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SCANNED JUL 2 6 2010

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

ent of the Treasury

Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection sternal Revenue Service 2009, and ending December 31 20 09 For the 2009 calendar year, or tax year beginning January 01 Employer identification number C Name of organization Quachita Electric Cooperative Corporation B Check of appolicables use IRS Doing Business As 0133895 71 Address change Telephone number Number and street for P.O. box if mail is not delivered to street address) coint or ☐ Name change type. P O Box 877 (870) 836-5791 Institut return City or town, state or country, and ZIP + 4 ☐ Terminated Camden, Arkansas 71711-0877 G Gross recepts \$ Amended return Name and address of principal officer. Mark Cayce H(a) Is this a group return for affiliates? Yes No Application pending P O Box 877, Camden, Arkansas 71711-0877 H(b) Are all afficiates included? Yes No Tax-exempt status: If "No." attach a fist. (see instructions) Website: ▶ oecc.com H(c) Group exemption number 🕨 Form of organization: Concertion Trust Association Other ▶ L Year of formation: M State of legal domoctle: AR 1939 Part i Summary **Distribution Electric Cooperative** Briefly describe the organization's mission or most significant activities: **Governance** Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 60 6 0 Total number of volunteers (estimate if necessary) 7a Total cross unrelated business revenue from Part VIII, column (C), line 12. 0 b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** RECEIVED 0 Contributions and grants (Part VIII, line 1h) 21,451,493 19,494,419 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A) lines 3,4, and 72) 291,392 337,717 10 112.473 200.870 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 146) Total revenue—add lines 8 through 11 (must equal Part Vill, column (A), line 12) 21,855,358 20,033,006 12 0 0 Grants and similar amounts paid (Part &, column (A), Ilnes 1-3) 0 0 Benefits paid to or for members (Part IX, column (A), line 4) . 3.486.358 3.749.793 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,524,943 14,838,123 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . 21,011,301 18,587,916 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract fine 18 from fine 12 844,057 1,445,090 End of Year Beginning of Current Year 54,032,801 53,857,046 20 Total assets (Part X, line 16) . 21,019,413 20,732,660 Total liabilities (Part X, line 26) 33.300.141 22 Net assets or fund balances. Subtract line 21 from line 20 32,837,633 Signature Block Under penalties of perjury, I declare that I have exammed this return, including accompanying schedules and statements, and to the best of my knowledge complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. May 04, 2010 Sign Signature of officer Here Mark Cayce, General Manager Type or print name and title Date Check if Preparer's identifying number Preparer's (see msmartings) signature emptoyed ▶ 🔲 Paid Preparer's Firm's name for yours Use Only if self-employed), Phone no. ▶ ( address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Yes 📙

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (201

Cat No. 11282Y

Par	Statement of Program Service Acc	omptishments		
1	Briefly describe the organization's mission:			
	To provide the best electric service the Coo	perative can provide to	all who desire it within the service	ce area of the
	Cooperative at the lowest price consistent w			
			<u> </u>	
				<del></del>
2	Did the organization undertake any significant	program services during	g the year which were not listed or	າ
	the prior Form 990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe these new services on Sche	edule O.		
3	Did the organization cease conducting, or mal		how it conducts any program	
3			Thow it conducts, any program	☐ Yes 🗹 No
	If "Yes," describe these changes on Schedule			
4	Describe the exempt purpose achievements for			
	Section 501(c)(3) and 501(c)(4) organizations a			ount of grants and
	allocations to others, the total expenses, and	revenue, if any, for each	program service reported.	
<b>4a</b>	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
	(0000)			
4h	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	1
127				
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services. (Describe in Scheduk	e O.)		
	(Expenses \$ including grants		(Revenue \$ )	
40	Total orgonam service expenses ▶			

Par	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		4
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		4
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 Schedute 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		1
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		1
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, VII, IX, or X as applicable	11	1	
•	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		1
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  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
	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		✓
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	L	

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Form	990 (2009)		P	age 4	
Рa	rt IV 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	ŀ			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and IL	21	L	4	
22	2 - 2				
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1	
س	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	4		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		<b>√</b>	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1	
	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			
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			
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or				
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓	
21	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>√</b>	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		1	
С	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		1	
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			

