

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



# Form **990**

# **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

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to eatisfy state reporting requirements

Open to Public

_	A For the 2010 calendar year, or tax year beginning JANUARY 1 , 2010, and ending DECEMBER 31 , 20 10													
В		f applicable	C Name of organization						-8 0101		nployer iden		umber	
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_	-		STEPHEN BRYAN				<u>-</u>				ites included		ı ∐ No	
<u> </u>		mpt status	501(c)(3)	<del></del>	c)( 12 ) <b>~</b>	(insert no ) L	4947(a)(1) or	<u></u> 527			ach a list (se		15)	
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K			Corporation Tr	ust L Assoc	ciation [ ] Ot	her 🕨	L Y	ear of form	ation 1945	<u> </u>	State of lega	I domicile	ОК	
L	art i	Summ												
	1	-	escribe the organiz			-								
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£.∪.){ Governance						••••								
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		Number	of voting members	s of the gove	erning boo	ly (Part VI,	lıne 1a) .			. L	3		7	
ON L C Activities &	4	Number	of independent vo	ting membe	ers of the g	joverning b	ody (Part Vi	, line 1b)			4		7	
ڳ ٻ	5	Total nur	nber of individuals	employed	ın calenda	r year 2010	) (Part V, line	e 2a) .		. $\Gamma$	5		58	
<u> </u>	6	Total nur	nber of volunteers	(estimate if	necessar	y)					6		0	
الال Acti	7a	Total unr	elated business re	venue from	Part VIII,	column (C),	line 12 .			. 7	7a		26,421	
<u> </u>	Ь	Net unre	ated business tax	able income	from For	m 990-T, lii	ne 34			. 7	7b		25,421	
Sevenue -	<u> </u>								Prior '	/ear		Current Ye	ar	
<u> </u>	8	Contribu	tions and grants (F	art VIII, line	1h)			[			0		0	
Ž	9		service revenue (F					1		31,598,	576	35,	838,026	
<i>3</i> 7 §	9 Program service revenue (Part VIII, line 2g)									34,0	645		112,607	
(S) œ	11		venue (Part VIII, co	-	•					1,365,8	828	1,	1,922,176	
	12		enue—add lines 8							32,999,0	049	37.	872,809	
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"	1 4-		other compensatio					,		3,649,4	441	3.	763,616	
Expenses	16a		onal fundraising fe								0		0	
Je L	ь		draising expenses			-			Sec. Alle	ا دستی	.11		<del></del>	
Ä	17		penses (Part IX, co				<u>,                                      </u>			28,387,	274	31	285,382	
	18	Total ext	penses Add lines	13–17 (must	enual Par	rt IX <del>-colum</del>	/ · · · · · · · · · · · · · · · · · · ·	-		32,036,			048,998	
	19	Revenue	enses Add lines less expenses. Si	ibtract line	18 from lin	2 R	ECEIVI	ED.	<del>                                     </del>	962,			,823,811	
5	+	ricvende	1033 CAPCHISCS. O	JDC ACC TITLE	10 110111 1111	-	<del></del>	<u> </u>	Bèginning of (			End of Yea		
ş	20	Total acc	ets (Part X, line 16	31		(32)		- 11	<del>() [</del>	75,902,			,985,802	
Asse	21	-	ulities (Part X, line			3095	IAY E & Z	U11		54,191,			,690,012	
Net Assets	22		ts or fund balance		line 21 fro	1 1			<del>^</del>	21,710,			,295,790	
	art II	<del></del>	ture Block	S. Subiraci	11116 21 110		GUEN.	111	<del>-</del> 1 .	- 1, 7 10,	000	24,	233,730	
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Part	111	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	· □									
1	Brie	fly describe the organization's mission:										
	TO MAKE ELECTRIC ENERGY AVAILABLE TO ALL MEMBERS OF THE COOPERATIVE AT THE LOWEST COST CONSISTENT WITH											
	SOL	UND ECONOMY AND GOOD MANAGEMENT										
2	Did	the organization undertake any significant program services during the year which were not listed on the										
_	prio	r Form 990 or 990-EZ?	√ No									
		'es," describe these new services on Schedule O.										
3		the organization cease conducting, or make significant changes in how it conducts, any program										
		rices?	<b></b> ✓ No									
		'es," describe these changes on Schedule O.										
4	501	cribe the exempt purpose achievements for each of the organization's three largest program services by expenses. So (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations, the total expenses, and revenue, if any, for each program service reported.										
4a	(Cod	de:) (Expenses \$including grants of \$) (Revenue \$)	)									
	DIS	TRIBUTION OF ELECTRICITY										
			<del>-</del>									
4b	(Cor	de:) (Expenses \$including grants of \$) (Revenue \$)										
76		The during grants of \$\psi										
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40	(Cod	de: ) (Expenses \$ including grants of \$ ) (Revenue \$ )										
70	,000	) (Liberises 4) (Expenses 4) (Nevenue 4)	,									
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4d		er program services. (Describe in Schedule O.) penses \$ including grants of \$ ) (Revenue \$ )										
4e		al program service expenses ▶										

