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# 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

**Open to Public** 

Department of the Treasury Inspection Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 20 10 January 1 2010, and ending December 31 C Name of organization SOUTHEAST ELECTRIC COOPERATIVE, INC D Employer identification number В Check if applicable Doing Business As Address change 81-0228814 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change P O BOX 369 406-775-8762 Initial return City or town, state or country, and ZIP + 4 Terminated EKALAKA, MT 59324-0369 G Gross receipts \$ 3,993,648 Amended return F Name and address of principal officer JACK E HAMBLIN, GEN MANAGER □ Application pending H(a) Is this a group return for affiliates? Yes No SAME AS ABOVE H(b) Are all affiliates included? 501(c)(3) 501(c) ( 12 ) ◀ (insert no ) ☐ 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status SEECOOP.COM Website: ▶ Group exemption number Form of organization Corporation Trust MT Association ☐ Other ► M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: MISSION STATEMENT: THROUGH DEDICATION, COOPERATION, COMMUNITY 'VOLVEMENT AND LOCAL CONTROL, WE PROVIDE SAFE, DEPENDABLE, AFFORDABLE Activities & Governance ENERGY AND INNOVATIONS OR THE BETTERMENT OF OUR MEMBERS - TO IMPROVE THE QUALITY OF LIFE AND CREATE A BRIGHTER FUTURE FOR A.L. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) . . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 5 11 Total number of individuals employed in calendar-year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) RECEIVED Total unrelated business revenue from Partivill, column (C), line 12 6 0 7a 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h). 8 0 Program service revenue (Part VIII, line 2g) 5,345,130 3,960,425 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 30,795 20,713 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 170 11 -491 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,376,095 3,980,647 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 4,730 7,617 Benefits paid to or for members (Part IX, column (A), line 4) 14 7,249 6,879 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 999,155 1,164,004 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 h Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 3,619,163 2,413,701 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,630,297 3,592,201 19 Revenue less expenses. Subtract line 18 from line 12 745,798 388,446 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 9,500,388 9,269,232 21 Total liabilities (Part X, line 26) 3,511,065 3,071,801 22 Net assets or fund balances. Subtract line 21 from line 20 5.989.323 6,197,431 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Firue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Ø LSign Signature of officer Here KAREN KREITEL, SEC-TREASURER Type or print name and title Print/Type preparer's name Date Preparer's signature **∰**aid Check I if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

Part	Ш		t <b>of Program Serv</b> chedule O contain			on in this Part I			
1			he organization's n	<del> </del>	o any quoon	or in this rare.		• • • •	<u> </u>
					ment and loca	l control, we pro	vide safe, dependable affordabl	le energy ar	nd
							eate a brighter future for all.		
	Did th	he organizat	tion undertake any	significant pro	aram services	during the year	r which were not listed on the	<u></u>	
		Form 990 o						☐ Yes	✓ No
			these new service						
3		-	ation cease condu	-	•	•	w it conducts, any program		
		ces?				• • • • •		☐ Yes	☑ No
4			these changes on		ah af tha araa	unization's thros	largest program services by e		Continu
7	501(c	:)(3) and 501	(c)(4) organizations	and section 4	on or the orga 947(a)(1) trust:	inization's three s are required to	rargest program services by to report the amount of grants	and alloca	tions to
	others	s, the total e	expenses, and reve	nue, if any, for	each program	service reporte	ed.		
40	(Code		\ /Evpanson	1.000.501	ald. a. a. a. a.	0	0. \/D======	111011	
4a	Purch	ase of nowe	) (Expenses \$ er to distribute to our	1,886,521 IN	cluding grants	s or \$	0 ) (Revenue \$	114,041	. )
		iase of powe							
		· <b></b>							
4b	(Code	) <u>:</u>	) (Expenses \$	1,705,680 inc	cluding grants	of \$	0 ) (Revenue \$	3,835,422	)
	Buildi		tenance of distribut	ion power lines	to serve our m	ombore			
					· <b></b>				
4-	(0		\		<del></del>				
4c	(Code:	: 	) (Expenses \$	ind	cluding grants	of \$	) (Revenue \$	·	)
									·
								· <b></b>	,
							***************************************		
			vices. (Describe in	Schedule O.)					
	(Expen			g grants of \$		) (Revenue \$	)		
4e	Total p	program se	rvice expenses >		<del></del> _				