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, 

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 

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Pa	Statements Regarding Other INS Fillings and Tax Compilance			
			Yes	No
1a	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return [2a] 60	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	4	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
_	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_		4
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		L
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?	69		₹
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ħ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.		- 1	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter.	1		
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		]	
1	Section 501(c)(12) organizations. Enter:	1	1	
	Gross income from members or shareholders	l	}	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		

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					T	T
		1 . 1		_		Yes	No
1a	Enter the number of voting members of the governing body	1a	<b> </b>	9	ł	ì	ļ
b	Enter the number of voting members that are independent	<u>1b</u>	L	9	ļ	}	
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relati	onsh	ip with	_	ł	
	any other officer, director, trustee, or key employee?		-		2	<b>-</b>	✓
3	Did the organization delegate control over management duties customarily performed by or	unde	r the	direct	1	ł	١,
	supervision of officers, directors or trustees, or key employees to a management company or of	ther p	erso	n? .	<u>_3</u> _	<u> </u>	1
4	Did the organization make any significant changes to its organizational documents since the prior For	m 990	) was	filed?	4	<u> </u>	1
5	Did the organization become aware during the year of a material diversion of the organiza	tion's	ass	ets?	5_	<u> </u>	4
6	Does the organization have members or stockholders?				6	✓	<b> </b>
7a	Does the organization have members, stockholders, or other persons who may elect one of	r mor	e me	embers	1		ļ
	of the governing body?		-		<u>7a</u>	1	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	er per	sons	?	7b	1	L
8	Did the organization contemporaneously document the meetings held or written actions un	nderta	ıken	during	1		1
	the year by the following:				l		l
а	The governing body?				8a	✓	
b	Each committee with authority to act on behalf of the governing body?				8b	4	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who ca	nnot I	be re	eached	ĺ	1	Ĭ.
	at the organization's mailing address? If "Yes," provide the names and addresses in Scheo			<u> </u>	9a	L	<b>✓</b>
Sec	tion B. Policies (This Section B requests information about policies not requ	ired	by	the Int	emal		
Rev	enue Code.)						
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a	L	1
b	If "Yes," does the organization have written policies and procedures governing the activities	of suc	h ch	apters,			ŀ
	affiliates, and branches to ensure their operations are consistent with those of the organiz	ation?	? .		10b		L
11	Has the organization provided a copy of this Form 990 to all members of its governing body			ing the			1
	form?				11		1
11A	Describe in Schedule O the process, if any, used by the organization to review this Form	<del>9</del> 90.			L_		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.				12a	1	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interest	s that	COU	ld give			
	rise to conflicts?				12b	1	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the	polic	v? If	"Yes "			l
-	describe in Schedule O how this is done				12c	1	L
13	Does the organization have a written whistleblower policy?				13		✓_
14	Does the organization have a written document retention and destruction policy?				14		✓
15	Did the process for determining compensation of the following persons include a review	and a	ippro	val by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberati	on an	d de	cision?	l i		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		4
	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 sim	ilar ar	Tang	ement			
	with a taxable entity during the year?				16a		₹
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization	ation	to e	<i>r</i> aluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken st	eps to	safe	eguard			
	the organization's exempt status with respect to such arrangements?	<u> </u>		<u>-</u>	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ Arkansas						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,	and	990-	T (501(c	)(3)s	only)	<b>-</b>
	available for public inspection. Indicate how you make these available. Check all that apply			•	•		
	☐ Own website ☐ Another's website ☑ Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing dos	ume	nts. e	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	e boo	ks a	nd reco	rds of	the	
	organization: ▶ ₩ Perry Johnson, 700 Bradley Ferry Road, Camden, Arkansas , 71701						

