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Form **990**

Department of the Treasury

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)

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

2010

OMB No 1545-0047

Open to Public Inspection

	r the 2010	calendar year, or tax year begini	ning 01-01-2010 and ending 12-31-2	2010		
_	eck if applicable	C Name of organization GULF COAST ELECTRIC COOPERA	TIVE		D Employer	identification number
	ress change	Doing Business As			59-0543	772
_	ne change				E Telephone	number
_	al return	Number and street (or P O box if PO BOX 220	mail is not delivered to street address)	Room/suite	(850) 63	9-2216
_	minated				G Gross recei	pts \$ 46,689,268
_	ended return	City or town, state or country, and WEWAHITCHKA, FL 32465	d ZIP + 4		a 61033 16661	pt3 \$ 40,003,200
Арр	lication pendin			1		
		F Name and address of p	rincipal officer	H(a) Isthis	a group return for affi	iliates? Yes No
				H(b) Are all	affiliates include	d?
					o," attach a lis ip exemption r	st (see instructions)
I Tax	k-exempt statı	s 501(c)(3) 501(c) (12)	◀ (insert no)	H(c) Grou	ip exemption i	idilibei 🗜
J W	ebsite: 🕨 W	WW GCEC COM				
K Forn	n of organizati	on 🔽 Corporation 🗆 Trust 🗀 Associat	tion	L Year of fo	rmation 1941	M State of legal domicile Fl
Pa	rt I Su	nmary				
		describe the organization's miss DING ELECTRIC SALES TO MI	sion or most significant activities EMBERS			
<u>ဗ</u>	1100	DING ELECTRIC SALES TO MI	EMBERS			
Activities & Governance						
ĕ	2 Check	this box 🛏 if the organization (discontinued its operations or dispos	ed of more than 2	5% of its net	assets
Ğ.		, -	rning body (Part VI, line 1a)		3	
න් ග	4 Numbe	r of independent voting members	s of the governing body (Part VI, line	1b)	. 4	,
<u></u> ≝	5 Total r	umber of individuals employed ii	n calendar year 2010 (Part V, line 2a)	5	7.
∄ '	6 Total r	umber of volunteers (estimate if	necessary)		6	
वं	7a Total u	nrelated business revenue from	Part VIII, column (C), line 12		7a	1,26
	b Net un	related business taxable income	from Form 990-T, line 34		7b	
				Prio	r Year	Current Year
gi		ributions and grants (Part VIII,		(
ž.	_	ram service revenue (Part VIII,		45,865,436	44,966,010	
Revenu		·	nn (A), lines 3, 4, and 7d)	•	50,127	73,079
		r revenue (Part VIII, column (A l revenue—add lines 8 through 1	lina	1,521,202	1,650,179	
		_	· · · · · · · · · · · · · · · ·	iiile	47,436,765	46,689,268
			rt IX, column (A), lines 1–3)			(
	14 Bene	fits paid to or for members (Part	:IX, column (A), line 4)			(
go I		ries, other compensation, emplo	yee benefits (Part IX, column (A), line	es 5-	568,811	890,616
). 136	10) 16a Prof	assional fundraising fees (Part I)	X, column (A), line 11e)		300,011	090,010
क ⊕		fundraising expenses (Part IX, column (
Ð.), lines 11a-11d, 11f-24f)	_	44,199,707	42,844,857
Expenses Revenue			nust equal Part IX, column (A), line 25		44,768,518	43,735,473
			e 18 from line 12		2,668,247	2,953,795
8 % %					g of Current	End of Year
Net Assets or Fund Balances	30 ∓∷	Lacate (Bank V. Line 4.5)		<u> </u>	'ear	
ASS d B					97,773,389 73,327,575	99,422,001
3 E				_		
				•	24,443,014	27,302,730
Par Under	22 Net t II Sig penalties of edge and be	assets or fund balances Subtrace nature Block perjury, I declare that I have exam	it line 21 from line 20	g schedules and s	24,445,814 tatements, and	27,382,7
		***			011-10-18	
Sign		nature of officer		Di	ate	
Here	M 1911	CHAEL WHITE MANAGER be or print name and title				
	Print/Ty		Dranarar's connatura	Dat-	Check if self-	DTIN
	prepare	r's name HE ALLENCPA	Preparer's signature HE ALLENCPA	Date	employed •	PTIN
ь						
		ame 🕨 HE ALLEN CPA				Firm's EIN
Paid Prepa Use C	erer Firm's a	ddress 131 THOMAS DR				Firm's EIN Phone no (229) 928-

