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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

Open to Public

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

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	<u>A</u>	FOT U	ie 2009 C	_	year, or tax year b			2009, and			<u> </u>	Emolos	, 20 er identification n	
	B	theck if	applicable:	Please use IRS	C Name of organization	m Southeastern	Electric Coc	perative,	inc.		ľ			
		ddres	change	label or	Doing Business As						┡	46	: 045437 ne number	3
		lame o	hange	print or type.	•	P.O. box if mail is not deli	vered to street add	ress) R	oom/suite		l	-		_
		nutal re	turn	See Soecific	PO Box 388	<del> </del>					$\vdash$	<u>605</u> )	648-361	9
	□ T	ermina	ited	Instruc-		or country, and ZIP +	•				i			
		vmende	ed return	tions.	Marion, SD 5704						G	Gross rec	erpts \$ 36,28	6,412
		pplicati	on pending	F Nan	ne and address of princ	cipal officer:				H(a) Isthis	agro	up return i	for affiliates?□Yes	<b>V</b> No
	Brad Schardin, same as C above												ctuded? Tyes	
	1	Tax-ex	empt statu	s: 📝 5	501(c) ( 12 )◀ (insert n	o.) 4947(a)(1) or	<b>527</b>			] If "N	lo," a	ttach a l	list. (see instruction	ns)
					theasternelectric					H(c) Group	exem	ption num	ber ▶	
	K	Form of	organization	c 🗹 Corp	oration 🗆 Trust 🗀 Assi	ociation ☐ Other ▶		L Year of	formation:	2000	M	State of	legal domicile: St	<b>)</b>
	Pa	rt I	Sumn	nary										
		1	Briefly d	escribe	the organization's	mission or most	significant a	ctivities:	-					
		•			tric service to an									
	8			-н										,
	횰													
	& Governance	2	Chook this	hov b	if the organization	discontinued its oners	tione or dienoed	d of more th	nan 25% of	ite nat see	ote			
	ð				ng members of the				(GI 2070 OI	110 1101 1100	···	3		10
	<b>ජ</b> ර ග								 !:no.1b\		•	4		10
	Activities				pendent voting me		reming body	Chart VI,	ilite 10)		•	5		54
_ 	€	_			employees (Part		9. 2010	& .			•	6		0
2010	Ř	6			volunteers (estim	1 1		<u>и</u>			٠	7a		0
		7a	Total gro	oss unre	elated business re-	venue from Part V	III, column (	企 line 12			•	7b		
9		D	Net unite	nated D	usiness taxable in		sev-i, inje s	<del>4.  </del>	· · · ·	Prior Y	<u>.                                    </u>	/b	Current Yea	
2										Prior 10	ear	<del>-</del>	Current rea	<u> </u>
<b>≥</b> =	9				nd grants (Part VII						440	0	24.00	0 000
MAY	<b>5</b>		_		e revenue (Part VII							,989		9,860
,~	ě				me (Part VIII, colu		•					,808		5,013
SCANNED	-				Part VIII, column (				<u>:</u> .⋅├─			,839		3,271
Z		12	Total rev	<u>enue-a</u>	add lines 8 through	11 (must equal Pa	t VIII, column	1 (A), line 1	2)	33,	233	,636	36,24	8,144
Z		13	Grants a	ınd simi	ilar amounts paid	(Part IX, column (	<b>A), lines 1-3</b> )	)				_0		
$\triangleleft$	•	14									0		0	
	8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)										8,006	
ر الراب	Expenses	16a	a Professional fundraising fees (Part IX, column (A), line 11e)									0		0
	ă	b	b Total fundraising expenses (Part IX, column (D), line 25) ▶											
		17	Other ex	penses	(Part IX, column (	(A), lines 11a-11d	, 11f–24f) .					,401		1,470
		18	Total ex	penses.	Add lines 13-17	(must equal Part I	X, column (/	A), line 25)			_	,093	31,57	9,476
		19	Revenue	less ex	penses. Subtract li	ne 18 from line 12	<u></u>					,543	4,66	8,668
	Assets or								Beg	planning of C	wrer	nt Year	End of Year	<u>r</u>
	20 E	20	Total as	sets (Pa	urt X, line 16)					87,	458	,876	96,24	1,238
	\$ P	21	Total lial	bilities (	Part X, line 26)					58,	082	,358	63,01	5,468
	<b>₹</b> ₹	22	Net asse	ets or fu	ind balances. Sub	tract line 21 from	line 20	<u> </u>		29,	376	,518	33,22	5,770
	Pa	rt II	Sign	ature	Block									
	_		Under p	enatties of	f perjury, I declare that	have examined this re	turn, including a	ccompanyin	g schedule	s and state	ment	s, and to	the best of my kn	owledge
			and best	et, it is tru <b>1</b> _	ie, correct, and comple		arer (other than	omicer) is ba	ised on all	information	OT W	nich pre	. ,	wieage.
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	He	re	Sign	nature of	officer	444 5				Dat	te			
				<u> </u>	JOHN B. 1	McDONALD	, CFO	[ASSI.	STANT	- MA	NA	GER	2	_
			Тур	e or print	name and title									
			Preparer	's				Date	Checl	k if			lentifying number	
	دنمن	ı	signatur						self- emplo	oyed ▶ 🔲	(see	instructi	ons)	
	Paid									. –	1			
	•	Parer's Firm's name (or yours						:						
	USE	Se Only if setf-employed), address, and ZiP + 4					<u>-</u>		)					
	Mar	y the			return with the p	reparer shown ah	ove? (see in	structions	<u> </u>	1. 1.0110 11		·	Yes	No
						uu	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	•	<u> </u>		<del></del> _