# 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.

(A)	(B)			(I	<b>C</b>			(D)	<b>(</b> E)	(F)
Name and Title	Average	Posit	on (a	chec	k ađi	that ap	apty)	Reportable	Reportable	Estimated
	hours per week	Individual truatee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MJSC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Corbet J Lamkin	23.42 HR							6,250	0	5,081
Drector	23.42 NK	√	<u> </u>	_	<u> </u>		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	6,230		3,001
Danny Adams Director	10.75 HR	1						5,250	0	4,169
Wanda Taylor Director	18.42 HR	1						6,750	0	6,239
Walter Pigott Director	6.33 HR	1						5,000	0	4,742
James Garner Director	4.67 HR	1						3,250	0	1,249
Lisa Hendrix	15.04 HR	1						5,000	0	2,409
Director Ron Beaver	9.38 HR							6,000	0	4,250
Director Gregg Goss Director	8.46 HR	1						5,000	0	2,469
Mike Hutchinson Director	8.58 Hr	1						5,500	0	4,103
Mark Cayce General Manager	50 HR	1			1	1		125,691	16,160	0
₩ Perry Johnson Manager of Finance & Accounting	50 HR				1			78,937	0	0
Billy C Parker  Manager of Operations	50 HR	-			1			103,033	0	0
Allen G ₩atson District ₩anager	50 HR				1			107,587	0	0
Richard Baker Engineering Services Manager	50 HR				<b>√</b>			73,654	0	0
Jim McCarthy IT Manager	50 HR				1			56,567	0	0
Norma O'Neal  Member Services	50 HR				1			64,798	0	0

Part VII Section A. Officers, Directors, To	T	, Ewt	doy			d Hig	nesi			פטתנומג		
(A)	(B)	l			<b>(1)</b>			(D)	(A)	۔ ا	(F)	
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation retailed organizations (W-2/1099-MISC)	com f ong an	stimati mount other opensa- rom th ganizar id rela- janizat	of ation ne tion ted
LLoyd Boyce Drake Retired General Manager	N/A						/	0	0		1	1,778
William H Bradshaw Retired Manager of Operations	- N/A						1	0	0		4	4,403
William Tyson Greening Retired Manager of Operations	- N/A						4	0	0			2,691
Harold Duncan Retired District Manager	N/A						<b>∀</b>	0	0			2,686
Hazel Benton Retired Vice President	- N/A						1	0	0			1,548
Palmer Scott Retired Office ⊮anager	N/A						1	0	0			889
	-								<del></del>	<u> </u>		
	-			<u> </u>						igspace		
	-							<del></del>		ļ		
	-				ļ							
	-		ļ	L								
	-	<u> </u>										
1b Total	<u> </u>	<del></del>			<u></u>		<b>•</b>	658,267	16,160		4	B,706
2 Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) W7	no received ma	ore than \$100,0	מו עע		
reportable compensation normalic organi											Yes	No
3 Did the organization list any former office					_		oye	e, or highest o	compensated			
employee on line 1a? If "Yes," complete 4 For any individual listed on line 1a, is the								d other compa	neation from	3	4	+
the organization and related organizations	s greater tha	an \$1	50,0	000	? # '	Yes,	cor	nplete Schedu	le J for such	4		1
5 Did any person listed on line 1a receive services rendered to the organization? If	or accrue "Yes," com	com plete	pen Sch	sati redu	on de J	from I for s	any such	unrelated org	anization for	5	1	
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest compensation from the organization.</li> </ol>	compensate	ed ind	lepe	ende	ent (	contra	acto	rs that receive	d more than \$1	00,00	) of 	
(A) Name and business a	ddress							(B) Description of s	ervices	Compe		nn
UUCI Powerline Construction PO Box 5095, Cabot, Arkansas 72023-5095					_		+	ne Constructione Retirement			56	3,496
							F					
							L					
2 Total number of independent contractors					l to	those	e liste	ed above) who	received			