Form	990 (2010)					Page 2
Par		nt of Program Serv hedule O contains a res				
1	Briefly describe t	he organization's missio	n			
PRO	VIDING ELECTRIC	SALES TO MEMBERS				
2	the prior Form 99	on undertake any signific 0 or 990-EZ?				⊤Yes ▼ No
	If "Yes," describe	these new services on S	chedule O			
3		on cease conducting, or			nducts, any program	「Yes 「No
	If "Yes," describe	these changes on Scheo	dule O			
4	Section 501(c)(3		tions and secti	on 4947(a)(1) trusts ar	argest program services by re required to report the amo ervice reported	
4a	(Code) (Expenses \$	43,735,473	ıncludıng grants of \$) (Revenue \$	46,689,268)
	The expenses relate	d to providing electrical service	e to members			
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	Other program a	ervices (Describe in Sc	hadula C \			
Tu	(Expenses \$	•	luding grants o	f \$) (Revenue \$)
					, (ποτοπασ φ	
4e	ıotaı program se	ervice expenses►\$	43,735,47	3		

			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		Νo			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο			
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		Νο			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>						
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Νο			
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						
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		Νο			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο			
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		No			
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο			
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes				
b	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.	11b		No			
c	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.	11c	Yes				
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No			
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i> complete Schedule D, Parts XI, XII, and XIII	12a	Yes				
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		N o			
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		N o			
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No			
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No			
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No			
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		N o			
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο			
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b					

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Par	t IV Checklist of Required Schedules (continued)			
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		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	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</i> "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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		No
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			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		Νο
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 29			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1c	Yes	
2a				
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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	4-		
_	account)?	4a		<u> N o</u>
b	If "Yes," enter the name of the foreign country			
	See instructions for 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		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νο
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
_	services provided to the payor?	,		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	file Form 8282?	7с		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	- 9		
	Form 1098-C?	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		<u> No</u>
9 -	Sponsoring organizations maintaining donor advised funds.			KI -
	Did the organization make any taxable distributions under section 4966?	9a ob		No No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N o
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
0	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo
	note. See the instructions for additional information the organization must report on Schedule O			-
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
•	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νο

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax									
	year]								
b	Enter the number of voting members included in line 1a, above, who 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		No						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No						
6	Does the organization have members or stockholders?	6	Yes							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo						
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)									
- 100	venue code.		Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		No						
	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		No						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Yes							
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	- 								
-	describe in Schedule O how this is done	12c	Yes							
13	Does the organization have a written whistleblower policy?	13	Yes							
14	Does the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
Ь	Other officers or key employees of the organization	15b	Yes							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No						
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 the organization's exempt status with respect to such arrangements?	16b		No						
Se	ection C. Disclosure									
17	List the States with which a copy of this Form 990 is required to be filed⊩FL									
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply									

Own website Another's website Vpon request

(850) 265-3631

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICHAEL WHITE
 POBOX 220
 WEWAHITCHKA, FL 32465

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no<u>r any related organization compensated any current officer, director, or trustee</u>

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) WAYLON GRAHAM Treasurer	2 50		×					10,800	0	0
(2) TONY TURNER SERVICE TECH	40 00				х			74,972	0	0
(3) SID DYKES SUPERVISOR ENGI	40 00				х			76,228	0	0
(4) RUPERT BROWN President	2 50		х					9,550	0	0
(5) ROBERT L BYRD BOARD MEMBER	2 50		х					9,000	0	0
(6) PERRY FLOWERS LINE SUPERVISOR	40 00				х			81,088	0	0
(7) MICHAEL WHITE MANAGER	45 00			х				158,591	0	0
(8) LOYCE BAXLEY MNGER OF ENG/OP	45 00			х				132,741	0	0
(9) KRISTIN DOUGLAS MNG MKT&MBR SVS	42 00			х				51,813	0	0
(10) KINNETH M DANIELS BOARD MEMBER	2 50		х					8,250	0	0
(11) JIMMY BLACK BOARD MEMBER	2 50		х					8,450	0	0
(12) GUS WISE JR Secretary	2 50		х					5,300	0	0
(13) GARRY EDWARD COX BOARD MEMBER	2 50		х					6,400	0	0
(14) EDGAR FUQUA BOARD MEMBER	2 50		х					500	0	0
(15) EDDIE JONES Vice President	2 50		х					8,400	0	0
(16) DOUGLAS BIRMINGHAM BOARD MEMBER	2 50		х					6,700	0	0

