Sic Te	re	Signature	officer		5				Dat	e	· 1			
-	. •		′)						D			10		
16		Kevir	nt name and	ump					Presi	dent	& CE	.0		
40		Type or pr	III II III II II II II II II II II II I			·		<u> </u>			In		.1.6	
<u></u>								Date	Ch se	eck if		reparer's idei see instruction	niying nur ns)	moer
CPa	id	Preparer's	_							ployed -				
Ξ۲r	}- '	Preparer's signature	<u> </u>									<u> </u>		
~	er's	Firm's name (c	or											
₹US	-	yours if self-							EI	v -				
္ကတ ကို	ıy	employed), address, and								<u> </u>				
_	:-	ZIP + 4							Ph	опе по		П.,		
May	the IR	'S discuss thi	is return w	ith the preparer	snown above?	(see instruc	ctions)					Yes	الاان	No

Form 990 (2009) South Central Indiana Rural Electric Membership Corp	35-6	043583	Page 2
PartIII Statement of Program Service Accomplishments			
1 Briefly describe the organization's mission			
Our mission is to maintain our core business of providir	na		
reliable electric service, and to provide other products	and		
·			
services our members value.			
2 Did the organization undertake any significant program services during the year which were	not listed on the prior		
Form 990 or 990-EZ?	the here of the prior	Yes	X No
If 'Yes.' describe these new services on Schedule O		□ 163	<u> </u>
3 Did the organization cease conducting, or make significant changes in how it conducts, any	nrogram conucce?	□ vas	X No
	program services	∐ Yes	X No
If 'Yes,' describe these changes on Schedule O			
4 Describe the exempt purpose achievements for each of the organization's three largest prog and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	ram services by expens of grants and allocation	ses. Section 50 s to others, the	total
expenses, and revenue, if any, for each program service reported			
1.00	`	^	
4a (Code) (Expenses \$ including grants of \$) (Revenue	۶)
We provide reliable electricity to our 33,427 member-own	ers		
in the most cost efficient manner, on a cooperative basi	<u>ls.</u>		
	- 		
		 _	
		-	-
			- -
			
			- -
			-
			
4b (Code) (Expenses \$ including grants of \$) (Revenue	\$)
		-	_
	-		- -
			-
	-		
4c (Code) (Expenses \$ including grants of \$) (Revenue	\$)
	. 		_
	·		
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			- -
			-
			-
			_
			
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$)	(Payanua ¢		`
	(ivevenue 5		
4e Total program service expenses ►	- <u></u>		

_				•
			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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	х	
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
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		Х
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; 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		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• 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			
•	• 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		1	
•	• 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			
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	À	44.	
•	• 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° If'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	Sec section
12/	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	13		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization maintain an onice, employees, or agents outside or the orned states. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
	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	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
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 12 If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	х	
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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		
ł	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		O	
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2009)

Rart V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1 a	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 17		res	No
ŀ	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0			() ·
	C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	200		
	(gambling) winnings to prize winners?	1 c		(3000°° 4)
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 91	347	33	*
21	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		************
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	*		2.
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Х	
Ŀ	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	Х	
4 a	a 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		х
Ł	olf 'Yes,' enter the name of the foreign country.		3	- 22
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	2		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
k	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6 a	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?	6a		Х
Ł	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ì		
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
Ŀ	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
r	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	A G	
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	Y_XXX	
	D Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	3 (1)	ă s	
	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	126.4		4.2
11		1.3		1
а	Gross income from other members or shareholders 11a 62,071,340.		1 188 °C	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) -226, 303.			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	Ž.	rada.	

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.