Part	VII	Statement of Re	venue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ate ta	1a	Federated campaigns		1a	0			
Contributions, gifts, grants and other similar amounts	3	Membership dues	1b	0				
18, E		Fundraising events .	1c	0				
Fa		Related organizations		1d	<u>D</u>			
8, <u>E</u>		Government grants (contri	ibutions).	1e	D			
er a		All other contributions, gifts, o						
들음		and similar amounts not inclu			2			
ont	_	Noncash contributions include	ed in lines 1a-1f:	\$	0		į	
<u>o</u>	h	Total. Add lines 1a-1f	<u> </u>	<u> </u>	0			
Jue .		Calaa of Elastriait.		Business Code			1	ł
9401	2a	Sales of Electricity	6-4-d D:		19,192,578			
Œ.	þ	Member Services/For			110,594 64,616			
짇	С	O 14-1 O 114-		E .	126,631			
8	d	Pole Rentals			120,031			25,355
Tan	e	All other program servi	co myonio		<del></del>		·	25,555
Program Service Revenue	g	Total Add lines 2a-2f		·	19,494,419			
	_						<u> </u>	
	3	Investment income (income similar amounts)	_	arus, interest, aru	337,7177			
	4	Income from investment of						
	5	Royalties						
		•	(t) Read	(ii) Personal				
	6a	Gross Rents					1	1
	ь	Less: rental expenses						
		Rental income or (loss)			_]		Ì	
	d	Net rental income or (kg	oss)	<u></u>				
	7a	Gross amount from sales of	(i) Securities	(ii) Other	_			
		assets other than inventory			4			
	Ь	Less: cost or other basis					İ	1
		and sales expenses .			4			
		Gain or (loss)				ł	}	l
	d	Net gain or (loss)		· <u>· · · · · · · · · · · · · · · · · · </u>				
enue	8a	Gross income from						1
-		events (not including \$		1				
Other Re	l	of contributions reported See Part IV, line 18						
9	۱ .	Less: direct expenses		а b	1	1		
ᄚ	l c	Net income or (loss) from	om fundraisi		7	İ	1	1
	l							
	94	Gross income from gam See Part IV, fine 19						1
	ь	Less: direct expenses.			1			
	c	Net income or (loss) fro	om gaming a	uctivities 🕨				
	10a	Gross sales of inve	entory, less	,				
		returns and allowances	-	4 467 67	1	1		1
	b	Less: cost of goods so	ld	ь1,165,69				ļ
	င	Net income or (loss) from			.,,,,.			
	$\vdash$	Miscellaneous Rev		Business Code		ł	ł	1
		Gain On RUS Buyout			41,754	<del> </del>		
	Ь				+			<del> </del>
	C			1 40	157,742	<del></del>		<del>                                     </del>
	-	All other revenue			400 400			<del> </del>
	12 12	Total. Add lines 11a-1 Total revenue. See ins			20,033,006			
							·	<del></del>

## 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).						
Do	o not 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) Fundrasing expenses	
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	o	0			
4	Benefits paid to or for members	0	0			
5	Compensation of current officers, directors, trustees, and key employees	658,267	658,267			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	o :			
7	Other salaries and wages	1,815,964	1,815,964			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	564,506	564,506			
9	Other employee benefits	510,631	510,631			
10	Payroll taxes	200,425	200,425			
11	Fees for services (non-employees):  Management	0	0			
	j	7,529	7,529	*****		
	Legal	25,095	25,095			
d		0	0			
	Lobbying Professional fundraising services. See Part IV, Ene 17	0			(	
f	Investment management fees	0	0			
_	Other	11,011,352	11,011,352			
12	Advertising and promotion	9,208	9,208			
13	Office expenses	131,242	131,242			
14	Information technology	20,383	20,383			
15	Royalties	0	0			
16	Occupancy	0	0			
17	Travel	0	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0			
19	Conferences, conventions, and meetings .	0	0	<del></del>		
	<u> </u>	1,111,043	1,111,043	,		
20 21	Interest	0	0		<u>                                     </u>	
22	Depreciation, depletion, and amortization	1,569,383	1,569,383			
23	Insurance	137,435	137,435			
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	Other Expenses	815,453	815,453	_		
b						
C						
d				<del></del> -		
e	All all an armona	<del></del>				
25	All other expenses	18,587,916	18,587,916	_	<u> </u>	
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					

Part X **Balance Sheet** (A) Beginning of year End of year 1 1,774,660 1,224,922 2.054.863 2 654,430 2 3 0 3 2,158,598 2,157,073 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 0 7 0 0 930.389 8 817,818 477,774 9 413,564 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 21,860,638 32,410,968 10c 33,363,837 11 0 0 Investments-publicly traded securities . . . . . . . . . . . . . . . 11 14,626,812 12 14,524,139 Investments-other securities. See Part IV, line 11 12 13 0 l 0 13 Investments-program-related. See Part IV, line 11 0 | 14 0 14 150.000 15 150,000 Other assets. See Part IV, line 11 . . . . . . . . 15 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 54.032.801 16 53.857.046 1,078,047 17 1,207,484 17 18 0 18 Deferred revenue . . . . . . . . . . . . . . . . . ٥l 19 0 19 0 20 0 20 0 21 0 iabilities. Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 0 0 18,266,376 23 17,273,481 Secured mortgages and notes payable to unrelated third parties . . . 23 24 0 Unsecured notes and loans payable to unrelated third parties . . . 24 2,466,284 Other liabilities. Complete Part X of Schedule D . . . . . . . . 25 2,538,448 25 20,732,660 26 26 Total liabilities. Add lines 17 through 25 . . . . . . . 21,019,413 Organizations that follow SFAS 117, check here ▶ 🗌 and Balances complete lines 27 through 29, and lines 33 and 34. 0 27 0 27 0 28 0 28 Fund οl 29 0 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ៦ 0 0 30 Assets 30 Capital stock or trust principal, or current funds . . . . . . . . O 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32,837,633 32,222,094 32 32 Retained earnings, endowment, accumulated income, or other funds ž 0 0 33 33 34 Total liabilities and net assets/fund balances 54,032,801 34 53,857,046