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

(A) Name and Title	(B) A verage hours		((tion (hat a	che)		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) CHARLIE LITTLE SERVICE TECH	40 00				х			74,218	0	0
(18) CARL ELMORE DRAFTER/CAD OP	40 00				х			77,310	0	0
(19) BILLY NEWSOME MNGER OF PUR	41 00			х				90,305	0	0
1b Sub-Total							•			
c Total from continuation sheets t	o Part VII, Sec	tion A		•	•	•				
d Total (add lines 1b and 1c) .			•	•		•	•	890,616		
Total number of individuals (inclu \$100,000 in reportable compens					ted a	ibove)	who	received more tha	n	

			Yes	No_
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_	Yes Yes	
	77.77.73.23.	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
UTILICON SERVICES INC 13275 HWY 231 DAVISBORO, GA 31018	UTILITY LINE	65,386
NORTH FLORIDA LAND PREP INC 11407 HWY 2301 YOUNGSTOWN, FL 32466	RIGHT OF WAYCLEARING	264,543

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►1

		2010)					Pa	ge 9
Part \	VIII	Statement of Reven	<u>ue</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
	T							512, 513, or 514
ints ints		Federated campaigns	1a					
gre	Ь	Membership dues	. 1b					
its,	С	Fundraising events	1c					
<u>a</u> g	d	Related organizations	. 1d					
ons sim	e	Government grants (contributions)	1e					
ž ja	f	All other contributions, gifts, grants similar amounts not included above	s, and 1f	İ		İ	İ	İ
trib off		Noncash contributions included in l						
and Figure		Total. Add lines 1a-1f			0			
<u> </u>				Business Code				
Jue	2a			243555 5545			1,260	
еме		ELECTRIC SALES		531199	44,966,010	44,964,750		
⊕ F	b							
rwe	c							
38	d e							
Jran		All other program service re	VADUA					
ે								
	_	Total. Add lines 2a-2f			44,966,010			
	3	Investment income (including			73,079	73,079		
	4	and other similar amounts) Income from investment of tax-ex			73,079			
	_	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•	0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	_	sales expenses Gain or (loss)						
Other Revenue Contributions, 2 4 2 6 2 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Net gain or (loss)	<u> </u>		0			
		Gross income from fundraisi						
		(not including						
		of contributions reported on						
		See Part IV, line 18	а					
the	ь	Less direct expenses .						
0		Net income or (loss) from fu			0			
	9a	Gross income from gaming a	activities See Part IV, line 19 .	а				
				ь				
		Net income or (loss) from ga			0			
	10a	Gross sales of inventory, les returns and allowances	SS					
			а					
		Less cost of goods sold .						
	С	Net income or (loss) from sa	iles of inventory 🟲		0			
_	44-	Miscellaneous Revenue		Business Code	1 650 170	1,650,170		
		G & T AND OTHER CAPITA	L C		1,030,179	1,650,179		
	Ь							
	٥							
Program Service Revenue		All other revenue						
		. Stan Add IIICS II a-II d	•		1,650,179			
	12	Total revenue. See Instructi	ons		46,689,268		1,260	
	ı			l	1 0,009,208	1	I 1,200	I

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).					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	890,616	890,616		
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			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
а	Fees for services (non-employees) Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
L2	Advertising and promotion	0			
L3	Office expenses	0			
L4	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	3,940,884	3,940,884		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,104,549	3,104,549		
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	DISTRIBUTION-OPERATIONS	1,813,856	1,813,856		
b	DISTRIBUTION-MAINTENANCE	1,522,656	1,522,656		
c	COST OF POWER	29,534,282	29,534,282		
d	CONSUMER ACCOUNT EXPENSE	1,690,569	1,690,569		
е	ADMINISTRATION AND GENERAL	1,008,823	1,008,823		
f	All other expenses	229,238	229,238		
25	Total functional expenses. Add lines 1 through 24f	43,735,473	43,735,473	0	
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) 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) (B) Beginning of year End of year 562.901 352,717 1 Cash—non-interest-bearing 2 0 2 Savings and temporary cash investments 3 0 3 6,265,718 4 6,482,885 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 6 0 7 Notes and loans receivable, net 8 1,407,805 1,409,840 Prepaid expenses and deferred charges 655,412 9 730,838 10a Land, buildings, and equipment cost or other basis Complete 95,607,303 10a Part VI of Schedule D 10b ь Less accumulated depreciation 19.267.693 75.543.979 10c 76.339.610 0 11 11 0 12 12 Investments—other securities See Part IV, line 11 13,620,881 12,859,597 13 13 Investments—program-related See Part IV, line 11 . . 14 0 14 477,977 15 485.230 15 16 97,773,389 16 99,422,001 Total assets. Add lines 1 through 15 (must equal line 34) . . . 3.269.889 17 3,821,532 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 67.724.098 23 23 65.848.642 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 2,333,588 25 2.369.089 Other liabilities Complete Part X of Schedule D 26 73,327,575 26 72,039,263 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🔽 and complete lines 30 through 34. 5 30 80.890 80,260 Capital stock or trust principal, or current funds Assets -207,050 31 Paid-in or capital surplus, or land, building or equipment fund 31 -223,291 32 24.571.974 32 27,525,769 Retained earnings, endowment, accumulated income, or other funds ¥ 24,445,814 27,382,738 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 97.773.389 99,422,001