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		✓
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> 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>	4		NA
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	·	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
С	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c	1	
	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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		NA

Part	Checklist of Required Schedules (continued)			-3-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	<b>√</b>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	_	<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a	-	VA
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		NA
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			Í
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	<b>√</b>
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		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
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? If "Yes," complete Schedule R, Part V, line 2	36		NA
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			•
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	

arı	Checklist of Required Schedules (continued)	,		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	<b>✓</b>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>✓</b>
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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	24d 25a		NA
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		NA
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		<b>✓</b>
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		<b>✓</b>
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>→</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>▼</b>
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		<u>√</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u></u>
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? If "Yes," complete Schedule R, Part V, line 2	36		NA
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? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		Forr	n 990	(2010)

Form **990** (2010)

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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	<u></u>		
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		<b>.</b> .	
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	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		✓ _
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	Ī	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>7</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		NA
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			10.
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	aifts were not tax deductible?	6b		NA
7	Organizations that may receive deductible contributions under section 170(c).			<del></del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		NA
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		1-71
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70	-	<b>V</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	<b>V</b>
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-	-	NA
g h		7g 7h	<u> </u>	NA
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<del>////</del>	<del> </del>	/V P
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	8		NA
_	organization, have excess business holdings at any time during the year?	-		NIL
9	Sponsoring organizations maintaining donor advised funds.			NA
а	Did the organization make any taxable distributions under section 4966?	9a		NA
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	NA
10	Section 501(c)(7) organizations. Enter:			'
а	Initiation fees and capital contributions included on Part VIII, line 12	l		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] NA			i
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources 2,237,414		1	
	against amounts due or received from them.)	١.,	-	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	NA
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?	13a	L	NA
	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	ļ		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	L.	<u>L</u> _	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓.
b	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		TA (A

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	es ın		edule
Socti	Check if Schedule O contains a response to any question in this Part VI	• •	•	· <u>V</u>
Secu	on A. Governing Body and Management		Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent		163	
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>✓</b>
6	Does the organization have members or stockholders?	6	<b>✓</b>	├—
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	./	İ
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	<del>                                     </del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		1
а	The governing body?	8a	~	1 -
b	Each committee with authority to act on behalf of the governing body?	8b		NA
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
	<b>-</b>		Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<b>/</b>
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		KA
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<del></del>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		NA
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		NA
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓_
15	Did the process for determining compensation of the following persons include a review and 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	✓	<u> </u>
b	Other officers or key employees of the organization	15b	✓	<del> </del>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16a	<b>√</b>	1
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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	)s onl	y) ava	ılable
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.		•	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization:   KIAMICHI ELECTRIC COOPERATIVE, INC., 966 SW HWY 2, WILBURTON, OK 74578	of the	) 	