Pane	1	2
гаще		-

Culli	350 (2003)		_	<del>,</del>
Pai	t 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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	4	
h	Were the organization's financial statements audited by an independent accountant?	2b	-√	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
C		2c	1	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	_		$\vdash$
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to fine 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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		√
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		✓
_				

Form **990** (2009)

#### SCHEDULE D (Form 990)

Denastment of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

2009

Open to Public Inspection

Employer identification number Name of the organization 0133895 **Ouachita Electric Cooperative Corporation** 71 : 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 Total number at end of year . . . . 2 Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? . . . . . 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 Yes No purpose conferring impermissible private benefit? 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 an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat ☐ 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 **2**a **2**b 2c c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06 . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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 Yes No 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 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. b 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: 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: 

Page	2

Par	Organizations Maintaining C	collections of	of Art, H	istorio	al Treasur	es, or	Other Similar	Assets (d	ontin	ued)
3	Using the organization's acquisition, according the organization acquisition acquisition according to the organization of the	ession, and o	ther reco	rds, cl	neck any of t	the fol	lowing that are a	significan	it use	of its
а	Public exhibition		d		Loan or exc	hange	programs			
Ь	Scholarly research		е		Other				. <b></b> .	
C	Preservation for future generations									
4	Provide a description of the organization Part XIV.	's collections	and exp	dain ho	ow they furth	ner the	organization's e	exempt pu	rpose	in
5	During the year, did the organization solicit assets to be sold to raise funds rather than							. <b>_</b> Y	'es [	] No
Par	t IV Escrow and Custodial Arran IV, line 9, or reported an amou					ansv	vered "Yes" to I	Form 990.	Part	
1a	•						or other assets		es [	] No
b	If "Yes," explain the arrangement in Part	XIV and con	nplete the	follow	ving table:	۳-	<del> </del>			
						-		Amount		
C	Beginning balance		- <b>-</b> -			· -	1c			
d	Additions during the year					· F	1d			
е	Distributions during the year					· -	1e			
f	Ending balance					. L	1f			<del>-</del>
2a b	Did the organization include an amount of "Yes," explain the arrangement in Part	XIV.							'es ∟ ——	」No ——
Par	t V Endowment Funds, Comple	ete if the org	anizatio	n ans						
	(a)	Current year	(b) Pric	or year_	(c) Two ye	ars back	(d) Three years b	ack (e) Fou	or years	back
1a	Beginning of year balance		,							
b	Contributions									
C	Net investment earnings, gains, and losses	:		_						
ď	Grants or scholarships									
e	Other expenditures for facilities and programs		L							
f g	Administrative expenses									<del></del>
2	Provide the estimated percentage of the	year end bal	ance held	d as:						
а	Board designated or quasi-endowment	-								
ь	Permanent endowment ▶	6								
С	Term endowment ▶ %									
За	Are there endowment funds not in the pos	ssession of th	e organiz	ation t	hat are held	and ac	Iministered for th	ne .		
	organization by:		•						Yes	No
	(i) unrelated organizations							3a(i)	4	
	(ii) related organizations							3a(ii)	4	<u></u>
b	If "Yes" to 3a(ii), are the related organiza							. 35b		
4	Describe in Part XIV the intended uses o									
Par	VI Investments—Land, Buildin	gs, and Eq	uipment	L See	Form 990,	Part >	C, line 10.	_		
	Description of investment	(a) Cost or off (investm			Cost or other esis (other)	(	c) Accumulated depreciation	(d) Bo	ok vatue	·
1a	Land	L	204,035			<u></u>			204	,035
ь	Buildings	1.8	839,050				655,819		1,183	,231
c	Leasehold improvements									
d	Equipment	13,0	053,999				5,246,553		7,807	,446
e	Other		127,391				15,958,266	2	4.169	,125
Tota	Add lines 1a through 1e. (Column (d) must	equal Form 99	90, Part X,	colum	ın (B), line 10	(c).)			3,363	