Form 990 (2009)

	990 (2009) Page
Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	Provide electric service to an average of 14,500 consumers.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
<b>4a</b>	(Code: ) (Expenses \$ 31,579,476 including grants of \$ ) (Revenue \$ 36,121,339 ) Providing electric service to an average of 14,500 consumers. Added/replaced 18 miles of line and added
	approximately 265 electric services.
	······································
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······································
	•
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	***************************************

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 31,579,476

Pa	t 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," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
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		1
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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		✓
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		1
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	✓	
•	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.			
•	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.			
•	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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax 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	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	✓
Ь	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		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pal	Checklist of Required Schedules (continued)	·		
			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 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	<b>√</b>	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
C	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		✓
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
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		1
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		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
_			•	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance							
			Yes	No				
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable							
	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 (gambling) winnings to prize winners?	1c						
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
20	Statements, filed for the calendar year ending with or within the year covered by this return		~ ~~~					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	<u></u>				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority							
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4</b> a		1				
	If "Yes," enter the name of the foreign country: ▶			ļ				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			_				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>				
c	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?							
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?							
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).			İ				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<b>.</b>				
	and services provided to the payor?	7a		✓				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1				
	If "Yes," indicate the number of Forms 8282 filed during the year			İ				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1				
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1				
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	<b>7</b> g		-				
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		_				
	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						
	Sponsoring organizations maintaining donor advised funds.	90						
	Did the organization make any taxable distributions under section 4966?	9a 9b		$\vdash$				
	Did the organization make a distribution to a donor, donor advisor, or related person?	30						
	Section 501(c)(7) organizations. Enter: 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							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	-						
		12a		ļ				
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			<u> </u>				