Form 9	an ra	กากเ

Page 7

# 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. 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	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual troor director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) ROBERT WILLIAMS-PRESIDENT	7.96	1		<b>✓</b>				14,800		8,325
(2) LARRY CULWELL-VICE PRESIDENT	- 11.00	1		1				17,000		19,119
(3) DON PARR-SECRETARY/TREASURER	6.00	1		1				12,000		18,961
(4) RICHARD MEDLOCK-DIRECTOR	- 8.00	1						15,800		18,935
(5) DAVID RAY-DIRECTOR	6.15	1						11,800		19,119
(6) DALE SHAW-DIRECTOR	5.04	<b>✓</b>						11,000		8,323
(7) DOUG BINNS-DIRECTOR	5.46	1						12,400		18,976
(8) STEPHEN BRYAN-CEO	41.70			1	1	1		138,260		100,864
(9) JIM JACKSON-CFO	43.61			<b>✓</b>	1			87,452		36,000
(10)										
(11)										
(12)	-									
(13)										
(14)	-									
(15)	-									
(16)	-									

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	oyee	es, a	and	Highe	est	Compensated	<b>Employees</b>	(continue	ed)		
	(A) (B) (C) (D) (E)  Name and title Average Position (check all that apply) Reportable Reportable							F)						
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	nstitutional trustee	Officer	Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		othe compens		ı
(17)														
(18)														<del></del>
(19)		_					-							
(20)														
(21)														
(22)														
(23)													-	
(24)														
(25)														
(26)														
(27)														
(28)						ļ -								•
1b	Sub-total			•	•			▶	320,512				24	8,622
C	Total from continuation sheets to Part			•	٠	•	٠	<b>&gt;</b>	220 512					
d 2	Total (add lines 1b and 1c)	not limited				ted	above	e) w	/ho received m	ł	00,000 ıı	า	24	8,622
	reportable compensation from the organi	zation >											Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete the							emp	oloyee, or high	est compe	nsated	3	103	√
4	For any individual listed on line 1a, is the organization and related organizations individual											4	<b>✓</b>	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	dıvıdual 	5	•	1
Section	on B. Independent Contractors	· · ·							· · · · · · · · · · · · · · · · · · ·					
1	Complete this table for your five highest compensation from the organization	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100,0	000 of	·	
	(A) Name and business add	ress							(B) Description of s	ervices	Co	(C) ompens	ation	
	ESTERN ELEC CONTRACTORS LLC, 2215 W							-						1,718
	PROFESSIONAL TREE SVCS INC, 4831 OLD				UST	ON	, TX 🛅	-						6,208
	S POWERLINECONST INC, PO BOX 853, TAH IER TREE SERVICE INC, RR 1, KIOWA, OK 74		rk /44	CO	_			+	NE CONST/MAIN GHT-OF-WAY M					3,43 <u>3</u> 5,969
	MER RIGHT-OF-WAY SERVICES LLC, PO BOX		URTO	N, C	OK 7	457	8	-	GHT-OF-WAY M					0,618
2	Total number of independent contractor	rs (ıncludiı	ng bu	ut n	ot	lımı	ted to	o th						<del></del>
	received more than \$100,000 in compens	sation from	the o	rgar	niza	tion	<b>▶</b> 7	,						