Part VII Investments—Other Securities	s. See Form 990, Part X, I	ine 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other See Part XIV	14,524,139	14,524,139
	-	
Table (Calculation of Canada Calculation of Calcula		
Total. (Column (b) must equal Form 990, Part X, col. (B) fine 12.)	d Soo Form 000 Part V I	lina 12
Part VIII Investments—Program Relate		
(a) Description of investment type	(b) Book vatue	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part	rt X line 15	
Cuic Pascia Coo I Gill 550; I d	(a) Description	(b) Book vatue
Non-Utility Property-General Dymanics Property	ty (20 acres)	150,000
	<u> </u>	
	·	
	-	
Total. (Column (b) must equal Form 990, Part X, col.	(B) fine 15.)	
Part X Other Liabilities. See Form 990,		
1. (a) Description of liability	(b) Amount	
Federal income taxes		1
Accumulated Operating Provisions	562,596	
Consumers Deposits	383,371	
Other Current & Accrued Liabilities	1,201,263	
Deferred Credits	391,218	-
		1
		-
		1
	<del>"</del>	1
		1
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,538,448	1
2. FIN 48 Footnote. In Part XIV, provide the text of	<del></del>	tion's financial statements that reports the
organization's liability for uncertain tax positions u		

Page	4
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SCHE	LLE D (ruin 350) 2003		rage v
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	nents
1	Total revenue (Form 990, Part VIII, column (A), tine 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e pe	r Return
1	Total revenue, gains, and other support per audited financial statements	1	
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	4	
d	Other (Describe in Part XIV.)	4	1
e	Add lines 2a through 2d	24	<del></del>
3	Subtract line 2e from line 1	3	
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	_	
b	Other (Describe in Part XIV.)	┙	
C	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		_ <del></del>
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses p	per Return
1	Total expenses and losses per audited financial statements	1	4
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	4	
b	Prior year adjustments	4	
C	Other losses	4	
d	Other (Describe in Part XIV.)	┨.	
е	Add lines 2a through 2d	2	<del></del>
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	┥	
b	Other (Describe in Part XIV.)	┨.	
	Add lines 4a and 4b	40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1 2	<u>' 1                                   </u>
	t XIV Supplemental Information		D-4 B/ E - 4'
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d at part to provide any additional information.	1U 40	o. Also complete
uus	part to provide any additional information.		
IMA	ESTMENTS IN ASSOCIATED ORGANIZATIONS		
Pat	ronage Capital Certificate - AECI		170,824
			•
Pat	ronage Capital Certificate - AECC		8,124,630
Pat	ronage Capital Certificate - ₦RUCFC		344,542
Cla	ss C Common Stock - Federated Rural Electric Insurance		109,889
Pat	ronage Capital - NRTC		120,772

Schedule D (Form 990) 2009	Page 5
Part XIV Supplemental Information (continued)	
Capital Term Certificates - MRUCFC	900,423
Patronage Capital Certificate - SEDC	32,346
Patronage - Arkansas Rural Development Self-Insured Trust	43,621
Patronage Capital - NISC	9,538
Patronage Capital Certificate - Central Area Data Processing	2,400
Membership - NRUCFC	1,000
Membership - Committee on South West Power	10
Membership - NRTC	1,000
₩embership - NRECA	10
Membership - Hampton Industries	500
Membership - CAIDC Stock	100
Membership - Camden Industrial Development	200
Membership - NISC	1,000
Membership - AECI	100
Membership - AECC	100
Membership - SEDC	100
Promissory Notes - AECI	96,000
WildBlue	23,350
Other Investments	
Talbot State Bank	99,000
Farmers Bank & Trust Company	100,000
First Bank	85,000
Calhoun County Bank	86,000
Bancorp South	99,000
Capital One Bank	97,000
Discover Bank	50,000
Lehman Brothers Commercial Bank	80,000
Sallie Mae Bank	50,000