Sec	ction A. Go	overning Body	and Manag	ement							
							1 1		[Yes	No
		nber of voting mer	_	2 2			1a 10			1364 50	57
1	b Enter the num	nber of voting mer	nbers that are i	ndependent			1b 8				
2	Did any office officer, director	er, director, trustee or, trustee or key	e, or key employ employee?	ee have a famil	ly relationsh	ip or a business re	lationship wi	th any other	2	X	-2
3	Did the organi of officers, dir	ızatıon delegate c rectors or trustees	ontrol over mar	agement duties ees to a manage	customarily	performed by or upany or other person	inder the dire	ct supervision	3		х
4		ization make any							4	Х	
	•	r Form 990 was fi	-	J							$\overline{}$
5	Did the organi	ization become av	vare during the	vear of a materi	ial diversion	of the organization	n's assets?		5		X
6		anızatıon have me				J			6	Х	
7 8	a Does the orga		mbers, stockho	ders, or other pe	ersons who	may elect one or r	nore member	s of the	7a	х	
		•	una body subjec	t to approval by	/ members	stockholders, or ot	her nersons?	ı	7b	X	
	•	ŭ	. , ,		•	•	•		7.4	7.,	
8	the following:	·	arieousiy docun	tent the meeting	gs neia or w	ritten actions unde	rtaken during	the year by			
	a The governing								8a	X	
ı		tee with authority t							8b	X	
9	organization's	mailing address?	If 'Yes,' provid	e the names and	d addresses				9		_x_
Sec	ction B. Po	licies (This	Section B re	quests ınforn	nation ab	out policies not	required l	by the Interna	al 💮		
Reve	enue Code)										
										Yes	No
10 a	a Does the orga	inization have loca	al chapters, bra	nches, or affiliat	tes?				10 a		<u>X</u>
ŀ	olf 'Yes,' does to and branches	the organization h to ensure their op	ave written poli perations are co	cies and procedinsistent with the	lures governose of the or	ing the activities of ganization?	f such chapte	ers, affiliates,	10 b		
11	Has the organ	ıızatıon provided a	copy of this Fo	rm 990 to all me	embers of it	s governing body b	oefore filing tl	ne form?	11	Х	L
11/	A Describe in Sc	chedule O the pro-	cess, if any, usi	ed by the organi	zation to re	new this Form 990			1978 154 -	1	254
12 a	a Does the orga	inization have a w	ritten conflict of	interest policy?	If 'No,' go	o line 13			12a	Х	
ŀ	b Are officers, d to conflicts?	lirectors or trustee	s, and key emp	loyees required	to disclose	annually interests	that could giv	e rise	12b	Х	
(Does the orga	inization regularly ow this is done	and consistent	y monitor and e	enforce comp	pliance with the pol	licy? If 'Yes,'	describe in	12c	x	
13	Does the orga	nızatıon have a w	ritten whistleblo	wer policy?					13	Х	
14	Does the orga	inization have a w	ritten document	retention and d	destruction p	olicy?			14	Х	
15	Did the proces	ss for determining	compensation	of the following peous substantiat	persons inc	ude a review and a eliberation and dec	approval by i	ndependent			
a		ion's CEO, Execut							15a	Х	
	_	of key employees							15b		X
-		15a or 15b, desci	_		(See ınstru	ctions)					
16 a		ization invest in, c	•		•	venture or similar	arrangement	with a taxable	16a	X	
Ł	n If 'Yes ' has th	ne organization ad	opted a written	policy or proced	dure requirin	g the organization	to evaluate i	ts participation			
	status with res	spect to such arra	nder applicable ngements?	federal tax law,	, and taken :	steps to safeguard	the organiza	tion's exempt	16b		X
Sec	tion C. Dis	closures									
17	List the states	with which a copy	y of this Form 9	90 is required to	o be filed 🟲	<u>Indiana</u>				. – – -	
18	Section 6104 inspection Inc	requires an organ dicate how you ma	ization to make ake these availa	its Forms 1023 ble Check all th	(or 1024 if a	applicable), 990, a	nd 990-T (50	1(c)(3)s only) av	allable	for pu	blic
	Own webs	· –	Another's webs	_	٦	uest					
19	Describe in So statements av	chedule O whether	r (and if so, how	/) the organization	ion makes it	s governing docum	ents, conflict	of interest police	y, and	financ	ıal
20				ne number of the	e person wh	o possesses the b	ooks and rec	ords of the organ	nızatıon	J	
	►Kate Fra			rton Ave		tinsville			76 <u>5</u>) 3		3344
										_	

Page 7

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees'
- 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 the organization did no	(B)	<u> </u>			c)	•		(D)	(E)	(F)
Name and Title	Average	Pos	ition (•	•	that app	ly)	Reportable	, ,	Estimated
Name and Thie	hours per week	adividi al frascee or director	arshtuhonal foustee	Offi e	Key emphyee	High est coingensated employee	FORTE	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Rex Franklin										
Director, Chairman	10.17	Χ					<u> </u>	25,162.	0.	0.
Mark Smith										
Director, Vice-Chair	3.00	х						0.	0.	0.
Jerry Pheifer										
Director, Sec-Treas	5.75	Х						23,862.	0.	0.
Ann Lankford	7									
Director	5.52	Х						23,972.	0.	0.
Al Taylor										
Director	4.40	Х						15,352.	0.	0.
Norman Voyles										
Director	7.42	Х						26,969.	0.	0.
Steve Williamson										
Director	5.62	Х						26,497.	0.	0.
Heather Mollo									-	
Director	3.00	Х						3,961.	0.	0.
Joe Peden										
Director	4.65	Х						8,186.	0.	0.
Don Frye										
Director	3.57	Х						24,195.	0.	0.
Kevin D Sump										
CEO & President	48.00			X				178,302.	0.	140,974.
Kate Frank										
VP Finance	46.00			Х				93,926.	0.	26,993.
Philip Mattison										
VP Operations	48.00					Х		108,832.	0.	77,498.
Greg McKelfresh										
Sr VP Business Tech	47.50					Х		105,456.	0.	68,559.
Greg Myers										
Lineman	54.00					Х		102,004.	0.	47,223.

Part VIII Section A. Officers, Directors, Trus	T	\ey				es,	all			
(A)	(B) Average	Posi	tion i		c) kalli	that a	anniv)	(D)	(E)	(F)
• Namé and Title	hours per week	-	Institution	Officer		employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable for compensation from related organization (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									· 	
							_			
						L_				
1 b Total							<u> </u>	766,676.	C	
2 Total number of individuals (including but not limited from the organization ► 4	to those	e list	ed a	abov	e) v	vho	rece	eived more than \$1	00,000 in reporta	Yes No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ind 4 For any individual listed on line 1a, is the sum of repithe organization and related organizations greater the individual 5 Did any person listed on line 1a receive or accrue conditions and related organizations. See the conditions of the conditions. 	dividual ortable d an \$150 mpensa	com ,000	pens 12 <i>If</i>	satic <i>'Yes</i> n an	on a s' co	nd o	other <i>lete</i>	r compensation fro Schedule J for suc	om ch	3 X 4 X
rendered to the organization? If 'Yes,' complete Sche Section B. Independent Contractors							L		- #100 000 -f	
Complete this table for your five highest compensated compensation from the organization			nt C	ontr	acic	<i>,</i> 15 (ııal I		 	
(A) Name and business address								Description of	f Services	(C) Compensation
		_		_	_					
					_					
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►	ut not lii	mıte	d to	thos	se li	stec	d abo	ove) who received	more than	

