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DLN: 93493132023191

Form **990 Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2010

	ent of the Revenue S	•	► The organization may have to use a copy of this return to satisfy sta	te reporting	requirement	s Inspection
A Fo	r the 2	010 cal	endar year, or tax year beginning 01-01-2010 and ending 12-31-2010			
_	eck if ap	olicable	C Name of organization CIMARRON ELECTRIC COOPERATIVE INC			ridentification number
_	Iress cha	_	Doing Business As		73-019	5455
_	ne chan				E Telephon	ne number
_	ıal returr	·	Number and street (or P O box if mail is not delivered to street address) PO BOX 299	Room/suite	(405) 3	75-4121
_	mınated				G Gross rece	eipts \$ 25,875,749
_	ended re		City or town, state or country, and ZIP + 4 KINGFISHER, OK 737500299		G G1033 1CCC	cipts \$ 25,075,745
J App	lication	pending				
			F Name and address of principal officer	H(a) Is this a	group return for a	ffiliates? Yes No
				H(b) Are all a	affiliates include	ed?
						ist (see instructions)
I Ta	x-exemp	t status	「 501(c)(3)	H(c) Group	exemption	number 🟲
J W	ebsit e:	► WW\	N CIMARRONELECTRIC COM			
K Forr	n of oraz	nızatıon	✓ Corporation Trust Association Other ►	L Year of form	nation 1936	M State of legal domicile OK
	rt I	Sumr		E rear or ion	Hation 1990	Protate of legal dofficies of
			scribe the organization's mission or most significant activities			
a	エ	O PROV	IDE ELECTRICITY TO MEMBERS			
Š	_					
Activities & Governance						
ž0,			s box 🔭 if the organization discontinued its operations or disposed of	more than 25	5% of its net	t assets ı
×6			f voting members of the governing body (Part VI, line 1a)		3	
Ges			findependent voting members of the governing body (Part VI, line 1b) aber of individuals employed in calendar year 2010 (Part V, line 2a)		5	
Ĭ			nber of mulviduals employed in calendar year 2010 (Part V, line 2a) .		6	
¥			elated business revenue from Part VIII, column (C), line 12		78	
	ьN	et unrel	ated business taxable income from Form 990-T, line 34		71	
				Prior	Year	Current Year
g _i	8		utions and grants (Part VIII, line 1h)			0
Revenue	9	-	n service revenue (Part VIII, line 2g)		23,622,891	
益	10		nent income (Part VIII, column (A), lines 3, 4, and 7d) evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,735	
	11 12		evenue —add lines 8 through 11 (must equal Part VIII, column (A), line		131,560	44,784
		12) .			23,808,186	25,607,177
	13		and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14		s paid to or for members (Part IX, column (A), line 4)			0
\$	15	10)	s, other compensation, employee benefits (Part IX, column (A), lines 5-		268,559	293,491
Expenses	16a	Profess	ional fundraising fees (Part IX, column (A), line 11e)			0
ਡੌ	ь	Total fun	draising expenses (Part IX, column (D), line 25) ▶0			
	17		xpenses (Part IX, column (A), lines 11a-11d, 11f-24f)		21,894,587	
	18		xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)		22,163,146	
- m	19	Kevenu	e less expenses Subtract line 18 from line 12	Reginning	1,645,040 of Current	
Not Assets or Fund Balances					ar	End of Year
asse Bak	20		ssets (Part X, line 16)		65,611,497	
det.	21		abilities (Part X, line 26)		43,720,183	' ' '
	22		sets or fund balances Subtract line 21 from line 20		21,891,314	24,808,187
Par Under know	t III	Signa ies of pe	ature Block rjury, I declare that I have examined this return, including accompanying schit is true, correct, and complete. Declaration of preparer (other than officer)	edules and sta	atements, and	d to the best of my
	Т			ı		
c:		***** Signat	* ure of officer	201 Dat	.1-04-28 te	
Sign Here		Γ - ι	BOMHOFF PRESIDENT	Dat		
			or print name and title			
		rint/Type	CEAN P DINAHAY CDA I TELEVISIONE CEAN P DINAHAY CDA I DUC	- -	Check if self-	_ PTIN
Paid		reparer's irm's nam	name SEAN B DUNAHAY CPA SEAN B DUNAHAY CPA 201. DE ► BRISCOE BURKE & GRIGSBY LLP	1-05-12	employed 🕨	Firm's EIN
Prepa		irm's add	ress • 4120 EAST 51ST STREET SUITE 100			+
Use (Only		TULSA, OK 741353633			Phone no (918) 749-8337
			. 5 25 1 7 1 2 5 5 5 5 5			i