Schedule D (Form 990) 2009 Part XIV Supplemental Information (continued)	Page 5
Sallie Mae Bank	50,000
Huntington National Bank	97,000
GE Capital Bank 5.00	75,000
CFC ⊮ember Capital Securities	250,000
Federal Farm Credit Banks 3.3750%	99,219
FNMA Medium Term Note 4.5000%	198,750
FHLMC Medium Term Note 4.5000%	98,894
FN₩A Medium Term Note 5.1250%	97,469
FNMA Medium Term Note 5.2000%	122,266
FNMA Medium Term Note 5.2500%	98,125
FNMA Medium Term Note 5.0000%	98,719
FHLMC Medium Term Note 5.0000%	99,324
FHLMC Medium Term Note 4.25000%	94,372
FHLMC Medium Term Note 5.0000%	98,034
FHLMC Medium Term Note 4.25000%	95,154
FHLMC Medium Term Note 4.3000%	97,517
FHLMC Freddie Notes 5.1500%	93,925
FNMA Medium Term Note 5.5000%	142,829
FHLMC Medium Term Note 4.3750%	68,258
FNMA Medium Term Note 5.0000%	76,475
FNMA Medium Term Note 5.0000%	118,633
GNMA II Pool #3428/5.0000%	38,926
FHLMC Medium Term Note 4.50000%	147,224
FNMA Debenture 5.0000%	96,281
FHL₩C Series 77 77-H/8 5.0000%	19,187
FHLMC Reimc Series 2758 DG	144,933
Federal Farm Credit Banks 5.0000%	99,375
FHLMC Medium Term Notes 5.3000%	99,406

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

**Ouachita Electric Cooperative Corporation** 

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

Open to Public Inspection **Employer identification number** 

0133895

71

Par	Questions Regarding Compensation		_		
				Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a. Complete Part III to p	rided any of the following to or for a person listed in Form provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		ŀ	
	☐ Travel for companions	☐ Payments for business use of personal residence		1	
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the or reimbursement or provision of all of the expense explain	organization follow a written policy regarding payment is described above? If "No," complete Part III to	1b	√	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	3 ,	2	1	
3	Indicate which, if any, of the following the organization's CEO/Executive Director. Check all the				
	☐ Compensation committee	Written employment contract			1
	Independent compensation consultant	Compensation survey or study		Ì	
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, organization or a related organization:	Part VII, Section A, line 1a, with respect to the filing			
	Receive a severance payment or change-of-control	•	4a		1
	•	ental nonqualified retirement plan?	4b		1
C	Participate in, or receive payment from, an equity-b		4c	├	A
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations	-			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of:	line 1a, did the organization pay or accrue any			
а	The organization?		5a	<u> </u>	<u> </u>
b	Any related organization?		5b	ļ	<u> </u>
	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			1
	compensation contingent on the net earnings of:				l
	The organization?		6a 6b	<del>                                     </del>	<del>                                     </del>
b	Any related organization?		<del>""</del>		
7	If "Yes" to line 6a or 6b, describe in Part III.	line to did the americation assuids any non-fixed		İ	İ
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		7		
8	Were any amounts reported in Form 990, Part VII,			· · ·	
-	subject to the initial contract exception described in			1	
	in Part III		8		
9	If "Yes" to line 8, did the organization also follow the				
	Regulations section 53.4958-6(c)?	<u> </u>	9	L	

Page 2

Schedule J (Form 880) 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.