Par	t VIII	Statement of Revenue					
1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at st	1a	Federated campaigns	1a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b				
S, g	С	Fundraising events	1c		l		
gift ar a	d	Related organizations	1d		1		
š, <u>E</u>	е	· 3 · · · · · · · · · · _	1e				
iti s	f	All other contributions, gifts, grants,					
혈축		and similar amounts not included above	1f		1		
ž ž	9	Noncash contributions included in lines 1a-1	***************************************		1		
	h	Total. Add lines 1a-1f					
E E			Business Code				<del>-</del>
Program Service Revenue	2a	SALES OF ELECTRICITY		35,838,026	35,838,026		
e T	Ь						
Š	C						
Se	d						
ra Ta	e						
õ	f	All other program service revenue					
	3	Total. Add lines 2a-2f	u de la contraction de la cont	35,838,026			
	3	and other similar amounts)		24 400			24 400
	4	Income from investment of tax-exem		31,199			31,199
	5		*				<u> </u>
	3	Royalties	(ii) Personal				
	6a	Gross Rents 191	<del>_   ` `  </del>				
	b	Less: rental expenses	399				
	C	Rental income or (loss) 191,	599				
	ď	Mat wantal was a second (loss)		191,599			191,599
	7a	Gross amount from sales of (i) Securities		101,000			131,333
		assets other than inventory	123,104	1	ŀ		
	ь	Less cost or other basis					
		and sales expenses .	41,697				
	С	Gain or (loss)	81,408				
	ď	Net gain or (loss)		81,408	·	-	81,408
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
ţ	b	Less: direct expenses	b	Ì		l	
J		Net income or (loss) from fundrais				l	
		Gross income from gaming activities See Part IV, line 19	es.				
	b	Less: direct expenses	b	<u> </u>		ĺ	
	С	Net income or (loss) from gaming					
	10a	Gross sales of inventory, le returns and allowances	I I				
	b	Less. cost of goods sold	b		İ		
	<u> </u>	Net income or (loss) from sales of	<del></del>				
	44	Miscellaneous Revenue	Business Code	ļ			
	11a	NONOPERATING REVENUE		592			592
	b	G&T CAPITAL CREDITS		1,335,886			1,335,886
	C	OTHER CAPITAL CREDITS		367,678			367,678
i	đ	All other revenue	517000	26,421		26,421	<del></del>
	е 12	<b>Total.</b> Add lines 11a–11d <b>Total revenue.</b> See instructions.		1,730,577	35 030 035		0.000.000
	14	Total revenue. See instructions.		37,872,809	35,838,026	26,421	2,008,362

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 7b, 8	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,886,724			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	536,227			
9	Other employee benefits	1,179,354			_
10	Payroll taxes	161,311			
11	Fees for services (non-employees):		<u> </u>	,	
а	Management				
b	Legal	24,343			
C	Accounting	16,000			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	E0 200			
g 12	Other	50,209 42,594			
13	Office expenses	141,711			
14	Information technology	141,711			
15	Royalties		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
16	Occupancy	73,472			
17	Travel	173,160	·		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	132,545			
20	Interest	1,741,349			
21	Payments to affiliates		<del></del>		
22	Depreciation, depletion, and amortization .	2,388,652			
23	Insurance	128,757			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column	}			1
	(A) amount, list line 24f expenses on Schedule O.)				
а	TRANSPORTATION	514,034			
b	TAXES	682,205			
С	CONSUMER/MISC DEDUCTIONS	359,793			
d	MAINTENANCE OF LINES	2,195,701			
e	POWER COST	22,256,584			
f	All other expenses	364,273			
25	Total functional expenses. Add lines 1 through 24f	35,048,998			
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				

Р	art X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	60,779	1	40,666
	2	Savings and temporary cash investments	20,658	2	20,847
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	4,426,887	4	4,704,240
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	o	5	0
ফ	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)	0	- 6	0
Assets	7	Notes and loans receivable, net	0	7	
As	8	Inventories for sale or use	426,184	8	340,201
	9	Prepaid expenses and deferred charges	1,713,689		1,733,832
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 75,978,008			· · · · · · · · · · · · · · · · · · ·
	ь	Less: accumulated depreciation 10b 15,077,822	59,269,882	10c	60,900,186
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	9,034,843	13	10,507,009
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	949,837	15	738,821
	16	Total assets. Add lines 1 through 15 (must equal line 34)	75,902,759	16	78,985,802
	17	Accounts payable and accrued expenses	6,917,907	17	5,013,624
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.	<del></del>		
_		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	37,937,902	23	40,104,982
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	9,336,100	25	9,571,406
	26	Total liabilities. Add lines 17 through 25	54,191,909	26	54,690,012
Ş		lines 27 through 29, and lines 33 and 34.			
<u>la</u>	27	Unrestricted net assets	0	27	0
89	28	Temporarily restricted net assets	0	28	0
Net Assets or Fund Balances	29	Permanently restricted net assets	0	29	0
3	30	Capital stock or trust principal, or current funds	81,720	30	81,790
se	31	Paid-in or capital surplus, or land, building, or equipment fund	962,334	$\rightarrow$	2,823,811
As	32	Retained earnings, endowment, accumulated income, or other funds .	20,666,796	32	21,390,189
det	33	Total net assets or fund balances	21,710,850		24,295,790
~	34	Total liabilities and net assets/fund balances	75,902,759		78,985,802