Part VI 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	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body					
b	Enter the number of voting members that are independent	]				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?	2		<b>✓</b>		
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		<b>✓</b>		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>✓</b>		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>✓</b>		
6	Does the organization have members or stockholders?	6	✓			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	7a	✓				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
	The governing body?	8a	✓			
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	ļ		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			١.		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u> </u>		
	tion B. Policies (This Section B requests information about policies not required by the Interest Control	emal				
Hev	enue Code.)	т				
			Yes	No		
	Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	<u> </u>		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	١				
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,			
	form?	11				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1	<del> </del> -		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13						
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	1			
	rise to conflicts?	120				
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1			
13	Does the organization have a written whistleblower policy?	13	✓			
14	Does the organization have a written document retention and destruction policy?	14	1			
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?			L		
а	The organization's CEO, Executive Director, or top management official	15a	✓	<b>.</b>		
b	Other officers or key employees of the organization	15b		✓		
	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		_	L.		
	with a taxable entity during the year?	16a		<u> </u>		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1 1		Ì		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			ŀ		
	the organization's exempt status with respect to such arrangements?	16b		L		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	:)(3)s	only)			
	available for public inspection. Indicate how you make these available. Check all that apply.					
_	Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest			
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization: ► John McDonald, 501 S. Broadway Avenue, Marion, SD 57043	rds of	f the			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 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 the organization did not co	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	chec	k aß	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
John Ostraat President	7							7,461	o	0
	ļ <u>.</u>	<b>✓</b>	<u> </u>	✓	L	L		,,		
Don Heeren Vice President	5	1		1		•		6,761	0	0
Pat Scheier Secretary	5	1		<b>√</b>				7,361	0	0
Daryl Terveen Treasurer	6	1		/		-		7,361	0	0
Harley Bruns Director	5	1						7,461	0	0
Chris Hofer Director	4	1						6,461	0	0
Lynell Hofer Director	2	<b>√</b>						7,061	0	0
Steve Holmberg Director	5	<b>√</b>						6,886	0	0
Leslie Mehlhaff Director	7	<u> </u>						8,061	0	0
Richard Olsen Director	7	<i>'</i>						9,233	0	0
Brad Schardin CEO/General Manager	50			1	<b>✓</b>	1		141,490	0	106,753
John McDonald CFO/Assistant Manager	43			<b>y</b>		·		81,646	0	74,867
				_						<del></del>
										<del></del>
			-							

Pa	14 YIE Section A. Onicers, Directors, 111	Siees, Ney	, mil	ıoyı	000,	an	u my	1103	Compensate	Lipioyees (C	710110	<i>7U)</i>	
	<b>(A)</b>	(B)	<b>.</b>			C)			(D)	(E)	(F)		
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	মি Key employee	Highest co	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	cor	stimate mount other opensa from the	of ition ie
	<u></u>		trustee	il trustee		yee	Highest compensated employee		(. 2		į a	nd relat ganızati	tedi
			ļ								_		
									<u> </u>		<u> </u>		
			ļ 		L								
					_								
					_								
			<u> </u>									. <u> </u>	
						<u> </u>					<u> </u>		_
													_
						<u>_</u>							
					<u> </u>						_		
					L	_							_
											<u> </u>		
	<u> Total</u>	<u> </u>	<u> </u>			<u></u>	<u> </u>	<u> </u>	297,246	0		181	,620
2	Total number of individuals (including but i reportable compensation from the organization)		to the	ose	liste	ed a	above)	) wh	no received mo	ore than \$100,0	00 in		
	reportable compensation from the organiza											Yes	No
3	Did the organization list any former office							oyee	e, or highest c	ompensated		165	No √
	employee on line 1a? If "Yes," complete S							•			3		<del>                                     </del>
4	For any individual listed on line 1a, is the s the organization and related organizations											l	
	individual,										4	1	
5	Did any person listed on line 1a receive services rendered to the organization? If	or accrue Yes," comp	comp plete	oens S <i>ch</i>	satio edu	on 1 le J	from a	any uch	unrelated org	anization for	5		1
Se	ction B. Independent Contractors												
1	Complete this table for your five highest or compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	cto	rs that received	d more than \$1	00,00	0 of	
	(A) Name and business add								(B) Description of s	ervices		C) ensatio	n
	ve's Construction, 5104 N Harvestore Rd,							-	ility construct				1,124
Golden Rule Construction, 3905 S Western Ave, Sloux Falls, SD 57105 Building construction									1,732				
Superior Tree Service, 508 E Walnut St, Canton, SD 57013  Osmose Utilities Services, 215 Greencastle Rd, Tyrone, GA 30290  Pole testing and treating									6,049_ 0,589				
2	Total number of independent contractors (i more than \$100,000 in compensation from	ncluding but the organ	ut not izatio	lim n ►	ited 4	to 1	hose	liste	ed above) who	received			