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		46,6	589,26
2	Total expenses (must equal Part IX, column (A), line 25)	2		43,7	735,47
3	3 Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,4	145,81
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-16,87
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		27,3	382,73
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				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		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
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?	e	3a		Νο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		Νο

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DLN: 93493291002191

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

terna	al Revenue Service ► Attach to Form 990. ► See s	eparate instructions.		Inspect	ion
	me of the organization LF COAST ELECTRIC COOPERATIVE		Employer id	lentification numbe	r
GOL	E COAST ELECTRIC COOLERATIVE		59-05437	72	
Pa	ort I Organizations Maintaining Donor Advised Funds		nds or Ac	counts. Complet	e if the
	organization answered "Yes" to Form 990, Part IV, line	e 6. or advised funds	(h) Fun	ds and other accour	nts
L	Total number at end of year	or davised failes	(D) i un	as and other decour	11.5
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing the funds are the organization's property, subject to the organization's expenses.		radvised	☐ Yes	☐ No
j	Did the organization inform all grantees, donors, and donor advisors in used only for charitable purposes and not for the benefit of the donor conferring impermissible private benefit		•	se Yes	┌ No
Pa	rt II Conservation Easements. Complete if the organiza	tion answered "Yes" to	Form 990,	Part IV, line 7.	
L 2	Purpose(s) of conservation easements held by the organization (checonservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation easement on the last day of the tax year	Preservation of an h	ertified histo	ric structure	a
			Hel	d at the End of the	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic structure in	ncluded in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/1	7/06	2d		
3	Number of conservation easements modified, transferred, released, e the taxable year 🛌	xtinguished, or terminated	d by the orga	nization during	
1	Number of states where property subject to conservation easement i		_		
5	Does the organization have a written policy regarding the periodic mo enforcement of the conservation easements it holds?	onitoring, inspection, handl	ling of violati	ons, and Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, inspecting and enfor	_	_		
	A mount of expenses incurred in monitoring, inspecting, and enforcing			ear ► \$	
3	Does each conservation easement reported on line $2(d)$ above satisf $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?			☐ Yes	┌ No
•	In Part XIV, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to the the organization's accounting for conservation easements	ne organization's financial s	statements t	hat describes	
ar	Organizations Maintaining Collections of Art, His Complete if the organization answered "Yes" to Form	storical Treasures, o 990, Part IV, line 8.	or Other Si	milar Assets.	
La	If the organization elected, as permitted under SFAS 116, not to report art, historical treasures, or other similar assets held for public exhibit provide, in Part XIV, the text of the footnote to its financial statemen	tion, education or research	h ın furtheran		,
b	If the organization elected, as permitted under SFAS 116, to report in historical treasures, or other similar assets held for public exhibition provide the following amounts relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1		-	\$	
	(ii) Assets included in Form 990, Part X		.	\$	
2	If the organization received or held works of art, historical treasures, following amounts required to be reported under SFAS 116 relating to				
а	Revenues included in Form 990, Part VIII, line 1		•	\$	

b Assets included in Form 990, Part X

Par	444 Organizations Maintaining Co	ollections of Ar	t, His	tori	<u>cal Trea</u>	isures, or (<u> Othe</u>	<u>r Similar</u>	Asse	: ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	y of th	ne foll	owing tha	t are a signific	ant ι	ise of its coll	ectioi	า	
а	Public exhibition		d	Γ	Loan or e	exchange prog	rams	;			
b	Scholarly research		e	Γ	Other						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	w they	further tl	he organizatio	n's e	xempt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang						ed "Y	es" to Forr	n 990),	
	Part IV, line 9, or reported an ar		•								
	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ns or other as	sets	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	ble			1			
_									A mou	ınt	
C C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	•	ne 21?						Г	Yes	No
	If "Yes," explain the arrangement in Part XIV					. = 000					
Pa	rt V Endowment Funds. Complete	(a)Current Year		Mere Prior Y		to Form 990 :)Two Years Back		rt IV, line 1 Three Years Ba		NEOUT YE	ears Back
1a	Beginning of year balance	(a) carrent rear	(5)	,	(4	Jimo rears back	1	Timee rears ba		<i>y</i> . ou. 10	ars back
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	ir end balance held	as								
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment 🕨										
c	Term endowment ▶										
3а	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that a	re held ar	nd administer	ed for	the		Yes	No
	(i) unrelated organizations							[3a(i)	163	110
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R? .			[3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	ent. S	ee F	orm 990	<u>, Part X, line</u>	10.				
	Description of investment				Cost or oth			(c) Accumulat depreciation		(d) Boo	k value
1a	Land				710,	779					710,779
b	Buildings		•		2,950,	534					2,950,534
c	Leasehold improvements										
d	Equipment				7,578,	078					7,578,078
е	Other				84,367	,912		19,267,	693	6!	5,100,219