ra	πV	III Statement of Re	evenue				т	 _
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
er.	13 E				Total revenue	exempt	business	excluded from tax
	2. 50 mil. 2. 50 mil. 200 de 14		The Art			function revenue	revenue	under sections 512, 513, or 514
S S	1 a	Federated campaigns	_ 1	a		9.75		2000
RAN	b	Membership dues	1	b	45.47	4		
S, G	c	: Fundraising events	1	с			4 0-	
AR A		Related organizations		d		5.00 m	1.	
NS,	е	Government grants (contribution	ons) <u>1</u>	е				
UTION IN	f	All other contributions, gifts, g	rants, and					
REOT		similar amounts not included		<u>f</u>				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	_	Noncash contribus included in Total. Add lines 1a-1f	ins (a-it:	\$				
		Total. Aud lines Ta-Ti		Business Code				23
ENO	2 a	Unrelated Acti	vities	561730	86,505.	0.	86,505.	0.
REV		Pole Rental		531190	531,879.	0.	0.	531,879.
/ICE		: Electric Sales		221122		59,790,990.	0.	0.
SER	d	, 			1			
AM:	е	:	- -					
PROGRAM SERVICE REVENUE	f	All other program service	e revenue					
PR	g	Total. Add lines 2a-2f		<u> </u>	60,409,374.	A 100 100 100 100 100 100 100 100 100 10	A 10 10 10 10 10 10 10 10 10 10 10 10 10	4 4
	3	Investment income (incl	uding divider	ids, interest and				
		other similar amounts)			95,825.	0.	0.	95,825.
	4	Income from investment	of tax-exem	pt bond proceeds	<u> </u>			
	5	Royalties [(ı) Real	(II) Personal	, ,,			
	6 a	Gross Rents	12,56		* * *			
		Less rental expenses						
		Rental income or (loss)	12,56	6.				
		Net rental income or (lo		•	12,566.	0.	12,566.	0.
		Gross amount from sales of	(ı) Securitie:	(ii) Other				A 18
		assets other than inventory		26,712.	julia.			
	b	Less cost or other basis						
		and sales expenses	·	11,915.				4
		Gain or (loss)		14,797.				4
İ	d	Net gain or (loss)			14,797.	0.	0.	14,797.
<u>u</u>	8 a	Gross income from fund	raising event	s				
Ę.		of contributions reported	l on line 1c)	-			4.9	2 4 8
OTHER REVENU		See Part IV, line 18	011 11110 10)	al			Section 3	
HER	b	Less direct expenses		b	****			1
6		Net income or (loss) from	m fundraising	events				
	9a	Gross income from gam	ing activities		1.1			7.7
l	74	See Part IV, line 19	mg donvinos	a				
		Less direct expenses		b			V PER S	
	С	Net income or (loss) from	m gaming ac	tivities		77 7 15	195 1 1888 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	10 a	Gross sales of inventory	, less returns	400 005	*			
		and allowances		a 489,025.				1, 2, 3,
		Less cost of goods sold		b 814,399.	-225 274	0.	-325,374.	0
}	<u>c</u>	Net income or (loss) from Miscellaneous Reveni		Business Code	-325,374.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.
ŀ	11 2	Patronage Reven		900099	1,637,849.	1,637,849.	0.	0.
	b			1				
	c							
	d	All other revenue						
ļ	е	Total. Add lines 11a-11d	1	<u> </u>	1,637,849.		N	
	12	Total revenue. See instr	uctions	►		61,428,839.	-226,303.	642,501.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	An other organizations must con	 			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	594,656.	594,656.		
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	3,066,595.	3,066,595.		
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	831,207.	831,207.		
9	Other employee benefits	1,215,119.	1,215,119.		
10	Payroll taxes	441,625.	441,625.		
	Fees for services (non-employees)				
	a Management				
ŀ	Legal	71,605.	71,605.		
(: Accounting	27,450.	27,450.		
C	i Lobbying	4,000.	4,000.		
•	Prof fundraising svcs See Part IV, In 17			100	
f	Investment management fees				
	Other	<u> </u>			
	Advertising and promotion	58,746.	58,746.		
13	Office expenses	820,910.	820,910.		
14	Information technology	185,557.	185,557.		
15	Royalties	460 122	460 133		
16	Occupancy Travel	468,133. 783,947.	468,133. 783,947.		
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	103,341.	703,347.		
19	Conferences, conventions, and meetings	60,801.	60,801.		
20	Interest	4,169,331.	4,169,331.		
21	, i	2,365,522.	2,365,522.	 -	
22	Depreciation, depletion, and amortization	4,298,456.	4,298,456.		
23	Insurance Other expenses Itemize expenses not	133,968.	<u>133,968.</u>	***	
24	covered above (Expenses grouped together	**			V
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	*			1944 PM
	below)		*		
	Power bill	38,836,555.	38 <u>,</u> 836,555.		
	Gross Receipts Tax	853,571.	853,571.		
	Bad Debts Expense	384,530.	384,530.		
	Line Maintenance Exp	964,792.	964,792.		
	Line Distribution Exp	226,667.	226,667.		
	All other expenses	401,606.	401,606.		
	Total functional expenses Add lines 1 through 24f	61,265,349.	61,265,349.		
	Joint costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Farry 000 (0000)
BAA					Form 990 (2009)