990 (2					·		<del></del>	Page S
rt VII	Statement of Re	evenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unretated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 1a	Federated campaigns		1a					
	Membership dues	• • •	1b					
C			1c		ŀ			
e d	Related organizations		1d					
	Government grants (contr		1e					
2 1	All other contributions, gifts,							
<u> </u>	and similar amounts not inclu		1f					
3 a	Noncash contributions include		1f: \$					
i h	Total. Add lines 1a-1f			🕨				
				Business Code				
2a	Sale of Electricity			221000	33,562,758	33,562,768	0	0
b	Other Electric Reven	ue		221000	325,754	325,754	0	
ے ا	Misc. Merchandise Sa	ales		221000	121,348	121,348	0	
ہ ا					,			
2a b c d e f								
f	All other program servi	ce revenue	 B				_	
a	Total Add lines 2a-2f				34,009,860			
3	Investment income (incother similar amounts)	divig divi		, interest, and	126,805	0	0	126,805
4	Income from investment of							
5	Royalties	n tax-exerit	pi buik	piuceaus				
	,	(i) Real	<u> </u>	(ii) Personal				
6a	Gross Rents			.,		i		
1 -								
þ						1		
C	Net rental income or (to	<i>See)</i>		•				
-	•	(i) Securiti		(ii) Other				
7a	Gross amount from sales of assets other than inventory	W Gestina	<u> </u>	16,476				
1.		<u> </u>		10,470				
b	Less: cost or other basis			29.269				
	and sales expenses .			38,268 (21,792)				
	Gain or (loss)	L	i		/24 702)	(24.702)		
d 8a	Net gain or (loss) Gross income from	fundraisi	na Í	▶	(21,792)	(21,792)	0	<u> </u>
	events (not including \$ of contributions reported	d on line 1	c).					
	See Part IV, line 18		- a			ì		
	Less: direct expenses							
C	Net income or (loss) fro	om fundrai:	sing e	vents ▶				
9a	Gross income from garr See Part IV, line 19	ning activitie	es. . a					-
b	Less: direct expenses. Net income or (loss) fro		. Ы	ties ►				
10a	Gross sales of inverteums and allowances							
Ь	Less: cost of goods so					l		
С	Net income or (loss) from	n sales of i	nvento	ry ▶				
	Miscellaneous Revo			Business Code				
11a	Cooperative Capital C	Credits		221000	2,133,271	2,133,271	0	0
Ь								
~								
"							·	ļ · · · · · · · · · · · · · · · · · · ·
d	Total. Add lines 11a-1			<del></del>	2,133,271	<del></del>		
	Total revenue. See ins			· · · · <b>ૄ</b> ├		26 424 226		426 805
	Town Toveride, Oct IIIS	u ucuois.	·	<u> </u>	36,248,144	36,121,339	0	126,805

