

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

20**09** Open to Public

Inspection

Ā	For t	he 2009 calendar year, or tax year beginning JANUARY 1 , 2009, and en	nding	DECEM	BER 31	, 20 09	
В	Check if	applicable Please C Name of organization KIAMICHI ELECTRIC COOPERATIVE,	INC.		D Employ	er identification i	number
		s change label or Doing Business As			73	053921	6
_		print or Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite		E Telepho	one number	
	initial re	eturn See P.O. BOX 340			(918)	465-233	8
$\overline{}$	Termina	ated Specific City or town, state or country, and ZIP + 4					
_		ed return tions WILBURTON, OK 74578			G Gross re	ceipts \$ 33,04	10,624
		on pending F Name and address of principal officer	н	l(a) Is this a	a amun retum	for affiliates? Yes	✓ No
		STEPHEN BRYAN, P.O. BOX 340, WILBURTON, OK 74578				ncluded? Yes	□No
1	Tax-ex	cempt status:				list (see instruction	
J	Webs	ite: ► WWW.KIAMICHIELECTRIC.ORG	н	(c) Group ex	xemption nun	nber ►	·
K	Form o	f organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of following the last of the l	rmation	1945	M State of	legal domicile O	K
Pa	art I	Summary			-		
	1	Briefly describe the organization's mission or most significant activities:	MAKE	ELECT	RIC ENE	RGY AVAILA	BLE
_		TO ALL MEMBERS OF THE COOPERATIVE AT THE LOWEST COST CO	NSISTE	NT WITH	I SOUND	ECONOMY A	AND
Activities & Governance		GOOD MANAGEMENT					
Ē				<u></u>			
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than	G\$₩diYs	s net asset	ts.		
æ	3	Number of voting members of the governing body (Part VI, line 1a).] B 3		7
98	4	Number of independent voting members of the governing body (Part VI, Jin Tatal number of emplayers (Part VI, Jin Ca)	e 16) A.	2010	Φ 4		7
Ξ	5	Total number of employees (Part V, line 2a).	1 4	2010	\$25		60
Act	6	Total number of volunteers (estimate if necessary)			5 6		0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line (2)	SDEN	\mathbf{I}_{i} , \mathbf{U} \mathbf{I}_{i}	7a	4	5,589
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	1	3,542
				Prior Yea	ar	Current Yea	er
	8	Contributions and grants (Part VIII, line 1h)			0		0
Ĕ	9	Program service revenue (Part VIII, line 2g)		35,1	29,893	31,59	8,576
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			37,572	3	4,645
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,9	68,967	1,18	0,943
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		37,1	36,432	32,99	9,049
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0		0
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,5	16,222	3,65	3,927
þer		Professional fundraising fees (Part IX, column (A), line 11e)			0		0
ŭ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		30,7	99,013	28,40	6,969
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).		34,3	15,235	32,03	6,715
	19	Revenue less expenses. Subtract line 18 from line 12		2,8	21,197	96	2,334
sets or			Beginn	ning of Cui		End of Yea	<u>r</u>
sset 3ala		Total assets (Part X, line 16)		72,0	02,583	75,90	2,759
Net Ass Fund Ba	21	Total liabilities (Part X, line 26)		50,6	10,697	54,19	1,909
		Net assets or fund balances. Subtract line 21 from line 20	<u>. </u>	21,3	91,886	21,71	0,850
12	rt II	Signature Block					
		Under penalties of perjury, I declare that I have examined this return, including accompanying stand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based	chedules a	nd stateme	ents, and to	the best of my kn	owledge
~ :-	_	1. (C) 4.2	2 077 037 1110		ا ج	12/10	wicage
Sig		Som Tar			<u> </u>	13/10	
He	re	Signature of officer Don Don Don Secure 1 Tracks		Date	·		
		Don Parr, Secretary / Treasure	<u>r</u>				
		Type or print name and title	T =				
		Preparer's Date	Check if self-			entifying number	
Paid		signature	employed	d > □ ′	see instructi	unaj	
Prep	arer's	Firm's name (or yours	<u>L</u>				
Use	Only	ıf self-employed),		EIN	> :		
N / -	. Ale - 1	address, and ZIP + 4 V		Phone no	> ()	
<u>ivia</u>	tne	IRS discuss this return with the preparer shown above? (see instructions)		<u> </u>		Yes [No