_		J (2009) South Central Indiana Rural Electric Membership Corp	35~	6043	3583Page II
Pa	ırt X	Balance Sheet		. —	
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	36,776.	1	70,771.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,052,757.	4	9,084,903.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
٨		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net	232,042.	7	2,239.
ASSETS	8	Inventories for sale or use	1,926,693.	8	2,014,099.
Ś	9	Prepaid expenses and deferred charges	346,595.	9	461,352.
	10 a	Land, buildings, and equipment. cost or other basis 10a 134, 923, 732.			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 42,890,654.	88,473,390.	10 c	92,033,078.
	11	Investments — publicly-traded securities .	114,989.	11	114,989.
	12	Investments – other securities See Part IV, line 11	21,649,755.	12	22,963,554.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 .	4,032,873.	15	4,066,749.
ĺ	16	Total assets Add lines 1 through 15 (must equal line 34)	125,865,870.	16	130,811,734.
	17	Accounts payable and accrued expenses	7,633,068.	17	7,189,651.
	18	Grants payable		18	
1	19	Deferred revenue .		19	
<u> </u>	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
<u> </u>	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		25.0	
<u>ד</u>		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties	71,104,609.	23	75,777,879.
1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	3,830,393.	25	3,956,138.
	26	Total liabilities. Add lines 17 through 25	82,568,070.	26	86,923,668.
N E T		Organizations that follow SFAS 117, check here ► and complete lines			
Ť		27 through 29 and lines 33 and 34.		1,64	
ξ.	27	Unrestricted net assets		27	
SOUT OF	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R J		Organizations that do not follow SFAS 117, check here ► X and complete			
F.		lines 30 through 34.		5](
02C7	30	Capital stock or trust principal, or current funds		30	·
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ľ	32	Retained earnings, endowment, accumulated income, or other funds	43,297,800.	32	43,888,066.
BALANCES	33	Total net assets or fund balances	43,297,800.	33	43,888,066.
\$	34	Total liabilities and net assets/fund balances	125,865,870.	34	130,811,734.

BAA Form **990** (2009)

Form 990 (2009) South Central Indiana Rural Electric Membership Corp RartXI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other		i A	1
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		15.0	ensi
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt, 2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued consolidated basis, separate basis, or both	on a		
Separate basis Consolidated basis X Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	igle 3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit 3b		

BAA Form **990** (2009)

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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

If the organization answered 'Yes,' to 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

		,' to Form 990, Part IV, line 5 (Proxy Tax), the organizations: Complete Part III	nen		
	of organization	rganizations Complete Fart III	_	Employer identifica	ation number
	3	a Rural Electric Membershi	a Carn	35-604358	
		rganization is exempt under secti			
		organization's direct and indirect political ca			410111
	Political expenditures	organization's direct and munect political ca	impaign activities in i	► \$	4,000.
	Volunteer hours			Υ.	4,000.
		rganization is exempt under secti	on 501(c)(3)	·	
		ise tax incurred by the organization under s			
		ise tax incurred by the organization under s ise tax incurred by organization managers t		` > \$	
		isection 4955 tax, did it file Form 4720 for t		Υ,	Yes No
	Was a correction made?	i section 4900 tax, did it life Form 4720 for t	ilis year		Yes No
	If 'Yes,' describe in Part IV	•			ILES TIMO
	<u>'</u>		F01/-\	ttion E01/a)/2)	
		rganization is exempt under secti			
,	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	0.
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	rganizations for secti	on 527 exempt ►\$	4,000.
3	Total of exempt function expo	enditures Add lines 1 and 2 Enter here and	d on Form 1120-POL,	► \$	4,000.
4	Did the filing organization file	Form 1120-POL for this year?		•	X Yes No
5	made For each organization contributions received that w	and employer identification number (EIN) o listed, enter the amount paid from the filing ere promptly and directly delivered to a sep ee (PAC) If additional space is needed, pro	g organization's funds arate political organiz	Also enter the amount zation, such as a separal	of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
FOR	E	P.O. Box 24517			
		Indianapolis IN 46224	35-1998087	4,000.	0.
					-

Schedule C (Form 990 or 990-EZ) 200	9 South Centra	l Indiana Rural E	Electric Membe:	rship Corp 35-604	3583 Page :
Part II-A Complete if section 501(the organization				
<u></u>		gs to an affiliated group			
B Check ► I if the filin	ng organization check	ed box A and 'limited con	trol' provisions apply		
(The term	Limits on Lobbying 'expenditures' mean	g Expenditures – is amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publi	c opinion (grass roots lob	obying)		·
b Total lobbying expenditu	res to influence a leg	islative body (direct lobby	/ing)		
c Total lobbying expenditu	res (add lines 1a and	i 1b)			
d Other exempt purpose e	xpenditures				
e Total exempt purpose ex	penditures (add lines	s 1c and 1d)			
f Lobbying nontaxable am both columns	ount Enter the amou	ınt from the following tabl	e ın		
If the amount on line 1e, colu	ımn (a) or (b) ıs TI	ne lobbying nontaxable a	mount is		
Not over \$500,000	2	0% of the amount on line 1e			
Over \$500,000 but not over \$1,	000,000 \$	100,000 plus 15% of the excess	over \$500,000	743	
Over \$1,000,000 but not over \$	1,500,000	175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	17,000,000 \$	225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		1,000,000		and the second section of the second	
g Grassroots nontaxable a	mount (enter 25% of	line 1f)			
h Subtract line 1g from line	e 1a If zero or less,	enter -0-			
i Subtract line 1f from line	e 1c If zero or less, e	enter -0-			
j If there is an amount oth section 4911 tax for this	ier than zero on eithe year?	r line 1h or line 1i, did the	e organization file Fori	m 4720 reporting	Yes No
(Som	ie organizations that	-Year Averaging Period L made a section 501(h) el below. See the instruction	ection do not have to	complete all of the five gh 2f.)	
	Lobby	ing Expenditures During	4-Year Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))		,	4 5	the state of the state of	
c Total lobbying expenditures					

f Grassroots lobbying expenditures

BAA

d Grassroots nontaxable amount

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

Schedule C (Form 990 or 990-EZ) 2009

<u>بر</u>

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768	•	<u> </u>
		a)	(t)	
	Yes	No	Amo	ount	
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)?					
c 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?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV					
j Total. Add lines 1c through 1i	35.5%	1000			_
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					* **
b If 'Yes,' enter the amount of any tax incurred under section 4912		35.7			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		(4, ?			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				7.1	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection 50	1(c)	(6).
				• •	
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Partill:BE Complete if the organization is exempt under section 501(c)(4), section 501 if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	(c)(5) 3 is a	, or s nswe	ection 50 ered 'Yes.'	1(c)	(6)
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		4			
a Current year		2 a			
b Carryover from last year		2b			
c Total		2с			
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 politic expenditure next year?	al	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