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do 7b	All other organizations must complete colonot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(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	315,572	315,572	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,575,034	1,575,034	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,301,510	1,301,510	0	0
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal	53,497	53,497	0	0
	Accounting	15,370	15,370	0	0
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion	254,296	254,296	0	0
13	Office expenses	417,470	417,470	0	0
14	Information technology				·
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	37,233	37,233	0	0
20	Interest	1,973,687	1,973,687	o	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,298,147	2,298,147	0	0
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Purchased power	21,341,698	21,341,698	0	0
b	Gross receipts tax	578,893	578,893	0	0
c	Other deductions	56,306	56,306	0	0
d		· · ·			······································
e				****	-
_	All other expenses	1,360,763	1,360,763	0	0
25	Total functional expenses. Add lines 1 through 24f	31,579,476	31,579,476	0	0
26	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				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
İ	1	Cash—non-interest-bearing	680,645	1	652,005
	2	Savings and temporary cash investments	0	2	2,000,000
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	4,066,476	4	3,972,559
	5	Receivables from current and former officers, directors, trustees, key			
i		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
ł	6	Receivables from other disqualified persons (as defined under section			
- 1		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
_	_	Part II of Schedule L	<u>0</u>	6	0
Assets	7	Notes and loans receivable, net	<del>-</del>	7	2 705 247
3	8	Inventories for sale or use	2,677,591	8	2,795,217
	9	Prepaid expenses and deferred charges	137,759	9	93,480
- 1	10a	Land, buildings, and equipment: cost or 10a 77,794,645			
j		Sandr Babber Complete Factor Control and D			
ı	Ь		60,895,675		68,740,597
ı	11	Investments—publicly traded securities	0	11	0
ı	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	12,996,867	13	14,923,484
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	6,003,863	-	3,063,896
	16	Total assets. Add lines 1 through 15 (must equal line 34)	87,458,876		96,241,238
ŀ	17	Accounts payable and accrued expenses	3,205,967		4,214,931
l	18	Grants payable	0		0
ŀ	19	Deferred revenue	0	19	0
- 1	20	Tax-exempt bond liabilities	0	20	0
<u>@</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key			
윤		employees, highest compensated employees, and disqualified	<del></del>		
7		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	52,057,159	23	56,180,867
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	2,819,232	25	2,619,670
$\perp$	26	Total liabilities. Add lines 17 through 25	58,082,358	26	63,015,468
883		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
٤	27	Unrestricted net assets		27	
- G	28	Temporarily restricted net assets		28	
핗	29	Permanently restricted net assets		29	
튀	20	Organizations that do not follow SFAS 117, check here ► ☑			
٦		and complete lines 30 through 34.			
g	30	Capital stock or trust principal, or current funds	0	30	0
89	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
AS	32	Retained earnings, endowment, accumulated income, or other funds	29,376,518		33,225,770
Net Assets	33	Total net assets or fund balances	29,376,518		33,225,770
Z	33 34	Total liabilities and net assets/fund balances	87,458,876		96,241,238
	<del></del> -		07,430,070	<u></u>	50,241,230

	(2009)

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

Form **990** (2009)

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047
2009
Open to Public

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Inspection Internal Revenue Service Name of the organization **Employer identification number** Southeastern Electric Cooperative, Inc. 46 0454373 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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) Aggregate value at end of year . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Yes No 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 advisor, or for any other Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b c Number of conservation easements on a certified historic structure included in (a) . . . 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ..... Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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, provide the

following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

\$ .....

Page	2

Schedule	D (Form	990)	2009

Pai	rt III Organizations Maintaini	ng Collections	of Art, H	istorica	l Treasures,	, or C	ther Similar	Asse	ets (co	ntini	ued)
3	Using the organization's acquisition, collection items (check all that apply		other reco	rds, che	ck any of the	follov	ving that are a	signi	ificant	use (	of its
а	Public exhibition		d		oan or excha						
b	Scholarly research		е	⊔ o	ther						· <b></b>
C	☐ Preservation for future generat										
4	Provide a description of the organiz Part XIV.	ation's collections	s and exp	lain how	they further	the o	rganization's e	exemp	ot purp	iose	in
5	During the year, did the organization s assets to be sold to raise funds rather							•	Ye	s [	] No
Pai	rt IV Escrow and Custodial A					nswei	red "Yes" to I	-om	990, F	<sup>2</sup> art	
	IV, line 9, or reported an a	amount on Form	990, Par	t X, line	21.		<del>, .</del> .				
1a	Is the organization an agent, trustee included on Form 990, Part X?	e, custodian or ot					other assets	not	☐ Ye	s [	No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	followin	g table:		<del></del>		<del></del>		
						<u> </u>	ļ	Атю	unt		
C						1c	+				
d	Additions during the year					<u>1d</u>	1				
е	Distributions during the year					<u>1e</u>	<u> </u>				
f						1f			$\overline{}$	_	<del>-</del>
b	If "Yes," explain the arrangement in	Part XIV.							∐ Ye		J No
Pai	rt V Endowment Funds. Co		f				<del></del>				
		(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years b	ack	(e) Four	years	back
1a			<u> </u>					_			
b	Contributions				<u> </u>	<b>—</b> ∔		$\dashv$			
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs		:								
f g	Administrative expenses End of year balance						_,	$\perp$			
2	Provide the estimated percentage of	f the year end ba	lance hek	d as:							
а	Board designated or quasi-endowm	ent ▶	%								
b	Permanent endowment ▶	%									
C	Term endowment ▶%	5									
3a	Are there endowment funds not in the organization by:	e possession of th	ne organiz	ation tha	t are held and	d adm	inistered for th	e		Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related orga								<u>3b</u>		
4	Describe in Part XIV the intended us										
Par	t VI Investments—Land, Bu	ildings, and Eq	uipment	L See Fo	orm 990, Pa	ırt X,	line 10.				
	Description of investment	(a) Cost or of (investm			st or other s (other)		Accumulated epreciation		(d) Book	value	•
1a	Land				486,689					486	,689
b	Buildings				3,950,058		798,8 <u>45</u>		3	<u>.151</u>	<u>.213</u>
C	Leasehold improvements										
	Equipment				5,409,959		2,747,720		2	<u>.662</u>	.239
	Other	· <del>-</del>		7	7,794,645		15.354.189				.456
ota	II. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X,	column	(B), line 10(c).)	<u>)</u>	<u>.</u> ▶		68	.740	.597