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

Cat No 11282Y

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: TO MAKE ELECTRIC ENERGY AVAILABLE TO ALL MEMBERS OF THE COOPERATIVE AT THE LOWEST COST CONSISTENT WITH SOUND ECONOMY AND GOOD MANAGEMENT
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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.
4a	(Code ⁻) (Expenses \$ including grants of \$) (Revenue \$) DISTRIBUTION OF ELECTRICITY
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	/ (Expenses #
	······
	······································
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program sequess (Describe in Schedule C.)
- u	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Pai	rt 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		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		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, 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.		٧	
•	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	200	*	٠;
13 142	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	-	1
b	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		√
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		→
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		√
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	17		▼
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		<u>▼</u>
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.			<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		*

Par	t 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 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		✓
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	✓	
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	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? <i>If "Yes," complete Schedule L, Part I</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		\
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		√
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		✓
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_		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
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		✓
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		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Pai	tt V Statements Regarding Other IRS Filings and Tax Compliance			
			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			
b	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	✓	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 60			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	√	
b	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ė.;		*
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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		
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?	6a		✓
þ	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		✓
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		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		- 14K
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			.8
	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.	00		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12	l	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
	Section 501(c)(12) organizations. Enter:	` ,	1	
	Gross income from members or shareholders		1	
	Gross income from other sources (Do not net amounts due or paid to other sources against	-	1	
	amounts due or received from them.)	}	l	
12a	Section 4047/o\/4\ non-avanna ab-ultable to the first of the section of the secti	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			
			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		/
3	Did the organization delegate control over management duties customarily performed by or under the direct			١,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		/
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		 ✓
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		,	
_	of the governing body?	7a 7b	√	├─
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	/D	<u> </u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	1	
	The governing body?	8b		\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	-		\vdash
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u>↓</u> _
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.			 ,
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		/
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	400		
	rise to conflicts?	12b		├─
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		1
40	describe in Schedule O how this is done	12c		1
13	Does the organization have a written whistleblower policy?	14		 _
14 15	Does the organization have a written document retention and destruction policy?			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2, "		
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1		
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	✓	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			<u> </u>
	the organization's exempt status with respect to such arrangements?	16b	✓	
Sec	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(cr	c)(3)s	only)	
	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 documents, conflict	of inte	erest	
20	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	rds of	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	mpensate	any o	urr	ent	offic	cer, d	irec	tor, or trustee.		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Po Individual trustee or director	Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ROBERT WILLIAMS-PRESIDENT	8.71	1		1				16,000		7,443
LARRY CULWELL-VICE PRESIDENT	10.12	1		1				16,200		17,674
DON PARR-SECRETATY/TREASURER	6.88	1		1				13,600		17,532
RICHARD MEDLOCK-DIRECTOR	7.19	1						15,000		17,490
DAVID RAY-DIRECTOR	5.19	1						11,200		17,674
DALE SHAW-DIRECTOR	6.58	1						12,800		7,440
DOUG BINNS-DIRECTOR	4.83	1						9,600		17,548
STEPHEN BRYAN-CEO	43.4			1	1	1	-	132,495		107,235
JIM JACKSON-CFO	44.1			✓	1			83,677		46,544
				ļ						
	_									
				!						
								:		