Part IV	Supp	le <u>m</u> enta	l Ini	<u>formation</u>	

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i Also, complete this part for any additional information

Pt I-A Line 1 Donations to FORE ("Friends of Rural Electrification")

Political Action Committee

-_----

Part IV	Supplemental Information (continued)	Page 4
		- -
- -		- -
 -		
-		· - -
- -		
-		. – – –
- 		
		- -
		-
		- -
		<u>-</u>
- - -		
- -		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

2009

OMB No 1545-0047

Open to Public

Employer Identification number

	uth Central Indiana Rural Elec		35-6043583
Pa	Constitution r Advised Funds or Other Similar Fund	ds or Accounts Complete if	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	<u></u>	
5	Did the organization inform all donors and done funds are the organization's property, subject to	or advisors in writing that the assets held in donc o the organization's exclusive legal control?	or advised Yes No
6	Did the organization inform all grantees, donorsused only for charitable purposes and not for the purpose conferring impermissible private benefits the conferring the	s, and donor advisors in writing that grant funds ne benefit of the donor or donor advisor or for an it??	may be y other Yes No
Pai	till Conservation Easements Comple	ete if the organization answered 'Yes' t	o Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e.g., re	creation or pleasure) Preservation of	an historically important land area
	Protection of natural habitat	Preservation of	certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organizatio	n held a qualified conservation contribution in the	e form of a conservation easement on the
	last day of the tax year		
_	Talal mush on af annamush on a same		Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easem		2c
	: Number of conservation easements on a certifi I Number of conservation easements included in	• • •	2d
3		ransferred, released, extinguished, or terminated	
3	year ►	ansierred, released, extinguished, or terminated	by the organization during the tax
4	Number of states where property subject to cor	servation easement is located ►	
5	and enforcement of the conservation easement		∐ Yes ∐ No
6	during the year ►	g, inspecting, and enforcing conservation easeme	ents
7	Amount of expenses incurred in monitoring, ins during the year ►	specting, and enforcing conservation easements	\$
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^2$	line 2(d) above satisfy the requirements of section .	Yes No
	conservation easements	orts conservation easements in its revenue and e the organization's financial statements that desc	
Par	till Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answ	wered 'Yes' to Form 990, Part IV, line 8	3
1 a	If the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statemen	SFAS 116, not to report in its revenue statement c exhibition, education, or research in furtherance ts that describes these items	and balance sheet works of art, historical e of public service, provide, in Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items:	SFAS 116, to report in its revenue statement and cashibition, education, or research in furtherance	I balance sheet works of art, historical e of public service, provide the following
	(i) Revenues included in Form 990, Part VIII, I	ine 1	► \$
	(ii) Assets included in Form 990, Part X		►\$
	amounts required to be reported under SFAS 1	_	financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1	. ►Ş
b	Assets included in Form 990, Part X		▶ \$

						11.70.00.7
3 Using the organization's acquisition items (check all that apply).	on accession and of	ther records, chec	ck any of the following th	nat are a significant us	e of its colle	ection
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organ	nization's collections	and explain how	they further the organiz	cation's exempt purpos	e in	
5 During the year, did the organiza assets to be sold to raise funds r					Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements ount on Form 99	Complete if on the Complete of	organization answe	red 'Yes' to Form	990, Part	: IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?				r assets not	Yes	□No
b If 'Yes,' explain the arrangement	in Part XIV and con	nolete the followin	ng table.		□ .••	□•
		.,			Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		-
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a	mount on Form 990	Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement		•				
Rart V Endowment Funds Co		zation answer	ed 'Yes' to Form 99	90, Part IV, line 10	<u>5.</u>	
	(a) Current year	(b) Prior yea				ur years back
1 a Beginning of year balance			# 1		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b Contributions			F-94 TO 102 3		200	100
c Net Investment earnings, gains, and losses			* , , ,			
d Grants or scholarships				* * * *	3 2 4 6	1.
Other expenditures for facilities and programs			,à·	~ *** ***		
f Administrative expenses			-		* 1.45	
g End of year balance		<u> </u>		, , , , , , , , , , , , , , , , , , ,	1 3 13	
2 Provide the estimated percentage	of the year end bal	ance held as				
a Board designated or quasi-endow	-	8				
b Permanent endowment ►						
c Term endowment ►						
	the reseason of	the example tion t	hat are hold and admini	stored for the		
3a Are there endowment funds not in organization by	i the possession of	ine organization t	nat are neig and admini	Stered for the		Yes No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations listed a	s required on Sch	nedule R?		3b	
4 Describe in Part XIV the intended						_
Part VI Investments-Land, B	uildings, and E	quipment. See	e Form 990, Part X	, line 10		
Description of investment		st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Boo	ok Value
1 a Land			432,610.	· _ **		<u>432,610.</u>
b Buildings			2,983,391.	1,179,450.	1,8	803,941.
c Leasehold improvements						
d Equipment			131,507,731.	41,711,204.	89,7	796,527.
e Other						
Total. Add lines 1a through 1e (Column	(d) must equal For	m 990, Part X, co	lumn (B), line 10(c))		92,0	033,078.
				C-1-	- d. d. B. /C	2002 2000

BAA

Schedule **D** (Form 990) 2009

Total (Column (b) must equal Form 990, Part X, col. (B) line 25)

3,956,138.