76,339,610

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2,233	Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
——————————————————————————————————————	(B) Book value	Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	13,620,881		
Part IX Other Assets. See Form 990, Part X, lin	•		
(a) Descrip	tion	(b) Book value	•
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)		
Part X Other Liabilities. See Form 990, Part X			
(a) December of Liebility			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
POST-RETIREMENT BENEFIT LIABILITY	545,474		
DEFERRED CREDITS	178,263		
CONSUMER DEPOSITS	1,645,352		
	2,2 . 2,2 . 2		
	•		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,369,089		

1 Total revenue (Form 990, Part VIII, column (A), line 12)	-	
,	1	46,689,268
Total expenses (Form 990, Part IX, column (A), line 25)	2	43,735,473
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	2,953,795
4 Net unrealized gains (losses) on investments	4	-16,871
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 - 8	9	-16,871
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,936,924
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er R	eturn
Total revenue, gains, and other support per audited financial statements	1	46,689,268
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	46,689,268
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	46,689,268
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
Total expenses and losses per audited financial statements	1	43,735,473
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	43,735,473
A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	43,735,473
Part XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier Return Reference | Explanation

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DLN: 93493291002191

Employer identification number

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

GUI	F COAST ELECTRIC COOPERATIVE	59-0543772			
Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a		vided any of the following to or for a person listed in Form 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 idemnification 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 in line 1a are checked, did the or- reimbursement orprovision of all the expenses descr	ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	at apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant Form 990 of other organizations	Compensation survey or study Approval by the board or compensation committee			
	Form 990 of other organizations	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment from the organization or a related organization?	4a		Νo
ь	Participate in, or receive payment from, a supplemen	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only mu For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of				
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in 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)?

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

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

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) MICHAEL WHITE	(I) (II)	158,591					158,591	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization GULF COAST ELECTRIC COOPERATIVE Employer identification number

59-0543772

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	EACH YEAR IN THE MONTH OF APRIL THE FINANCIAL STATEMENTS FOR THE PREVIOUS YEAR ARE PRINTED IN TH MEMBERS' MAGAZINE PRIOR TO THE MEMBER'S ANNUAL MEETING COPIES OF THE FORM 990, OTHER GOVERNING DOCUMENTS AND POLICIES ARE MAINTAINED IN EACH COOPERATIVE OFFICE AND ARE AVAILABLE FOR PUBLIC REVIEW, UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	EACH YEAR THE CHIEF EXECUTIVE OFFICER PERFORMANCE IS EVALUATED BY THE BOARD OF TRUSTEES, AN INDEPENDENT BODY, USING COMPARABILITY PAY DATA FROM OTHER COOPERATIVES THE CHIEF EXECUTIVE OFFICER EVALUATES THE PERFORMANCE OF THE DEPARTMENT MANAGERS AND ALSO USES COMPARABILITY PAY DATA FROM OTHER COOPERATIVES THE BOARD OF TRUSTEES APPROVES THE PAYROLL INCREASES TO THE DEPARTMENT MANAGERS AND EMPLOYEES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	EACH MEMBER OF THE BOARD OF TRUSTEE COMPLETES A STATEMENT ANNUALLY AFFIRMING THAT THERE HAVE BEEN NO INSTANCES OVER THE PREVIOUS YEAR MAKING THEM OUT OF COMPLIANCE WITH THE GUIDELINES DETAILED IN THE COOPERATIVE CONFLICT OF INTEREST POLICY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	THE COMPLETED FORM 990 IS REVIEWED FOR ACCURACY BY HE CHIEF EXECUTIVE OFFICER, THEN PRESENTED TO THE BOARD OF TRUSTEES FOR APPROVAL BEFORE BEING EXECUTED AND FILED EACH YEAR