Part VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees,	an	d Higl	hest	Compensated	d Employees (c	ontinued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per		on (d		k ali	that ap	-	Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation
				<u> </u>	▙		Ш			
		-								
				i						
1b Total							•	310,572		256,580
2 Total number of individuals (including but		to the	ose	list	ed a	above) wt	no received mo	ore than \$100,0	000 in
reportable compensation from the organization	ation ► 1									[N N.
										Yes No
3 Did the organization list any former office							oye	e, or highest c	compensated	3 1
employee on line 1a? If "Yes," complete S 4 For any individual listed on line 1a, is the s										VA (1/2) 1 / 1 / 1
4 For any individual listed on line 1a, is the state organization and related organizations										
indıvidual	·							·		4 1
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp plete	oen S <i>ch</i>	satı edu	on i	from : I for s	any <i>uch</i>	unrelated org	anization for	5 1
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	ent o	contra	cto	rs that receive	d more than \$	100,000 of
(A) Name and business add								(B) Description of s	ervices	(C) Compensation
GORDON CONSTRUCTION CO INC, 905 W M.	AIN, STIG	LER,	ΟĶ	744	62		LIN	NE CONST/MA	INT	1,299,539
DAVIS POWERLINE CONST INC, PO BOX 853								NE CONST/MA		797,143
APPLE TREE SERVICE INC, 316 N CEDAR ST LATIMER RIGHT-OF-WAY SERVICES LLC, PO	N. LITTL	ERO	CK	AR	<u>721</u>	14		GHT-OF-WAY		691,153
MIDWESTERN ELEC CONTRACTORS LLC, 7	30 ASD ST	VVIL	UO.	CI(JN,	UK 7	KK	GHT-OF-WAY	MAINT	666,099 470,419
2 Total number of independent contractors (i	ncludina hi	ut not	i, ri, ر lim	<u>ur.</u> ited	to	those	liste	ed above) who	received	4/0,419
more than \$100,000 in compensation from	the organ	izatio	n Þ	8				, a above, will		,

Par	t 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
Contributions, gifts, grants and other similar amounts	g		nbutions).	1a 1b 1c 1d 1e 1f \$. , ',			
				Business Code		1 1/4/1		
Program Service Revenue	2a	SALES OF ELECTRIC	CITY		31,598,576	31,598,576		
2	b							
Ž.	c							_
Se	d	·						
Ē	e	All other program con-						
ဦ	g	All other program servi			31,598,576	-	<u> </u>	<u> </u>
	3 4 5	Investment income (incother similar amounts) Income from investment of	cluding divide	ends, interest, and	31,205			31,205
	3	Royalties	(i) Real	(II) Personal				. &
	Ь	Gross Rents Less: rental expenses Rental income or (loss)	184,i	885 0	, , ,			
		Net rental income or (kg			184,885			184,885
		Gross amount from sales of	(i) Securities		10 1/000			
	' "	assets other than inventory		45,015	1			
		Less: cost or other basis and sales expenses .		41,575 3,440				
		Gain or (loss) Net gain or (loss)		5,440	3,440	<u> </u>		3,440
Jue	1	Gross income from	fundraising	1	3,440			3,440
r Revenue		events (not including \$ of contributions reported See Part IV, line 18	d on line 1c)					
Other	C	Less: direct expenses Net income or (loss) fro	 om fundraisir	b ng events ▶				**
		Gross income from game See Part IV, line 19		а		, , , & * *		
	b	Less: direct expenses. Net income or (loss) fro	om gaming a	b ctivities .		<u>.</u>	2	
	1	Gross sales of inverteurns and allowances Less: cost of goods so		a				
	c	Net income or (loss) from	n sales of inv					<u>. </u>
		Miscellaneous Reve	enue	Business Code				
	11a				719	· · · · · · · · · · · · · · · · · · ·		719
	b	G&T CAPITAL CREDI			832,903			832,903
	С	OTHER CAPITAL CRE	DITS		325,913			325,913
		All other revenue		517000	21,408		21,408	
	12	Total. Add lines 11a-11	ld	🖊	1,180,943			
	12	Total revenue. See ins	tructions.	<u></u> >	32,999,049	31,598,576	21,408	1.379.065