	(202	· /			rage Z
Par		tement of Program Service			
1	Briefly de	scribe the organization's mission			
_		LECTRICITY TO MEMBERS			
2			program services during the year wh		┌ Yes ┌ No
	If "Yes," d	escribe these new services on Scheo	iule O		
3		ganization cease conducting, or mak	e significant changes in how it condu	cts, any program	┌ Yes ┌ No
	If "Yes," d	escribe these changes on Schedule	0		
4	Section 5	01(c)(3) and 501(c)(4) organizations	r each of the organization's three larg s and section 4947(a)(1) trusts are r evenue, if any, for each program serv	equired to report the am	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	TO PROVID	E ELECTRICITY TO MEMBERS	,	, ,	,
	-				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	O ther pr	ogram services (Describe in Schedu	le O)		
	(Expense) (Revenue \$)
4e	Total pro	gram service expenses►\$			

			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</i> "Yes," complete Schedule C, Part II	4		
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		No
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		No
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		No
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	Yes	
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		No
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	Yes	
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		N o
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		

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		No
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	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? If "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		Νο
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? If "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	Yes	
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 Tyes Vo			
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Dort V	Statemente Begardie	ng Other IRS Filings and Tax Compliance
rait v j	Statements Regarding	ny Other Iks Filmys and rax Comphance

	990 (2010)			Page 5
Pai	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		165	140
	1a 1:	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	ĺ		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
-	organization solicit any contributions that were not tax deductible?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
u	services provided to the payor?	74		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		
d	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	_		
f	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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 10b	-		
_	facilities	1		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	5		
U	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

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.

Check if Schedule O contains a response to any question in this Part VI										. 모	•
-------------------------------------------------------------------------	--	--	--	--	--	--	--	--	--	-----	---

Se	ction 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			
h	Enter the number of voting members included in line 1a, above, who are			
	Independent 1 1 1 9			
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		N o
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		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	governing body?	7b	Yes	
		70	162	
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	
b	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		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	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		
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? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	res	
·	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	
b	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		Νο
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		
	Let the Chates with which a consentative forms 000 to measured to be filed to 0.4			
17	List the States with which a copy of this Form 990 is required to be filed ►OK			
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. Upon request			
4.0	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CIMARRON ELECTRIC COOPERATIVE

PO BOX 299

KINGFISHER, OK 73750

(405) 375-4121

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

- 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 organiz	•	lated or	ganı	zatio	ncc	mpen	sate	d any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours	Posi t	((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)	Cfficei Officei Institutional Trustee Individual trustee or director		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	
(1) JIM SIMMIONS SECRETARY	3 00	х						10,600	0	0
(2) TOM KLOEPPEL DIRECTOR	3 00	х						8,050	0	0
(3) FRED FROUST DIRECTOR	3 00	Х						7,450	0	0
(4) GENE PETERS DIRECTOR	3 00	х						7,450	0	0
(5) MIKE BOMHOFF PRESIDENT	3 00	х						7,300	0	0
(6) RON SPROUL TREASURER	3 00	Х						7,150	0	0
(7) RUSSELL POLLARD V P	3 00	Х						7,000	0	0
(8) FLOYD DRIEVER DIRECTOR	3 00	Х						7,000	0	0
(9) BILL CLESTER DIRECTOR	3 00	Х						4,500	0	0
(10) MARK SNOWDEN GEN MANAGER	40 00			х				109,085	0	26,856
(11) PETE ADAMS CHIEF FINANC	40 00			х				70,248	0	20,802
										_
										_

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

	(A) Name and Title	(B) Average hours	Posi t			II		(E) Reportable compensation	ו ה	(F) Estima amount o	ated fother	
		week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee or clirector		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from t organizati relato organiza	:he on and ed		
1b	Sub-Total				٠.	 	 			+		
С	Total from continuation sheets					 -						
d	Total (add lines 1b and 1c) .						١	245,833				47,658
2	Total number of individuals (incl \$100,000 in reportable compen	•			ted	above) who	received more tha	n			
											Yes	No
3	Did the organization list any fori on line 1a? <i>If</i> "Yes," complete Sch				eye •	mploy •	ee, o	r highest compensa	ated employee	3		No
4	For any individual listed on line : organization and related organization individual	•	•					•		4		N o

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

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

(A) Name and business address	(B) Description of services	(C) Compensation
UTILITY PLUS INC PO BOX 461 KINGFISHER, OK 73750	CONSTRUCTION	791,931
NORTHEAST RURAL SERVICES PO BOX 399 VINITA, OK 74301	TREE CLEARING	658,036