^{2.} FIN 48 Footnote In Part XIV, 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

Schedule D (Form 990) 2009 South Central Indiana Rura		35-6043	3583Page 4
Part XI Reconciliation of Change in Net Assets from	om Form 990 to Financial Statement	s	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		_	61,845,037.
2 Total expenses (Form 990, Part IX, column (A), line 25)		L	61,265,349.
3 Excess or (deficit) for the year Subtract line 2 from line 1		<u>L</u>	579,688.
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			48,077.
8 Other (Describe in Part XIV)			-37,499.
9 Total adjustments (net) Add lines 4 through 8			10,578.
_10 Excess or (deficit) for the year per audited financial stateme	nts Combine lines 3 and 9		590,266.
Part XII Reconciliation of Revenue per Audited Fir	iancial Statements With Revenue pe	r Return	
1 Total revenue, gains, and other support per audited financial	statements	1	61,845,037.
2 Amounts included on line 1 but not on Form 990, Part VIII, li	ne 12·	N S of	
a Net unrealized gains on investments	. 2a	395	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	61,845,037.
4 Amounts included on Form 990, Part VIII, line 12, but not on	line 1	-	
a Investments expenses not included on Form 990, Part VIII, li		- 2-16	
b Other (Describe in Part XIV)	46		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 99	O Port Line 12)	5	61,845,037.
Pair XIII Reconciliation of Expenses per Audited F			
Total expenses and losses per audited financial statements	maricial Statements With Expenses	1	61,265,349.
2 Amounts included on line 1 but not on Form 990, Part IX, line	25	, at 20	01/203/313.
a Donated services and use of facilities	2a	* * 1	
b Prior year adjustments	2b		
c Other losses	2c		
	2d		
d Other (Describe in Part XIV)			
e Add lines 2a through 2d		2e	61 265 240
3 Subtract line 2e from line 1		3	61,265,349.
4 Amounts included on Form 990, Part IX, line 25, but not on I			
a Investments expenses not included on Form 990, Part VIII, II		`	
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b	00 D 111 10)	4c 5	C1 2CE 240
5 Total expenses Add lines 3 and 4c (This must equal Form 9 Part XIV) Supplemental Information	90, Part 1, line 18)	1 3 1	61,265,349.
Complete this part to provide the descriptions required for Part II, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and information	ines 3, 5, and 9; Part III, lines 1a and 4; Part I Part XIII, lines 2d and 4b. Also complete this	IV, lines 1b a part to provid	ind 2b; Part V, de any additional
FIN 48 Disclosure in A	udited Financial Statments:	-	
Accounting for uncerta	in tax positions- In June 20	06,	
the FASB issued "Accou	nting for Uncertainty in Inc	ome	
Taxes." The generally	_accepted_accounting_princip	<u>le</u>	
provides_detailed_quid	ance for the financial state	ment	
recognition,_measureme	nt, and disclosure of uncert	ain	
tax_positions_recogniz	ed in an enterprises's		
financial statements.		Cabaal	do D (Form 000) 2000
BAA	EEA3304 02/02/10	Schedu	le D (Form 990) 2009

Schedule D (Form 990) 200		35-6043583	Page 5
Part XIV Supplemen	ntal Information (continued)		
	requires an entity to recognize the financial st	atement	
	_impact_of_a_tax_position_when_it_is_more_likely_	<u>than</u>	
	not that the position will be sustained upon		
	examination. The adoption of this accounting pr	inciple	
	_does_not have a material effect on its financial		
	_position, results of operations, or cash flows a	s_the	
	REMC does not believe they are taking any uncert	<u>ain</u>	
	_tax positions		
Pt_XI_Line_8	Other adjustments include: (\$16,465) decrease in		-
	memberships, (\$91,177) patronage payments, \$70,1	43	
	_unrecognized_post-retirement_benefit_cost		- ·
			 .
			- -
			
			
			-
			_
~			
			_

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection Employer identification number

35-6043583

Partil Questions Regarding Compensation

South Central Indiana Rural Electric Membership Corp

			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	3		
	First-class or charter travel Housing allowance or residence for personal use		7	
	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 (e.g., maid, chauffeur, chef)			
ł	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	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	.a″. ≪	RANGE CALL
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	X Compensation committee X Written employment contract		,	
	Independent compensation consultant X Compensation survey or study		43	
	Form 990 of other organizations X Approval by the board or compensation committee	A Comment	4	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	a Receive a severance payment or change-of-control payment?	4a		<u>X</u>
t	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u>X</u>
c	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.	84	4.5	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			ř
a	a The organization?	5a		
k	b Any related organization?	5b	F	B. 01-280000 J.
	If 'Yes' to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	a The organization?	6a		
Ł	b Any related organization?	6 b		~
	If 'Yes' to line 6a or 6b, describe in Part III			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2009

South Central Indiana Rural Electric Membership Corp Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed 35-6043583

Page 2

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(i)(g)	reported in prior Form 990 or Form 990-EZ
	Θ	178,302.	0	1				0
Kevin D Sump	(ii)		0	0	 	0	1	0.
	Θ	108,832.		-0	25,660.	21,293.	182,785.	0.
Philip Mattison	(i)		0	0			 	
	Ξ	105,456.	10	, 	44,850.	21,388.	171,694.	0.
Gred McKelfresh	Θ		0	0			 	Ī
	Ξ							ı
	(ii)						Í 1	;
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ВАА				TEEA4102 02/	02/02/10		Sched	Schedule J (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

or 990-EZ.