Part VII Investments—Other Securities	See Form 000 Port V	line 12	Tago U
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Financial derivatives	·		
Closely-held equity interests			
Other			
,			· ···
		<u> </u>	
•••••••••••••••••••••••••••••••••••••••			
		·	
Total (Cohemn (h) awart over   Form 000 Part V and (P) fine 121			····
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	d Con Farm 000 Dad V	line 12	
Part VIII Investments—Program Relate	J. See Form 990, Part X,		•
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
Patronage capital in associated orgs	13,101,692	cost	
Capital term certificates - NRUCFC	733,880	cost	
Member Capital Securities - NRUCFC	285,000	cost	
Investments in economic development	101,600	cost	<del></del>
Memberships in associated orgs	10,500	cost	
Other investments	690,812		
			·
Total (Cohumn (h) count count from 000 Dept V and (El) (inn 12)	14 022 484		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part 1X  Other Assets. See Form 990, Part 1X	14,923,484		
Other Assets. See Form 950, Par		****	(b) Book value
Other utility plant	(a) Description		7,245
Construction work-in-progress	· · · · · · · · · · · · · · · · · · ·		2,584,181
Non-utility property (net)		· <del></del>	15,319 457,151
Other current and accrued assets	<del></del>		457,151
Total. (Column (b) must equal Form 990, Part X, col. (		<u> </u>	3,063,896
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes		0	
Accumulated operating provisions	484,96	2	
Current maturities on long term debt	1,565,00	0	
Regulatory liabilities	310,00	0	
Deferred credits	259,70	8	
		7	
		7	
		7	
	····	7	
		7	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,619,67	<u></u>	
2. FIN 48 Footnote. In Part XIV, provide the text of			reports the
organization's liability for uncertain tax positions un		Auton o iii iai icai otatei iiei iio liidi	oporto tric
January 10 and 1	·==· · · · · · · · · · · · · · · · · ·		

Sche	tule D (Form 990) 2009		Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	Statement	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,248,144
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,579,476
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,668,668
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	(819,416)
9	Total adjustments (net). Add lines 4 through 8	9	(819,416)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,849,252
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Re	
1	Total revenue, gains, and other support per audited financial statements	. 1	36,248,144
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
6	Add lines 2a through 2d		0
3	Subtract line 2e from line 1	. 3	36,248,144
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b		0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	36,248,144
Pa	Reconciliation of Expenses per Audited Financial Statements With Exper	ses per H	
1	Total expenses and losses per audited financial statements	.   1	31,579,476
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
ь	Prior year adjustments		
C	Other losses		
đ	Other (Describe in Part XIV.)	2e	•
е	Add lines 2a through 2d		24 570 476
3	Subtract line 2e from line 1	.   3	31,579,476
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		
b	Other (Describe in Part XIV.)	-	0
C E	Add lines 4a and 4b	4c   5	<del>_</del>
	t XIV Supplemental Information		31,579,476
and this	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information.  1 X, line 8 - In July 2006, Financial Interpretation No. 48, Accounting for Uncertainty in Incor	and 4b. Also	o complete
	ued. Subsequent to its original issuance, the effective date of implementation for nonpubli		
•	erred, and is currently deferred for nonpublic entities until years beginning after December		
	s elected to defer implementation for FIN 48, as allowable. The cooperative undergoes an a		
•			
	sitions, assessing the likelyhood of those positions being upheld upon examination with the		ax aumormes,
·	defined by FIN 48.		
Pai	t XI, line 8 - Net decrease in assets due to the retirement of patronage capital credits.		