7

9

13 14

15

16

17

18

19

20

21

22

23

24

25

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). (C) Management and (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. Total expenses 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 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 . . . Benefits paid to or for members Compensation of current officers, directors, 413,373 trustees, and key employees . . . 6 Compensation not included above, to disqu persons (as defined under section 4958(f)(1 persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes . . . Fees for services (non-employees): a Management **b** Legal c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line f Investment management fees . . . 12 Advertising and promotion . . .

trustees, and key employees	413,373		
Compensation not included above, to disqualified			
persons (as defined under section 4958(f)(1)) and			
persons described in section 4958(c)(3)(B)			
Other salaries and wages	1,612,673		
Pension plan contributions (include section 401(k)			
and section 403(b) employer contributions)	373,536		
Other employee benefits	1,098,449		
Payroll taxes	151,410		
Fees for services (non-employees):			
Management	22,704		
• Legal			
Accounting	15,450		
Lobbying			
Professional fundraising services. See Part IV, line 17			
Investment management fees			
other	18,898		
Advertising and promotion	36,790		
Office expenses	136,332		
Information technology			
Royalties			
Occupancy	91,474		
Travel	55,910		<u> </u>
Payments of travel or entertainment expenses			
for any federal, state, or local public officials			
Conferences, conventions, and meetings	57,384		
	1,668,170		
Interest	1,000,110		
Payments to affiliates	2,279,136		
Depreciation, depletion, and amortization.	the state of the s		
Insurance	141,777		
Other expenses. Itemize expenses not	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
covered above. (Expenses grouped together			_
and labeled miscellaneous may not exceed	· I	,	
5% of total expenses shown on line 25 below.)			
TRANSPORTATION	502,816		
TAXES	601,067		
CONSUMER/MISC DEDUCTIONS	387,435		
MAINTENANCE OF LINES	1,878,409		
POWER COST	20,031,826		
All other expenses	461,696		
Total functional expenses. Add lines 1 through 24f	32,036,715		
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	art X	Balance Sheet	_	_	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	26,652	1	60,779
	2	Savings and temporary cash investments	20,288	2	20,658
	3	Pledges and grants receivable, net	. 0	3	0
	4	Accounts receivable, net	4,818,259	4	4,426,887
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			-
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	6	
ş	7	Notes and loans receivable, net	-	7	
Assets	8	Inventories for sale or use	383,164	8	426,184
Ë	9	Prepaid expenses and deferred charges	1,631,579	9	1,713,689
	10a	Prepaid expenses and deferred charges			
	Ь	·	56,102,361	10c	59,269,882
	11	Investments—publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	8,070,443		9,034,843
	14	Intangible assets		14	-,,
	15	Other assets. See Part IV, line 11	949,837	15	949,837
	16	Total assets. Add lines 1 through 15 (must equal line 34)	72,002,583		75,902,759
	17	Accounts payable and accrued expenses	7,362,444	17	6,917,907
	18	Grants payable		18	5,511,551
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
j ģ	_	employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	22	
	23	Secured mortgages and notes payable to unrelated third parties	34,341,001	23	37,937,902
	24	Unsecured notes and loans payable to unrelated third parties		24	0.,00.,002
	25	Other liabilities. Complete Part X of Schedule D	8,907,252		9,336,100
	26	Total liabilities. Add lines 17 through 25	50,610,697		54,191,909
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>la</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		, , ,	, ,
ş	30	Capital stock or trust principal, or current funds	81,555	30	81,720
388	31	Paid-in or capital surplus, or land, building, or equipment fund	2,821,197	31	962,334
Ä	32	Retained earnings, endowment, accumulated income, or other funds	18,489,134	32	20,666,796
Ě	33	Total net assets or fund balances	21,391,886		21,710,850
_	34	Total liabilities and net assets/fund balances	72,002,583	34	75,902,759

Form **990** (2009)

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	1	
b		2b	✓	
С	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		1
	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			8.3
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	1	
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)