	00 (2010)			Page 3
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	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<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		
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		<i>'</i>
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,"			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	9		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10	1	<b>∀</b>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	7,7-		1001
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		
	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? If "Yes," complete Schedule D, Part VIII	11c		✓
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		✓
	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		<b>\</b>
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	-
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		<b>√</b>
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		✓
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		<b>✓</b>
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		<b>√</b>
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	-	<u>·</u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<b>√</b>
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		

Part	V Checklist of Required Schedules (continued)			-5-
			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	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	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	! 	<b>✓</b>
b c	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		<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		✓
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		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		<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>
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		1
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		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		<u>·</u> ✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		·
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	_	<del>*</del>
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		
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 "Yes," complete Schedule R, 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	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			,	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a 32		11. 12	Ē.,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		產業	-17/
С	Did the organization comply with backup withholding rules for reportable payments reportable gaming (gambling) winnings to prize winners?	to vendors and	1c	2.3	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		_ = 445	' - 2
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 13	35	F =	
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins		1111	7.	ļ .
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		Ė
4a	At any time during the calendar year, did the organization have an interest in, or a signature of		1		
74	over, a financial account in a foreign country (such as a bank account, securities account,				
	account)?		4a		<b>V</b>
b	If "Yes," enter the name of the foreign country.		11 = F 1	I -	1 / 3
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance			6- 5	,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00, and did the		İ	
b	organization solicit any contributions that were not tax deductible?	contributions or	6a		<b>✓</b>
	gifts were not tax deductible?		6b		1
7	Organizations that may receive deductible contributions under section 170(c).	•	100	7.7	-e_
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	د باقتاد ماکند		£.
	and services provided to the payor?		7a	-'	7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<del>                                     </del>	<del>'</del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property	or which it was	10		
	required to file Form 8282?		7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	31 12. * 2	1:52-7	100 S
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a	(3) supporting		77 - 27 72 <del>(</del> 5 2 25	e de la col
	organizations. Did the supporting organization, or a donor advised fund maintained by	y a sponsoring	1.		
	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:		霉		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	建连		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a 3,814,300			а-та- <u>ь</u> 1. —
b	Gross income from other sources (Do not net amounts due or paid to other sources	34,123			
	against amounts due or received from them.)	11b 34,123	1.12		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of f"Yes," enter the amount of tax-exempt interest received or accrued during the year.	of Form 1041?	12a	Take 1	. AME
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		B	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	· .427gf	7
a			ı Ja	.E 1. 5	3 1-Q_
ь	<b>Note.</b> See the instructions for additional information the organization must report on Schedule Enter the amount of reserves the organization is required to maintain by the states in which	50			
	the organization is licensed to issue qualified health plans	1495		الخوت	
С	Enter the amount of reserves on hand	13b			
		13c	点種·	[五]	性生生
14a h	Did the organization receive any payments for indoor tanning services during the tax year?  If "Ves " has it filed a Form 720 to report these payments? If "No." provide an explanation in 6	· · · ·	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	cneaule U .	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			[V]
Sect	ion A. Governing Body and Management	<del></del>	<u>· · ·                                  </u>	<u> </u>
<u> </u>	ion A. doverning body and Management		res	No
1a b	Enter the number of voting members of the governing body at the end of the tax year 1a 6 Enter the number of voting members included in line 1a, above, who are independent . 1b 6			
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		<b>√</b>
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_		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	_	✓_
6	Does the organization have members or stockholders?	6	$\leftarrow$	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a v		
р	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b v		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		   	bil r Fire
a	The governing body?	8a v	_	
ь 9	Each committee with authority to act on behalf of the governing body?	8b v	+	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven		de.)	·
			res	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
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 v	/	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 mb 2 m		7, 1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a v		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b v		
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 v		
13	Does the organization have a written whistleblower policy?	13 ✓	+	
14	Does the organization have a written document retention and destruction policy?	14 ✓	'+	<del></del>
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?			
a	The organization's CEO, Executive Director, or top management official	15a ✓	<u> </u>	
b	Other officers or key employees of the organization	15b ✓	0.5 10	***
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	(1983 ) 	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?	TEM T		
Section	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Montana			
18	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 only) a	avail	able
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict o and financial statements available to the public.	finteres	st po	licy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Southeast Electric Cooperative, Inc., 110 S Main St, Ekalaka, MT 59324 406-775-8762			