Transactions with Interested Persons

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

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

South Central Indiana Rural E							-604					
Part I Excess Benefit Transactions Complete if the organization answer	s (sect	ion 50 on Forr	1 (c)(3) a n 990, Par	and section t IV, line 25a c	501(c)(or 25b, or	(4) organıza Form 990-EZ,	ations Part V	only , line	/). 40b.			
1 (a) Name of disqualified person					(b) Description	on of transaction					(c) Corr	rected?
											Yes	No
 2 Enter the amount of tax imposed on the orgsection 4958 3 Enter the amount of tax, if any, on line 2, a 			-	•	sons durii	ng the year ur	nder	► \$ ► \$				
Part II Loans to and/or From Interes	sted P	erson	s.		Form 990)-EZ, Part V, II	ine 38a					
(a) Name of interested person and purpose		to or from anization?		Original pal amount	(d) B	alance due	(e) In d	efault?	(f) App by bo comm	oroved ard or littee?	(g) Wi agreer	
	То	From					Yes	No	Yes	No	Yes	No
Kevin Sump deferred comp		X		16,500.		9,298.		X	X		Х	
Kate Frank computer		X		507.		449.		<u>X</u>		_X	X	
						0.747	68C-66	7 100	*te	Kata-t-sellin	19	
Part	tting I	nteres	ted Pers	► \$ sons.	art IV I	9,747.				(4 S)		9
(a) Name of interested person				interested person	 -) Amoun	t and ty	pe of as	sistance	 ;	
								_				
								_				
Part IV Business Transactions Invol	ving I	nteres	ted Pers	sons. orm 990. Pa	nrt IV li	ne 28a 28l	 b. or	 28c.				
(a) Name of interested person	(b) Re	elationship sted persor organizati	between n and the	(c) Amour transactio	nt of		cription (action		(e) Sha organiz reven	ation's
J. Pheifer(See Schedule O)	Boar	d Memi	ber	38,836	5,555.	Energy F	urch	nase	s		Yes	No X
BAA For Privacy Act and Paperwork Reduction	Act No	tice. see	the Instri	uctions for Fo	rm 990	Sch	edule	L (For	m 990) or 99	90-EZ)	2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
South Central Indiana Rural Electric Membership Corp	35-6043583
Pt VI-A, Line 2 Business relationship	
Pt VI-A, Line 4 The bylaws were amended to reflect the change	_in
governing board members from 11 members to 10	members.
Pt VI-A, Line 7b Per the bylaws, the Cooperative shall not sel	l,_lease
or otherwise dispose of all, or substantially	_all,
the property of the cooperative unless it sha	ll_have
been_authorized_by_resolution_duly_adopted_by	an
affirmative vote of three-forths (3/4) of the	board
of directors of the Cooperative at a regular	or
special meeting called and held as provided i	n these
bylaws, which resolution must receive an affi	rmative
vote_of_at_least_a_majority_of_all_of_its_mem	bers_and
to the extent required by law, approval by th	e Indiana
Utility Regulatory Commission.	
Pt VI-B, Line 11A The Vice President of Finance reviewed the Fo	rm 990
in its entirety with the governing board at t	he
June 24 2010 board meeting. The review was c	onducted
prior to the submission of the Form 990 with	the IRS.
Pt_VI-B, Line 12c A survey is distributed to all the relevant p	arties
annually which asks about any relationships a	<u>nd</u>
conflicts of interest. It is the duty of the	board
member to disclose any conflicts of interest.	_A_board
member that is determined to have a conflict	must
must absent himself from any discussion or vo	ting
on issues that arise as a result of that conf	lict.
Pt VI-B, Line 15 The CEO's compensation package is determined	ру

Schedule 0 (Form 990) 200	9	Page :
Name of the organization South Central Tro	diana Rural Electric Membership Corp	Employer identification number 35-6043583
Doden central in		133 0043303
	<u>a review of comparability data for similar pos</u>	itions,
	reviewed and approved by the board of directors	2,
	with comtemporaneous substantiation of the	
	deliberation and the decision.	
Pt_VI-C, Line 19	No documents are made available to the public.	_Current
	members can submit a written request for an exa	amination
	of the books and records of the REMC which are	limited
	to meeting minutes, financial statements, tax	
	exemption determination letter, and the Form 99	90.
	Additionally, members receive copies of the byl	Laws
	at the time they become members.	-
Pt VI-A, Line 6	At Dec 31,2009 the REMC had 33,427 members to v	vhom
	South Central Indian REMC distributed electrici	i <u>ty.</u>
Pt_VI-A, Line 7a	Members have the opportunity to vote and elect	
	their own member representatives on the board of	of
	directors. Each eligible member is entitled to	one_vote
PtVI-A,line_lb	The officers on the board receive \$10 more per	<u>diem</u>
	Also, one of these officers also sits on the bo	oard
	of our taxable G&T. As a result, two of our bo	oard
	members are not independent.	
PtVI-B_line15b	The compensation for other officers of the orga	nization
	is determined by the CEO, within the parameters	3 _
	of the overall wage and salary plan, as approve	ed
	by the board of directors.	
PtVI-B,line_16	The REMC is part owner in SCI Propane, LLC and	Servco, LLC.
	The entities were formed with other REMCs to pr	covide
	much needed propane and other products and serv	rices