Form **990** (2010)

Form 99	00 (2010)			Pa	ige <b>12</b>		
Part	Reconciliation of Net Assets 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		37,87	2,809		
2	Total expenses (must equal Part IX, column (A), line 25)	2		35,04	8,998		
3	Revenue less expenses. Subtract line 2 from line 1						
4							
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-23	8,871		
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		24,29	5,790		
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		. <u>.</u> .				
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," ex Schedule O.	plain ın		Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1/1			
b	Were the organization's financial statements audited by an independent accountant?		2b	7	$\overline{}$		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	_	2c		1		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yellissued on a separate basis, consolidated basis, or both:	ar were					
•	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	£audh ua		_			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in	1	1 1	i		

Form **990** (2010)

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

nswered "Yes," to Form 990,

Employer identification number

2c

2d

Department of the Treasury Internal Revenue Service  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 Inspection

OMB No 1545-0047

KIAMICHI ELECTRIC COOPERATIVE, INC 73-0539216 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year . . . . 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a Total acreage restricted by conservation easements . . . . . . . . . 2b

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
 Number of states where property subject to conservation easement is located ►

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Number of conservation easements on a certified historic structure included in (a) . . . .

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Page	2
------	---

Part									
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and o	ther reco	rds, d	check any of th	e follow	ving that are a	significan	t use of its
а	☐ Public exhibition		d	П	Loan or exchai	nge pro	grams		
b	Scholarly research		е		Other		-		
С	☐ Preservation for future generations			_					
4	Provide a description of the organization	n's collections	and expl	aın h	ow they further	the org	anızatıon's exe	empt purp	ose ın Part
	XIV.								
5	During the year, did the organization so								
	assets to be sold to raise funds rather th								es 🗌 No
Part						answei	red "Yes" to I	Form 990	, Part IV,
	line 9, or reported an amount of								
1a	Is the organization an agent, trustee, c								
	included on Form 990, Part X?							·   Y	es 🗌 No
b	If "Yes," explain the arrangement in Part	XIV and comp	lete the f	ollow	ing table:			Amount	
_	Danisana kalana					-	<del>                                     </del>	Amount	
C	Beginning balance					1c	<del></del>		
d	Additions during the year Distributions during the year					1e	+		<del></del>
e f	Ending balance					1f			
2a	Did the organization include an amount							. 🗆 🗆 Y	es 🗌 No
	If "Yes," explain the arrangement in Part		Q1 ( 71, 1111	021.					
Par			zation a	nswe	red "Yes" to F	orm 9	90. Part IV. lir	ne 10.	_
		(a) Current year		or yea			(d) Three years ba		r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses		ļ						
9	End of year balance	<del></del>						ł	
2	Provide the estimated percentage of the	year end balar	nce held	as:					
a	Board designated or quasi-endowment	<b>&gt;</b>	%						
b	Permanent endowment ▶	_%							
C	Term endowment ▶ %  Are there endowment funds not in the p	annonnian of t	ho oracn	.zotio	n that are hold	and ad	ministered for	tha	
3a	organization by:	ossession or t	ne organ	izaliU	ii tilat ale lielu	and au	illilistered for	ule	Yes No
	(i) unrelated organizations							. 3a(i)	163 140
								. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organization			on Sc	chedule R?			. 3b	
4	Describe in Part XIV the intended uses of								<u> </u>
Part								· · · · · · · · · · · · · · · · · · ·	
	Description of investment	(a) Cost or o		(b) (	Cost or other basis (other)		Accumulated epreciation	(d) Boo	ok value
1a	Land				157,952		····	<del> </del>	157,952
b	Buildings				1,307,594		611,841		695,753
С	Leasehold improvements								
d	Equipment				3,312,625		2,134,376		1,178,249
<u>e</u>	Other			1	71,199,837		12,331,605		58,868,232
Total.	Add lines 1a through 1e (Column (d) mu	st equal Form 9	990, Part	Х, со	lumn (B), line 10	)(c).) .	<b>.</b>		60,900,186