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

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

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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	anız	atic	n c	ompe	ensa	ated any currer	nt officer, director	r, or trustee
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	al 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) David Hayden	4 75							8,808	0	0
President	7,0	<b>✓</b>	ļ	✓			_	0,000	Ů	
(2) Erlend Laird	17							5,574	l ol	0
Vice President		✓		✓						
(3) Karen Kreitel	5			l				7,497	اه	0
Secretary/Treasurer		<b>✓</b>		✓			L	7,437	Ů	
(4) LeRoy Jardee Director	2 4	/						8,130	0	0
(5) Francis Hayes		<u> </u>								
Director	5	1			İ			7,454	0	0
(6) Herbert Schell	_									
Director	5	1						8,363	0	0
(7) Charles Guyer	_									
Vice President	5	✓		1				2,888	0	0
(8) Jack E Hamblin								100 540		
General Manager	40			1				106,546	이	92,312
(9)										
(10)										·
(11)										
(12)										
(13)										
(14)										
(15)										
(16)				-			$\dashv$			

Par	VII Section A. Officers, Directors, Trus	stees, Key	Empl	oye	es, a	and	High	est	Compensated	Employee	s (cont	ınued)
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average	Posit	ion (d		k all	that ap			Reportable compensation from		Estimated amount of
		hours per week	유전	Inst	Officer	<u>\$</u>	朝물	Former	from	relate		other
		(describe hours for	Individual trustee or director	Institutional trustee	မို	Key employee	nest	mer	the organization	organizat (W-2/1099-		compensation from the
		related	호프	) Na		탕	e con	1	(W-2/1099-MISC)		14.100,	organization
		organizations in Schedule	uste	trus		8	pen					and related organizations
		O)	ľ	66		İ	Highest compensated employee	l				organizations
(17)			-					$\vdash$				
								_		_		
(18)												
(19)											,	
(20)												
					-			-			-	
	·	-										<del></del>
(23)												
(24)									_			
(25)												
(26)												<del></del>
(0.7)												
(27)												
(28)												
1b	Sub-total	•			I ,	 	•	<b>•</b>		·		
C	Total from continuation sheets to Part	VII, Section	n A					▶				
d		<u> </u>						<b>.</b>	155,260		0	92,312
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) wl	ho received mo	ore than \$	100,00	0 in
	reportable compensation from the organiz	zation	-									Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est comp	ensate	d In the little of
4	For any individual listed on line 1a, is the								nd other sems	oncetion f	· ·	3 ✓ e
7	organization and related organizations											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or in	dıvıdua	
Coatio	on B. Independent Contractors	11 165, 0	Unpie	216	3011	eau	16 0 10	JI S	uch person .	<del></del>		5
1	Complete this table for your five highest of	ompensate	ed ind	ene	ende	ent d	contra	acto	ors that receive	d more th	an \$10	0 000 of
•	compensation from the organization.	отролоше	,	Opc	,,,,,,,			2010	3/3 triat 1000/ve	a more an	α φ. ι ο	0,000 0.
	(A) Name and business addr	ess							(B) Description of se	ervices		(C) Compensation
									<del></del>		ļ	
				_						<del></del>		
2	Total number of independent contractor							the	ose listed abo	ve) who		
	received more than \$100,000 in compensation	ation from t	he or	gani	izatı	on I	<b>o</b>					