(II) Basis         (III) Chieva permanent of the componention of the componention of the componention of the componention of the componention of the componential of the componention of the componention of the componention of the componention of the componention of the componention of the componention of the componention of the componential of the compo			(B) Breakdown of W-2	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
Kirl	(A) Name		(I) Base compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	reported in prior Form 990-EZ
s         m         5,250         4,169           r         m         6,750         6,239           r         m         5,000         4,742           m         5,000         4,250           m         5,000         4,250           m         6,000         4,103           son         m         78,937         4,103           r         m         73,654         4,103           r         m         73,654         103,033           r         m         86,567         10           m         m         86,567         10	Corbet J Lamkin	€ €				5,081	11,332	
F (II) (II) (II) (II) (II) (II) (II) (II	Danny Adams	Ε				4,169	9,419	
F (II) 0.500 0.500 4,742 (III) 0.500 0.600 4,742 (III) 0.600		9				000	7000	
F (ii) 5,000 4,742 (iii) 3,250 7,000 7,248 (iii) 6,000 7,248 7,103	Wanda Taylor	€ €				657,0	896'7'L	
(ii)   3,250   1,249   1,249     1,249     1,249	Walter Pigott	3				4,742	9,742	
On (ii) 5,000 (iii) 5,000 (iii) 6,000 (iii		=						
(ii)   5,000   2,409   2,409	James Garner	≘≘				1,249	4,499	
10   6,000   4,250   1   1   1   1   1   1   1   1   1	Lisa Hendrix	€€		••••		2,409	7,409	
(i) 5,000 4,103 (ii) 5,500 4,103 (iii) 64,798 (iii) (i	Ron Beaver	88				4,250	10,250	
n (ii) 5,500 4,103 (iii) 125,691 (iii) 16,160 (iii) 10,103,033 (iii) (iii) 10,107,587 (iii)	Gregg Goss	<b>(E)</b>				2,469	7,469	
(ii) 125,691 (iii) 16,160 (iii) (iii) 18,937 (iii) 103,033 (iii) 107,587 (iii) 107,587 (iii) 107,587 (iii) 108,798 (iii) 108,798 (iii) 108,798 (iii) 108,798 (iii) 108,798 (iii) 108,798 (iii) 108,798 (iii) 108,798 (iii) 108,798 (iiii)  108,798 (iiiii) 108,798 (iiiii) 108,798 (iiiiii) 108,798 (iiiiii) 108,798 (iiiiii) 108,798 (iiiiiii) 108,798 (iiiiiiiii) 108,798 (iiiiiiiiiiii) 108,798 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Wike Hutchinson	8 8				4,103	9,603	
(ii) 78,937 (iii) 103,033 (iii) 107,587 (iii) 73,654 (iii) 56,567 (iii) 64,798 (iii) 64,798	Mark Cayce	≘ ≘					125,691	
(ii) 103,033 (iii) 107,587 (iii) 73,654 (iii) 64,798 (iii) 64,798	W Perry Johnson	8					78,937	
(ii) 73,654 (iii) 56,567 (iii) 64,798 (iii)	Billy C Parker	88					103,033	
(ii) 73,654 (iii) 73,654	Allen G Watson	88					107,587	
(i) 56,567 (ii) 64,798	Richard Baker						73,654	
(t) 64,798	Jim McCarthy	8					56,567	
	Norma O'Neal	≘≘					64,798	

Раде З 5b, 6a, 6b, 7, and 8. Also complete this part Sa, <del></del> ά, Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, for any additional information. Supplemental Information Schedule J (Form 990) 2009 Part III

## SCHEDULE L (Form 990 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,

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Employer identification number** Name of the organization **Ouachita Electric Cooperative Corporation** 71 : 0133895 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (a) Name of interested person and purpose (b) Loan to or tron (c) Original (d) Batance due (e) to default? (g) Written the organization? principal amount by board or agreement? committee? To From Yes No Yes No Yes No Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of interested person and the transaction organization's organization revenues? No Yes Director 16,160 Director Fees **Mark Cayce** 

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

74 :

Ouachita Electric Cooperative Corporation	71	<u> </u>	0133895	
Part VI Governance, Management, and Disclosure Section B. Line 11a				
Form 990 is reviewed by mangement before it is filed. It is also reviewed post filing by the cooperative's independent audito				
Part VI Governance, Management, and Disclosure Section B. Line 12c				
Conflict of interest questionnare is filled out annually by directors and key management personnel.				
Part VI Governance, Management, and Disclosure Section B. Line 15b.				
Compensation for the General Manager (CEO) is determined after annual review by the board of directors.				
Part VI Governance, Management, and Disclosure Section C. Line 19.				
Governing documents, conflict of interest policy, and financial statements are available to	oope	rative r	nembers on reques	
Financial statements are also part of annual report sent to each member in June.				
			******	

Schedule O (Form 990) 2009	Page Z
Name of the organization	Employer identification number
	<u>:</u>
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