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 ►2

Νo

5

Form 9 Part \			ue.				Pa	ge 9
		Statement of Reven			(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	b c d e f	Federated campaigns Membership dues Fundraising events	. 1c . 1d 1e , and 1f	Business Code				
Program Service Revenue		PROGRAM SERVICE REVENUE All other program service re Total. Add lines 2a-2f		Business Code	25,450,665 25,450,665			
	4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	empt bond proceeds	(II) Personal	85,024	85,024		
4	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi	(ı) Securities	(II) O ther 26,704 26,704	26,704			26,704
Other Revenue	b c 9a b	(not including \$ of contributions reported on See Part IV, line 18 Less direct expenses . Net income or (loss) from full Gross income from gaming at Less direct expenses .	line 1c) a b draising events • ctivities See Part IV, line 19 . a	b				
	10a b c	Net income or (loss) from garders sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales of the s	s a . b	303,935 268,572 Business Code	35,363 9,421		-51,965	87,328
	b c d e		· · · · · · · · · · · · · · · · · · ·		9,421			
		. Trai revenue: See Instructi			25,607,177	25,545,110	-51,965 rm 990 (20	

Part IX Statement of Functional Expenses

o no	l other organizations must complete column (A) but are not required to continuous amounts reported on lines 6b, 9, 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		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the				
	U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	293,491			
5	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
3	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
)	Other employee benefits				
0	Payroll taxes				
а	Fees for services (non-employees) Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses				
ŀ	Information technology				
5	Royalties				
5	Occupancy				
,	Travel				
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
•	Conferences, conventions, and meetings				
)	Interest	1,964,898			
L	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,957,660			
3	Insurance				
4	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	COST OF POWER	14,472,808			
b	DISTRIBUTION EXPENSE	2,591,533			
С	CUSTOMER SERVICE EXPENSE	1,124,631			
d	ADMINISTRATIVE EXPENSE	772,947			
е	TAXES	509,656			
f	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	23,687,624			
6	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				

Part X Balance Sheet (A) (B) Beginning of year End of year 34.619 1 198,308 2 38,448 2 3 3 3,368,235 3,573,335 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 7 8 313,464 60,733 76,264 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 69,449,482 10a Part VI of Schedule D 10b 12.027.403 54.866.787 ь Less accumulated depreciation 10c 57,422,079 11 11 6,959,662 12 7,989,385 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 7,997 15 8,018 15 16 65,611,497 16 69,305,837 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3,500,181 17 2,914,586 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 39.859.982 23 41.219.106 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 360.020 25 363.958 Other liabilities Complete Part X of Schedule D 44,497,650 26 43,720,183 26 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 28 Temporarily restricted net assets 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. 5 30 355,402 30 360.877 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 21.535.912 32 24,447,310 Retained earnings, endowment, accumulated income, or other funds ¥ 21,891,314 24,808,187 33 33 Total net assets or fund balances 65,611,497 34 Total liabilities and net assets/fund balances 69,305,837

Ра	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		25,6	507,17
2	Total expenses (must equal Part IX, column (A), line 25)	2			587,62
3	Revenue less expenses Subtract line 2 from line 1	3		1,9	919,55
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,8	391,31
5	Other changes in net assets or fund balances (explain in Schedule O)	5		g	97,32
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		24,8	308,18
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
b	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	Yes	
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	sued			
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		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		

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DLN: 93493132023191

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public

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	me of the organization ARRON ELECTRIC COOPERATIVE INC		Employ	er identificat	ion numbe	er
			73-01			
Pa	rt I Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		unds or	Accounts.	Complet	te if the
		(a) Donor advised funds	(b)	Funds and ot	her accou	nts
	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 advi- funds are the organization's property, subject to the		nor advise	d	☐ Yes	√ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for a	ny other p		☐ Yes	√ No
a	rt II Conservation Easements. Complete	<u>if the organization answered "Yes" t</u>	o Form 9	990, Part IV	<u>, lıne 7.</u>	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	certified h	istoric struct	•	a
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his		2c			
d	Number of conservation easements included in (c) a		2d			
	Number of conservation easements modified, transfe			organization	luring	
	the taxable year	rred, released, extinguished, or terminate	ed by the	organization t	iuiiiig	
	· ————					
	Number of states where property subject to conserva					
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of vi	olations, and	☐ Yes	✓ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents duri	ng the year 🕨		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during t	he year ► \$ _		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion		☐ Yes	✓ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia				
ar	Complete if the organization answered '		or Othe	r Similar <i>F</i>	Assets.	
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in furth			€,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financia			
а	Revenues included in Form 990, Part VIII, line 1			► \$		