South Central Inc	diana Rural Electric Membership Corp	35-6043583
	to our members. The revenues are not significa	nt
~- 	enough to cause any issues with our tax-exempt	status,
~ -	although these investments are reviewed at leas	t
~	annually with that issue in mind.	
PartX-line#7&9	A portion of the labor and benefits paid to emp	loyees
	are capitalized on the balance sheet along with	<u>the</u>
	related assets. In 2009, the capitalized labor	and
	benefits were \$1,330,024 and \$921,518, respecti	<u>vely</u>
Schedule L, Part IV	Energy Purchases Transaction:	
	Taxpayer has a long term all requirements contr	act
	for the purchase of all of its power supply fro	m
~	Hoosier Energy Rural Electric Cooperative, Inc.	
~	("Hoosier Energy") which is an Indiana Rural Ele	ctric
~	Cooperative formed under the Indiana REMC Act.	Taxpayer
~	is a member of Hoosier Energy. As such, the ar	ticles
~	of incorporation and bylaws of Hoosier Energy p	rovide
~	that Taxpayer may nominate one person who shall	_ <u>be</u>
~	Taxpayer's manager, an officer with equivalent	duties
~	and responsibilities of manager, or any member	of_its
~	board of directors to be a director on the boar	<u>d_of</u>
~	directors of Hoosier Energy. The director on t	he board
~	of Hoosier Energy participates in all meetings	of the
~	board of directors of Hoosier Energy.	
Sched R, Pt V, Q#2	(1) SCI REMC bills its members for their propan	e_usage,
~	then remits the funds to SCI Propane each month	(2)_SCI
~	Propane delivers the propane to SCI_REMC's memb	ers
~		

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

nternal Revenue Service	me of the organization
Intern	Name

(7)	
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36	
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3, 34, 35, 36, or 3	
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s 33, 34, 35, 36, or 3	
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to Form 990, Part IV,	
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ξ. Attach to Form 990. See separate instructions. Part In Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

Electric Membership Corp

Central Indiana Rural

South

Open to Public Inspection Employer identification number

35-6043583

OMB No 1545-0047

(F)
Direct controlling
entity (F)
Direct controlling entity **partity** Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A (E)
Public charity status
(if section 501(c)(3)) 958,447. (E) End-of-year assets **(D)** Exempt Code section 2,968,750. (**D)** Total income (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) IN BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity Tree Trimming for the REMC Martinsville 46151 (A) (Ame, address, and EIN of related organization (A) (A) Name, address, and EIN of disregarded entity Services, LLC 35-2091210 300 Morton Avenue,

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

Page 2 35-6043583

Schedule R (Form 990) 2009 South Central Indiana Rural Electric Membership Corp

| Institute | Items | Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

	(J) General or managing partner?	2	<u></u>			×				×		
	Gene mana part	Yes	,									
	Code V-UBI amount in box 20 of Schedule	(Form 1065)				0.				21.		
	ar Disproportionate allocations?	8 N			_	×			_	×		
	Disp tic alloc	Yes			_	_						_
al.)	(G) Share of end-of-year assets					16,431				12,266.		
because it flad of le of fillore refated organizations treated as a partificially untilling title tax year.)	Share of total income					50.				.9		
eu as a partifersill	(E) Predominant income (related, unrelated, excluded from textingled	sections 512-514)				unrelated				unrelated		
allizationis trea	(D) Direct controlling entity					scr services, LLC unrelated				N/A		
aren orig	Legal domicile (state or	country)				IN				IN		
	(B) Primary Activity				Propane Sales	to members			products &	services to REMCs		
Decause It Had	(A) Name, address, and EIN of related organization		SCI Propane	35-2129406	2777 S. 840 W.PO#55 Propane Sales	Manilla, IN	Servcollic	35-2082407	720 N. High School Rd products &	Indianapolis, IN		

Partive Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answer.) Inne 34 because of had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Co	rporation or To	rust (Complete	if the organizations the	ation answered 'Ye tax year.)	a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, it in treated as a corporation or trust during the tax year.)	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity		(D) Direct controlling entity	Type of entity (C corp, S corp, or trust)	(F) Share of total income	Legal domicile Direct Type of entity (C corp, S corp, country) (C) (B) (C) (C) (C) (C) (C) (C	(H) Percentage ownership
			_				
ВАА		TEEA5002 02/05/10	2/05/10			Schedule R (Form 990) (2009)	990) (5009)

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		ک ّ	Yes No	_
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:				189
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×	1
b Gift, grant, or capital contribution to other organization(s)		1 b	×	1
c Giff, grant, or capital contribution from other organization(s)		10	X	١. ا
d Loans or loan guarantees to or for other organization(s)		1 d	×	١
e Loans or loan quarantees by other organization(s)		16	×	۱
			760	[[]]
f Sale of assets to other organization(s)		1 f	×	
g Purchase of assets from other organization(s)		19	×	ا
h Exchange of assets		1 h	×	1
i Lease of facilities, equipment, or other assets to other organization(s)		11	×	اا
j Lease of facilities, equipment, or other assets from other organization(s)		<u>-1</u>	×	1
k Performance of services or membership or fundraising solicitations for other organization(s)		~ ¥	×	١
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×	- 1
m Sharing of facilities, equipment, mailing lists, or other assets		1	×	1
n Sharing of paid employees		1 u	\dashv	
			. M	274
o Reimbursement paid to other organization for expenses		10	×	1
p Reimbursement paid by other organization for expenses			×	\Box
				Sec.
q Other transfer of cash or property to other organization(s)		19	×	
r Other transfer of cash or property from other organization(s)		11	×	ا
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction threshold	sp		- 1
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	olved	
(1) South Central Indiana REMC		1,354,	.073	1 .:
				I
(2) SCI Propane, LLC	1	1,354,073	, 073	ا: ا
(3)				
(4)				
				l
(5)				1
				- 1
BAA TEEA5003 02/05/10	Schedu	Schedule R (Form 990) (2009)	0) (200	<u>6</u>

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35-6043583

<u>Partivi</u>ন্ত্ৰ Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

Name, address, and EIN of entity (B) (C) (C) (C) (C) (D) (C) (C) (C	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3)	ers Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBl amount In box 20 of Schedule K-1	(H) General or managing partner?	al or
			Yes No	I o	Yes No	(6001) 111101	Yes	_≗
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