Pai	rt VIII	Statement of Re	venue						, age (
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ons, gifts, grants similar amounts	1a b c	1 oddiatod odinpaign		1a 1b 1c					
utions, gifts, ner similar an	d e f	Related organization: Government grants (con All other contributions, g and similar amounts not in	ntributions) jifts, grants,	1d 1e	· · · · · · · · · · · · · · · · · · ·				
Contributions,	g h	Noncash contributions inclu  Total. Add lines 1a-1	ded in lines 1a		(				
Program Service Revenue	2a b	Electric Sales Generation & Transm	ission Cap (	red	22100 22100		3,814,300 114,041		The second second
	c d	Other Capital Credits			22100		10,471		
Progran	f g	All other program ser Total. Add lines 2a-2	<u>!f .</u>	<u> '</u>	22100	3,960,425	21,613		
	3	Investment income and other similar amount income from investment	ounts) .		•	20,713	20,713		
	5	Royalties	(i) Real		(II) Personal			The state of the s	Francisco de Carlos de Car
	6a b c	Gross Rents Less. rental expenses Rental income or (loss)							
	7a	Net rental income or ( Gross amount from sales of assets other than inventory	(loss) . (i) Securiti	es	(II) Other	O The best of the control of the con	The spot test is some the same to the same the s		
	Ь	Less cost or other basis and sales expenses .  Gain or (loss)							
Ф	d	Net gain or (loss) .			▶	0			
Other Revenu	8a	events (not including \$ of contributions reported		<u>.</u>					
ther	ь	See Part IV, line 18 . Less: direct expenses		a					
0	c 9a	Net income or (loss) fr Gross income from ga	om fundrai:	es.	events . ►	0			
	С	Less: direct expenses Net income or (loss) fr Gross sales of in-	om gaming	<b>b</b> activ	ıties ►	0			The state of the s
	b	returns and allowance Less: cost of goods so	s old	a b	12,510 13,001				
	11a	Net income or (loss) fr		inve	Business Code	-491	-491		
	c b	All other revenue .		-					
		Total. Add lines 11a-1 Total revenue. See in:		· ·		3.980.647		WESTER CO.	

### 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).

	All other organizations must complete of		ot required to comp		<del>-,</del>
_7b	o not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	1	1		
_	organizations in the U.S. See Part IV, line 21	297	7		
2	Grants and other assistance to individuals in	1			
_	the U.S. See Part IV, line 22	7320	0		
3	Grants and other assistance to governments,	1			
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			The state of the s	¥ * = = = -
4	Benefits paid to or for members	6879	9		
5	Compensation of current officers, directors,			İ	
•	trustees, and key employees	215,524	<u> </u>	215,524	<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	0		<del> </del>	
7 8	Other salaries and wages	573,700	)	<u> </u>	
0	and section 403(b) employer contributions)	470.040			
		176,848	<del>+</del>		<del> </del>
9 10	Other employee benefits	149,130	·		
11	Payroll taxes	48,802			
	Management				
a b	Legal	33,186	<b></b>		<del> </del>
C	Accounting	4,660	<del> </del>		
d	Lobbying	397			<del>                                     </del>
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(	<u> </u>
g	Other	1,718	ļ	<del> </del>	
12	Advertising and promotion	4,070	<del> </del>		<del> </del>
13	Office expenses	17,801			<del></del>
14	Information technology	21,708	<del>                                     </del>		
15	Royalties	0			
16	Occupancy	78,039			
17	Travel	91,773			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	3,861			
20	Interest	119,698			
21	Payments to affiliates	33,092			
22	Depreciation, depletion, and amortization .	318,315			
23	Insurance	42,649			
24	Other expenses. Itemize expenses not covered				A STATE OF THE PARTY OF THE PAR
	above (List miscellaneous expenses in line 24f. If				particular and the second seco
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
a	Cost of purchased power	1,886,521			
b	Transmission & Distribution Expense	-52,371			
C C	Accrued Vacation	-5,086			
d	Labor Capitalized	-186,330			
e f	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 24f	2 502 204			
26	Joint costs. Check here ▶ ☐ if following	3,592,201			
20	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				1
					000

	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	210,259	1	39,360
	2	Savings and temporary cash investments	764,964	2	927,275
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	734,132	4	524,029
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	The second secon
ध	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)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	167,369	<u> </u>	142,428
	9	Prepaid expenses and deferred charges	47,088		2,200
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10,897,886			$\begin{array}{cccccccccccccccccccccccccccccccccccc$
	b	Less: accumulated depreciation 10b 5,682,121	5,253,825	10c	5,215,765
	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	0	13	0
	14	Intangible assets	2,285,750	14	2,391,974
	15	Other assets. See Part IV, line 11	37,001	15	26,201
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,500,388	16	9,269,232
	17	Accounts payable and accrued expenses	468,135	17	1,392,950
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
ies	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.  Complete Part II of Schedule L			Spraghening and State of the Control
_	22	·	0	22	0
	23 24	Secured mortgages and notes payable to unrelated third parties	1,749,270	23	1,658,851
	2 <del>4</del> 25	Unsecured notes and loans payable to unrelated third parties	1,293,660	24	20,000
	26	Other liabilities. Complete Part X of Schedule D	0 511 005	25	0
es		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	3,511,065	26	3,071,801
nc	27	Unrestricted net assets		27	
39/8	28	Temporarily restricted net assets	0	28	
d E	29	Permanently restricted net assets	0	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			Hillman 1971 - Anna Carlotta and San Car
ţ	30	Capital stock or trust principal, or current funds	5,989,323	30	6,197,431
Sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
ğ	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
Ne	33	Total net assets or fund balances	5,989,323	33	6,197,431
	34	Total liabilities and net assets/fund balances	9,500,388	34	9,269,232
					Farm 990 (2010)