Part VII	Investments - Other Securities.	See Form 990, Part X,	ine 12.		
(a	Description of security or category (including name of security)	(b) Book value	c	(c) Method of values of or end-of-year m	
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other		-			
(A)					
(B)					
(C)					
(D)					
(E) (F)					
(G)					
(H)					<del></del>
(1)					
	(b) must equal Form 990, Part X, col. (B) line 12.)			<del></del>	<del></del>
Part VIII	Investments—Program Related	See Form 990 Part X	line 13		
	(a) Description of investment type	(b) Book value		(c) Method of values of or end-of-year m	
(1) INV-ASS	SOC ORGS-PATRONAGE CAPITAL	9,627,028	COST	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	L TERM CERTIFICATES	851,891	<del></del>		
	HER ASSOC ORGS	28,090			
(4)	-			<del></del>	
(5)					<del> </del>
(6)		•			
(7)					
(8)					
(9)	<del></del>			<del></del>	
(10)					<del></del>
	(b) must equal Form 990, Part X, col. (B) line 13.)	10,507,009		<del> </del>	
Part IX	Other Assets. See Form 990, Pa				
	<del></del>	) Description			(b) Book value
<del></del>	DEPOSITS ATORY ASSETS		·		260
	ATURY ASSETS	<del>.</del>			738,561
(3)					
(4)	<del></del>				
(6)					
(7)			<del></del>		
(8)					
(9)					
(10)					
Total. (Colu	mn (b) must equal Form 990, Part X, co	• •		•	738,821
Part X	Other Liabilities. See Form 990,	Part X, line 25.			
1.	(a) Description of liability	(b) Amount			
	income taxes	<del></del>			
	NS & EQUITIES	1,710,579			
	PROV-EMP POST RETIREMENT BNFTS	5,688,779	٠		
	MER DEPOSITS	1,181,004			
	ED SICKANNIAL LEAVE	91,156			
	ED SICK/ANNUAL LEAVE ED MISC LIABILITIES	291,976 16,655			
	ED CAPITALIZED LABOR	56,453			
	RTIZED GAIN	534,804			
(10)		334,004			
(11)					
	(b) must equal Form 990, Part X, col (B) line 25)	9,571,406			
	SC 740) Footnote In Part XIV provide		he organization's	financial eteter	serie that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schędu	e D (Form 990) 2010		Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Staten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine		10
Part			
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		4.4.4
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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	40	
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b		<del>  -</del>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
	XIII Reconciliation of Expenses per Audited Financial Statem		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		사 · · · · · · · · · · · · · · · · · · ·
a	Donated services and use of facilities	2a	- 100 mm mm mm mm mm mm mm mm mm mm mm mm m
b	Prior year adjustments	2b	
	Other losses		
c d	Other (Describe in Part XIV.)	<del>                                     </del>	
e	Add lines 2a through 2d	<del></del>	<del></del>
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,	#1. #1. v
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
C			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
Part		<del>5 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7</del>	1 3 1
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, Iditional information.		
			··