Supplemental Financial Statements

2009

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

Open to Public Inspection

OMB No 1545-0047

▶ Attach to Form 990. ▶ See separate instructions. **Inspection** Internal Revenue Service Name of the organization Employer identification number KIAMICHI ELECTRIC COOPERATIVE, INC 73 0539216 Part I 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 Aggregate contributions to (during year) Aggregate grants from (during year) . 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 purpose conferring impermissible private benefit? 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 a Total number of conservation easements . . . 2b 2ç c Number of conservation easements on a certified historic structure included in (a) . 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 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. Part III 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: a Revenues included in Form 990, Part VIII, line 1

_	
Page	- 2

Pa	t III Organizations Maintain	ing Collections	of Art, Histo	rical Treasure	es, or C	Other Similar	Assets (continued)
3	Using the organization's acquisition collection items (check all that appl	, accession, and y).	other records,	check any of t	he follo	wing that are a	significant use of its
а	Public exhibition		d _	Loan or exc	hange p	orograms	
b	Scholarly research		e L	Other			
С	Preservation for future general						
4	Provide a description of the organize Part XIV.	ation's collection	s and explain	how they furth	er the o	organization's e	exempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive d r than to be maint	onations of an ained as part	, historical treas of the organization	ures, or on's coll	other similar ection?	Yes No
Pa	Escrow and Custodial A IV, line 9, or reported an				answe	red "Yes" to i	Form 990, Part
	Is the organization an agent, truster included on Form 990, Part X?				itions oi	r other assets	not Yes No
b	If "Yes," explain the arrangement in	Part XIV and cor	mplete the fol	owing table:		-1	Amount
	Basing in a last and				4.		Amount
C	Beginning balance				. 10		
đ	Additions during the year				. 10	1	
e	Distributions during the year				. <u>1e</u>		
f 2a	Ending balance				·		Yes No
	If "Yes," explain the arrangement in	Part XIV.	J, Part A, line	217			. L Yes L No
	t V Endowment Funds. Co		ganization a	nswered "Yes	" to Fo	rm 990, Part	IV, line 10.
		(a) Current year	(b) Prior yea			(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				ST. SHAMPAGES. A.		transferred from the contraction of the contraction
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships				100	A STATE OF THE STA	
	Other expenditures for facilities						
	and programs						
f g	Administrative expenses End of year balance						
2	Provide the estimated percentage of	f the year end ba	alance held as	•			
а	Board designated or quasi-endown						
b	Permanent endowment ▶						
С	Term endowment ▶%	,					
3a	Are there endowment funds not in thorganization by:	e possession of t	he organization	that are held a	and adm	ninistered 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	anızatıons listed a	as required on	Schedule R?	: :	<i></i>	. 3b
4	Describe in Part XIV the intended us						
Par	t VI Investments—Land, Bu	ildings, and Ed	<mark>juipment.</mark> Se	<u>ee Form 990, I</u>	Part X,	line 10.	
	Description of investment	(a) Cost or o (investri		b) Cost or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land			157,952	77.4		157,952
b	Buildings			1,307,594		585,947	721,647
С	Leasehold improvements			 ·			
d	Equipment	.		3,064,334		1,844,008	1,220,326
	Other	·		69,693,424	L	12,523,467	57,169,957
ota	I. Add lines 1a through 1e (Column (d) i	nust equal Form 9	90, Part X, cold	ımn (B), lıne 10(d	c).)	<i></i> >	59,269,882

Port VIII Investments Other Securities	. O F 000 D-+V	P 40	Page 3
Part VII Investments—Other Securities			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			
•			
		t	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	·
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
INV-ASSOC ORGS-PATRONAGE CAPITLA	8,145,516	соѕт	
CAPITAL TERM CERTIFICATES	861,237	COST	
INV-OTHER ASSOC ORGS	28,090		
	. —-		
·			
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	9,034,843	·	
Part IX Other Assets. See Form 990, Part			
Care Assets. Occ 1 om 1 550, 1 a	(a) Description		(b) Book value
UTILITY DEPOSITS	(a) Description		260
REGULATORY ASSETS			949.577
			343,377
			