Form **990** (2010)

orm 9	90 (2010)			Pa	age <b>12</b>
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				. 🗆
	<b>T.</b> 1	1 . 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1-1			30,647 32,201
2	Total expenses (must equal Part IX, column (A), line 25)	2			38,446
3 4	Revenue less expenses. Subtract line 2 from line 1	4			39,323
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<del></del>		30,388
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	<del> </del>			0,000
•	column (B))	6		6,19	7,431
ari	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				. П
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	colain in		Yes	No
1 2a b c	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accountant.		2a 2b 2c	Yes	No
b	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.		2a 2b 2c	Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, expenses the organization changed either its oversight process or selection process during the tax year, expenses the organization changed either its oversight process.	versight untant? xplain in	2a 2b 2c	Yes	No
b	If the organization changed its method of accounting from a prior year or checked "Other," exchedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, excepted to line 2a or 2b, check a box below to indicate whether the financial statements for the year.	versight untant? xplain in	2a 2b 2c	Yes	No.
b	If the organization changed its method of accounting from a prior year or checked "Other," exchedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  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 if the organization changed either its oversight process or selection process during the tax year, excepted to line 2a or 2b, check a box below to indicate whether the financial statements for the years is sued on a separate basis, consolidated basis, or both:	versight untant? xplain in	2a 2b	Yes	No

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number SOUTHEAST ELECTRIC COOPERATIVE, INC. 81-0228814 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 ☐ Yes ☐ No 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 Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 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. 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. 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: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . . . . . . . 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: **b** Assets included in Form 990, Part X .

Par	<u>t III                                  </u>	g Collections of	f Art, His	toric	al Treasure	s, or Ot	her Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o						
а	☐ Public exhibition		đ		Loan or exch	ange pro	grams	
b	Scholarly research		е	$\bar{\Box}$				
С	☐ Preservation for future generation	ons		_				
4	Provide a description of the organization.		and expla	ain ho	ow they furthe	r the org	anızatıon's ex	empt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rathe							
Par	line 9, or reported an amount	angements. Co	omplete i	f the	organization			
1a	Is the organization an agent, trustee included on Form 990, Part X?	e, custodian or ot	her intern	nedia	ry for contribu	utions or	other assets	
b	If "Yes," explain the arrangement in F							
	_							Amount
C	Beginning balance					1c		
d	Additions during the year							
е	Distributions during the year							
f	Ending balance					1f		
2a	Did the organization include an amou		art X, line	21?				☐ Yes ☐ No
	If "Yes," explain the arrangement in P							
Par	t V Endowment Funds. Comp	ete if the organi	zation an	swei	ed "Yes" to	Form 99	0, Part IV, lir	ne 10.
		(a) Current year	(b) Prid	or year	(c) Two yea	ars back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					3		编 经膨胀的
b	Contributions					=		
С	Net investment earnings, gains, and					;		ir forta tera.
	losses					F		보다 [발로] 보기 경기 기계 되었다. 프라 [발로] 보고 사용 함께 보고 있다.
đ	Grants or scholarships					4,4	on check the	eri di aministra di Roberto di Silandi and Alberto. Prima di Bergari Principali di Pala di Alberto di Talenda.
е	Other expenditures for facilities and					t i		
	programs					, <u>4</u>		
f	Administrative expenses					4	<b>运搬车1000</b>	<b>建设建筑建筑</b> 体内。
g	End of year balance					r,-	Telephological control of the latest telephologi	
2	Provide the estimated percentage of t	he year end balan	ce held a	s:				<u> </u>
а	Board designated or quasi-endowmer	nt ▶	%					
b	Permanent endowment ▶	%	· <b></b>					
С	Term endowment ▶ %							
3a	Are there endowment funds not in the	e possession of th	ne organiz	ation	that are held	and adm	ninistered for t	the
	organization by:		_					Yes No
	(i) unrelated organizations							. 3a(i)
	P							3a(ii)
b	If "Yes" to 3a(II), are the related organi	zations listed as r	equired or	n Sch	edule R?			. 3b
4	Describe in Part XIV the intended uses	of the organization	on's endo	wmer	nt funds.			<u> </u>
Part								
	Description of investment	(a) Cost or ot (investme		( <b>b</b> ) Co	est or other basis (other)		ccumulated reciation	(d) Book value
1a	Land		0		64,811			64,811
b	Buildings		0		277,219		143,577	133,642
C	Leasehold improvements		0	•	0		0	0
	Equipment		0		10,466,478		5,502,678	4,963,800
	Other		0		89,378	-	35,866	53,512
otal.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	90, Part X,	colu	mn (B), line 10	)(c).) .		5,215,765
	<del></del>		,		1-7,	1-77 .		3,213,703