Part	411 Organizations Maintaining Co	llections of Art, I	Histo	<u>ori</u>	<u>cal Treasur</u>	res, or (<u> </u>	r Simila	r Asse	ets (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any c	ofthe	foll	owing that are	a sıgnıfıc	ant us	se of its c	ollection	n	
а	Public exhibition		d	Γ	Loan or exch	ange prog	rams				
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explain	how t	the	y further the or	rganızatıo	n's ex	empt pur	oose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ılar	Г	Yes	▼ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					answere	ed "Ye	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r other as:	sets r	not	Γ	Yes	▽ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fol	llowin	g ta	able	ſ			A mou	ınt	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year					ľ	1e				
f	Ending balance					ľ	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	217			ı			Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV								·		·
	t V Endowment Funds. Complete	f the organization a								N F V	Dl-
1a	Beginning of year balance	(a)Current Year	(b) Pr	rior	rear (c)IWo	Years Back	(a)	Three Years	васк (е	e)Four Ye	ears Back
 b	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	r end balance held as									
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organizati	on th	at a	are held and ac	dministere	d for	the			г
	organization by (i) unrelated organizations								3a(i)	Yes	No No
	(ii) related organizations			•			٠.		3a(ii)		No
b	If "Yes" to 3a(II), are the related organizatio								3b	<u> </u>	No
4	Describe in Part XIV the intended uses of th	e organization's endov	wmen	t fu	nds						
Par	t VI Investments—Land, Buildings	s, and Equipment	t. Se	e F	orm 990, Pa	rt X, line	10.				
	Description of investment				a) Cost or other isis (investment)	(b)Cost o basis (o			ımulated cıatıon	(d) B	ook value
1a	Land										
	Buildings										
c	Leasehold improvements		.			1					
d	Equipment		.			1					
	Other										
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, column	(B), I	line	10(c).)	·		•			

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)O ther		
(A) INVESTMENTS IN ASSOCIATED ORG'S	7,989,385	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	7,989,385	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(-,	(-,	Cost or end-of-year market value
	1	
10 1011 (00 1011) (0, 00 101) (0, 00 101)	• 45	
Part IX Other Assets. See Form 990, Part X, II (a) Descri		(b) Book value
(a) Descri	ption	(b) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)	.
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
<u>-</u>	(b) Amount	
Federal Income Taxes		
OTHER LIABILITIES	363,958	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	363,958	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,607,177
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,687,624
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,919,553
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	1,031,400
9	Total adjustments (net) Add lines 4 - 8	9	1,031,400
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,950,953
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	26,638,577
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
ь	Donated services and use of facilities	1	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 1,031,400		
e	Add lines 2a through 2d	2e	1,031,400
3	Subtract line 2e from line 1	3	25,607,177
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	25,607,177
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	
1	Total expenses and losses per audited financial statements	1	23,687,624
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	-	
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
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	23,687,624
4	A mounts 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		
ь	Other (Describe in Part XIV) 4b	7	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	23,687,624
Pai	rt XIV Supplemental Information	•	

- Supplemental Information

		3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, XIII, lines 2d and 4b Also complete this part to provide any
Ident if ier	Return Reference	Explanation
	Return Reference SCHEDULE D, PAGE 3, PART X	IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BO ARD ("FASB") ISSUED INTERPRETATION NO 48 ("FIN 48"), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES FIN 48 PRO VIDES DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH STATEMENT OF FINANCIAL ACCOUNTING STANDARDS 740-10-25, ACCOUNTING FOR INCOME TAXES FIN 48 REQUIRES AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IN TAX POSITION WILL BE SUSTAINED UPON EXAMINATION IF THE TAX POSITION MEETS THE MORE-LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION IF THE TAX POSITION MEETS THE MORE-LIKELY-THAN-NOT RECOGNIZED AT THE LARGEST AMOUNT OF THE BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT ANY DIFFERENCE BETWEEN THE TAX POSITION TRESHOLD, THE TAX EFFECT IS RECOGNIZED AT THE LARGEST AMOUNT OF THE BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT ANY DIFFERENCE BETWEEN THE TAX POSITION FALSEN IN THE FINANCIAL STATEMENTS USING THE CRITERIA ABOVE RESULTS IN THE RECOGNIZED ON THE FINANCIAL STATEMENTS FOR THE UNRECOGNIZED IN THE FINANCIAL STATEMENTS FOR THE UNRECOGNIZED BENEFIT SIMILARLY, IF A TAX POSITION TAILS TO MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT TAKEN IN THE TAX RETURN WILL ALSO RESULTS IN THE FECOGNIZED DENFIT SIMILARLY, IF A TAX POSITION FAILS TO MEET THE UNRECOGNIZED BENEFIT FINA 48 BECAME EFFECTIVE JANUARY 1, 2007 FOR PUBLIC COMPANIES AND NONPUBLIC COMPANIES ON DECEMBER 30, 2008, THE FASB ISSUED FASB STAFF POSITION OF A LIABILITY IN THE FINANCIAL STATEMENTS FOR THE FULL AMOUNT OF THE UNRECOGNIZED BENEFIT FINA ARE UNDER EFFECTIVE JANUARY 1, 2007 FOR PUBLIC COMPANIES AND NONPUBLIC COMPANIES ON DECEMBER 30, 2008, THE FASB ISSUED FASB STAFF POSITION (FSP) FINASCALLY SEFFECTIVE JANUARY 1, 2007 FOR PUBLIC COMPANIES AND ONTO THE SEFFECTIVE JANUARY 1, 2007 FOR PUBLIC COMPANIES AND OTHER SETTION OF FINASCALLY SETTION OF FINASCALLY SET
RECONCILIATION OF CHANGES OTHER	- SCHEDULE D, PAGE 4, PART XI, LINE 8	ACCRUAL BASIS CAPITAL CREDITS 1,010,754 EQUITY GAIN IN SUB 20,646
	IN SCHEDULE D, PAGE 4, PART XII, LINE 2D	ACCRUAL BASIS CAPITAL CREDITS 1,010,754 EQUITY GAIN IN SUB 20,646 Schedule D (Form 990) 2010