			
	-		
			
Total. (Column (b) must equal Form 990, Part X, col ((B) (Inc. 15.)		040.027
Part X Other Liabilities. See Form 990,			949,837
1. (a) Description of liability	(b) Amount		
Federal income taxes	(b) Alloulit		
MARGINS & EQUITIES	4 427 000	,	
ACCUM PROV-EMP POST RETIREMENT BNF1	1,127,886		
CONSUMER DEPOSITS	6,059,263	→	1
ACCRUED INTEREST EXPENSE	1,080,232	⊣	ļ
ACCRUED SICK/ANNUAL LEAVE	88,010		
ACCRUED MISC. LIABILITIES	282,853	٦ ,	į
ACCRUED CAPITALIZED LABOR	2,655	7	7
UNAMORTIZED GAIN	85,789		
ONAMORTICED GAM	609,412	-	
		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	0.000.11	\exists	}
Total (Solution (b) must equal rount 330, Part A, COI (b) II/18 25)	9,336,100	1	į

Sched	tule D (Form 990) 2009		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial S	statements
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	T 1 1 (5) 1 (6) 1 (6) 1		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			9
10	Excess or (deficit) for the year per audited financial statements. Comb		10
Pai	t XII Reconciliation of Revenue per Audited Financial Sta		
1	Total revenue, gains, and other support per audited financial statemen	nts	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10-1	
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2c	
C	Recoveries of prior year grants	2d	
đ	Other (Describe in Part XIV)	-	2e
e	Add lines 2a through 2d		3
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	
	Investment expenses not included on Form 990, Part VIII, line 7b	41.	
b	Other (Describe in Part XIV.)		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
	1 XIII Reconciliation of Expenses per Audited Financial St		
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part in	I, line 18.) . <u></u> .	5
Pai	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5,		
	2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b	o; and Part XIII, lines 2d a	nd 4b. Also complete
this	part to provide any additional information.		

Schedule D (For		Page 5
Part YIV	Supplemental Information (continued)	
I di t Aiv	oupplemental information (continued)	

	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE J (Form 990)

Department of the Treasury 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

Open to Public Inspection

Name of the organization

Employer identification number

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
	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.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			İ
	compensation contingent on the revenues of:	-		 -
	The organization?	5a 5b		
Þ	Any related organization?	3D		
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	,		
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.	\perp		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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 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)(t)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	-	to mapping (a)						
		(b) Dicardowil D	W-Z and/UI 1099-INIOC COMPENSATION	SO compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
STEPHEN BRYAN	€ €	132,495			926'68	17,859	107,235	
	€ 5			!				
	(ii)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	S (S							
	(i)							
	≣ ∈		- 11:					
	<u>:</u>	1	; ; ; ; ; ; ; ; ; ; ; ; ;			1		
	E (E							
	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	▣							
	€ €							
	€ €							
	E 8							
	E 9							
	E :							
	€ 5							
	€ €							
	€ €							
	(i)							

Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

200

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization	Employer identification number
KIAMICHI ELECTRIC COOPERATIVE, INC.	73 0539216
PART VI, SECTION A, LINE 11-	
ROBERT WILLIAMS, PO BOX 239, BLANCO, OK 74528	
LARRY CULWELL, RR 1 BOX 260-A, BOKOSHE, OK 74930	
DON PARR, RR 2 BOX 125, MCALESTER, OK 74501	•••••
RICHARD MEDLOCK, PO BOX 36, WHITESBORO, OK 74577	
DAVID RAY, PO BOX 70, EUFAULA, OK 74432	
DALE SHAW, HC 64 BOX 3870, TUSKAHOMA, OK 74574	
DOUG BINNS, 208 MOUNTAIN VIEW ROAD, POTEAU, OK 74953	
PART VI, SECTION B, LINE 11A-	
THE FORM 990 IS REVIEWED BY THE CEO AND CFO.	
PART VI, SECTION C, LINE 19-	
GOVERNING DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND U	PON REQUEST.
AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE ANNUAL MEETING NEWSLE	TTER AND UPON REQUEST.
•••	