Schedule D (For	990) 2010 Page
Part XIV	990) 2010 Supplemental Information (continued)
•••••	
<b></b>	
<b></b>	

Schedule D (Form 990) 2010

#### **SCHEDULE J** (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KIAMICHI ELECTRIC COOPERATIVE, INC

Employer identification number

73-0539216

Part	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a. Complete Part III to pro	vided any of the following to or for a person listed in Form ovide 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			
	_	☐ Health or social club dues or initiation fees			
	<b>—</b>	Personal services (e.g., maid, chauffeur, chef)			
	• •	, • , ,			
b	If any of the boxes on line 1a are checked, did the	e organization follow a written policy regarding payment			
		enses described above? If "No," complete Part III to			
			1b		
2		reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director,	regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization				
	organization's CEO/Executive Director. Check all that	at apply.			
		Written employment contract			
	_	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year did any navion listed in Farm 200 f	Donk VIII. On the A. Ivan die oorde oor ook to the Cl			
4	During the year, did any person listed in Form 990, Forganization or a related organization:	Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control	payment from the organization or a related organization?	4a		1
b	Participate in, or receive payment from, a supplement	ntal nonqualified retirement plan?	4b		1
С	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		1
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations				
5	For persons listed in Form 990, Part VII, Section A, II	ine 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:				
a	The organization?		5a		
b			5b		
•	If "Yes" to line 5a or 5b, describe in Part III.	. 4 111	Ì		
6	For persons listed in Form 990, Part VII, Section A, In compensation contingent on the net earnings of	ine 1a, did the organization pay or accrue any			
_					
a b	The organization?		6a	-	
U	Any related organization?		6b		
7		A, line 1a, did the organization provide any non-fixed	-		
•	payments not described in lines 5 and 6? If "Yes " d	escribe in Part III	7		
8		aid or accrued pursuant to a contract that was subject		$\dashv$	
•	to the initial contract exception described in R	legulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	· · · · · · · · · · · · · · · · · · ·	8		
9	If "Yes" to line 8, did the organization also follo	by the rebuttable presumption procedure described in	-		

Regulations section 53.4958-6(c)?

9

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VIII, line 1a.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	oldoxotooN (Q)	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
STEPHEN BRYAN	Ξ	138,260			114,036	19,341	271,637	
-	(ii)							
	(1)							
8	Ξ	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,				
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10	(E)							
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16	€							

Schedule J (Form 990) 2010

	art for						:							10) 2010
	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.													Schedule J (Form 990) 2010
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	o, 6a, 6													
	5a, 5t		* * * * * * * * * * * * * * * * * * *											
	1b, 4c,		* * * * * * * * * * * * * * * * * * *											
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Part III	completiny addi				8 8 9 9 9 9 9									

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

Open to Public Inspection

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

► Attach to Form 990 or 990-EZ.

KIAMICHI ELECTRIC COOPERATIVE, INC	73-0539216
PART VI, SECTION A, LINE 9	
ROBERT WILLIAMS, PO BOX 239, BLANCO, OK 74528	
LARRY CULWELL, RR 1 BOX 260-A, BOKOSHE, OK 74930	
DON PARR, RR 2 BOX 125, MCALESTER, OK 74501	
RICHARD MEDLOCK, PO BOX 36, WHITESBORO, OK 74577	
DAVID RAY, PO BOX 70, EUFAULA, OK 74432	
DALE SHAW, HC 64 BOX 3870, TUSKAHOMA, OK 74574	
DOUG BINNS, 208 MOUNTAIN VIEW RD, POTEAU, OK 74953	
PART VI, SECTION B, LINE 11B	
THE FORM 990 IS REVIEWED BY THE CEO AND CFO.	
PART VI, SECTION C, LINE 19	
GOVERNING DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUE	ST.
AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE ANNUAL MEETING NEWSLETTER AND U	PON REQUEST.
<u></u>	
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