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2010

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SCHEDULE 0 (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 CIMARRON ELECTRIC COOPERATIVE INC **Employer identification number**

73-0195455

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	YES

ldentifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	YES

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	REVIEW AND/OR APPROVAL BY ENTIRE BOARD PRIOR TO FILING

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION PERIODICALLY REVIEWS ITS CONFLICT OF INTERESTS POLICY WITH EMPLOYEES AND DIRECTORS

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	l ' '	THE ORGANIZATION UTILIZES INFORMATION SUCH AS INDUSTRY INFORMATION, WAGE STUDIES, COMPENSATION COMMITTEE'S, ETC AS DEEMED NECESSARY

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE ORGANIZATION UTILIZES INFORMATION SUCH AS INDUSTRY INFORMATION, WAGE STUDIES, COMPENSATION COMMITTEE'S, ETC AS DEEMED NECESSARY

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST

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DLN: 93493132023191

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

nme of the organization MARRON ELECTRIC COOPERATIVE INC				Employer iden	tification number		
				73-0195455			
art I Identification of Disregarded Entities (Compl	ete ıf the organızatı	on answered "Yes"	' on Form 990, Pa	art IV, line 33.)	<u> </u>		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t	zations (Complete he tax year.)	ıf the organization	n answered "Yes"	on Form 990, Part	IV, line 34 becau	se it had	l one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(controlled organization	
						Yes	No
						+	
						+	-
or Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.	Cat No 50	1 0135Y	1	Schedule R (Form 990) 2010

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct cor	(d) (e) Direct controlling Type of (C corp, or tru		Share of corp,				(g) Share of end-of-year assets		(h) Percentage ownership	
					1	I								

(5)

(6)

Part	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Pai	rt IV, line 34, 35, 3	5A, or 36.)		
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Duri	ng the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b 6	ıft, grant, or capıtal contribution to other organization(s)			1b		No
c G	ıft, grant, or capıtal contribution from other organization(s)			1 c		No
d L	oans or loan guarantees to or for other organization(s)			1d	Yes	<u> </u>
e L	oans or loan guarantees by other organization(s)			1e	Yes	
f S	ale of assets to other organization(s)			1 f		No
g P	urchase of assets from other organization(s)			1 g		No
h E	xchange of assets			1h		No
i L	ease of facilities, equipment, or other assets to other organization(s)			1i		No
j L	ease of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		No
k P	erformance of services or membership or fundraising solicitations for other organization(s)			1k		No
I P	erformance of services or membership or fundraising solicitations by other organization(s)			11		No
m S	harıng of facılıtıes, equipment, mailing lists, or other assets			1m		No
n S	haring of paid employees			1n		No
o R	eimbursement paid to other organization for expenses			10		No
p R	eimbursement paid by other organization for expenses			1 p		No
q C	ther transfer of cash or property to other organization(s)			1q		No
r O	ther transfer of cash or property from other organization(s)			1 r		No
	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	ncluding covered relat	ionships and transacti	on thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		ount
(1) CEC	SERVICES INC	D	21,242			
	SERVICES INC	E	115,557			
(3)						
(4)						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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