Schedule D (Forn	m 990) 2009	Page 5
Part XIV	m 990) 2009 Supplemental Information (continued)	
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#### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Compensation Information** 

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**Employer Identification number** 

Open to Public Inspection

Southeastern Electric Cooperative, Inc. 46 0454373 **Questions Regarding Compensation** No Yes 1a 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. 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 Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account 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 1b 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 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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement?. . . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: 5a a The organization?.... 5b If "Yes" to line 5a or 5b, describe in Part III. 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 The organization?........... 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Page 2

Schedule J (Form 990) 2009

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

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.

	$\vdash$	(B) Breakdown of W-2		and/or 1099-MISC compensation				
(A) Name	<del></del>	(f) Base compensation	ı —	(III) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	ry Compensation reported in prior Form 990 or Form 990-EZ
Brad Schardin	ε	141,490	0	4,453	87,078	19,675	252,696	233,498
	(II)	0		0	0	0	0	0
John McDonald	(m)	81,646	0	2,714	27,507	17,360	159,227	149,644
	(E)	0		0	0	0	0	0
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Schedule J (Form 990) 2009 Page Page
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Part I, line 1a - The cooperative occasionally provides charter travel for groups of its directors, officers and employees to attend meetings of other organizations when
it more cost effective and expedient than arranging for other commercially available travel methods.

# SCHEDULE O

## **Supplemental Information to Form 990**

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2009
Open to Public

Employer identification number

OMB No 1545-0047

Inspection

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

► Attach to Form 990.

Southeastern Electric Cooperative, Inc.	46	0454373			
Form 990, Part VI, Section A, line 6 - Each electric account is a member.					
Form 990, Part VI, Section A, line 7a - Each member has one vote.					
Form 990, Part VI, Section A, line 7b - Members must approve bylaws changes.	<b></b>				
Form 990, Part VI, Section B, line 11a - The Form 990 will be provided to, and reviewed with, all members of the board of					
directors by the management staff at a meeting of the board held prior to the filing.					
Form 990, Part VI, Section B, line 12c - To monitor and enforce compliance of the conflict of interest policy, board					
members complete a disclosure form upon election or appointment to the board and then annually during their tenure on					
the board. Any conflicts of interest are disclosed to the board at the next board meeting.					
Form 990, Part VI, Section B, line 15a - The compensation of the General Manager/CEO is	deterr	nined by the board of			
directors taking into consideration the results of a state, regional and national compensa	tion su	ırvey. The board also			
applies the cooperative's policy on wage and salary administration in their decision making	ng pro	cess. The most recent			
adjustment to the compensation of the General Manager/CEO was effective November 2009.					
Form 990, Part VI, Section B, line 15b - The General Manager/CEO is responsible for proposing an aggregate wage and					
salary package to the board of directors for their approval. Individual compensation levels are determined by the					
General Manager/CEO in compliance with the cooperative's wage and salary administration	on pol	icy which utilizes a			
state, regional and national compensation survey.					
Form 990, Part VI, Section C, line 19 - The cooperative's governing documents, conflict of	intere	est policy and financial			
statements are available to the cooperative's members but not the general public. Bylaws	s and f	financial statements are			
routinely provided to the members. The conflict of interest policy would be provided to a	memt	per upon request.			
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