Part VII	Investments—Other Securities	3. See Form 990, Part	X, line 12.	
(	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financia	Il derivatives			<del></del>
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				- ·
(D)				
(E) (F)				_ <del></del>
(G)				<del></del>
(H)			<del></del>	
(I)		-		
	(b) must equal Form 990, Part X, col (B) line 12)			man aller Care may agriculture provide aller
Part VIII	Investments—Program Related	d. See Form 990, Part		<u> </u>
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)	<del></del>	<del> </del>		
(2)		1		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	·			
(9)				
(10)	(1) (F			
Part IX	(b) must equal Form 990, Part X, col (B) line 13.) ►	W 1 4 5		
raitix	Other Assets. See Form 990, Pa	a) Description	<del></del>	(b) Book value
(1)	10	ny Description		(b) Book value
(2)		<del></del>		
(3)		<del></del>		<del></del>
(4)			<del></del>	
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, co		<b>.</b>	<u> </u>
Part X	Other Liabilities. See Form 990,		de a segue, qualificación de como que para una como como de co	era der sameralaren erdara der sa
(1) Federal	(a) Description of liability Income taxes	(b) Amount		
(2)	interne taxes			
(3)				
(4)				
(5)		<del></del>		
(6)				
(7)	·			
(8)		<del></del>		
(9)				
10)				
11)				
	n) must equal Form 990, Part X, col (B) line 25 ) 🕨			
. FIN 48 (AS	C 740) Footnote. In Part XIV, provide	the text of the footnote !	to the organization's financial statemen	its that reports the

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

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	Statem	ents	<del></del>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	3,980,647
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	3,592,201
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	388,446
4	Net unrealized gains (losses) on investments		4	0
5	Donated services and use of facilities		5	0
6	Investment expenses		6	0
7	Prior period adjustments	: : h	7	
8	Other (Describe in Part XIV.)	:	8	0
9	Total adjustments (net). Add lines 4 through 8	]	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	388,798
Part				
1	Total revenue, gains, and other support per audited financial statements		1	4,455,448
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2,729		
b	Donated services and use of facilities	0	1	
С	Recoveries of prior year grants	0	1	
d		1,160,671	ļ .	
е	A del linea Co Alexandria Cal		2e	1,163,400
3	Subtract line 2e from line 1		3	3,292,048
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1.75.	_
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Other (Describe in Part XIV.)	688,599		
С	Add lines 4a and 4b		4c	688,599
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,980,647
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses pe	r Re	eturn
1	Total expenses and losses per audited financial statements		1	3,822,481
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		4 4 5 2 3 3 4 5	
а	Donated services and use of facilities	0		
b	Prior year adjustments	0	100 mg	7
С	Other losses	0		
d	Other (Describe in Part XIV.)	782,734	ا 19 19 - ا	, ,
е	Add lines 2a through 2d		2e	782,734
3	Subtract line 2e from line 1		3	3,039,747
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		$\mathcal{J}_{i-1}$	-
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0		
b	Other (Describe in Part XIV.)	552,454		
	Add lines 4a and 4b		4c	552,454
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,592,201
Part .				
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. A	lso comp	olete	this part to provide
-	ditional information.			
XII 2(a	INTEREST - NOVEMBER AND DECEMBER, 2009			
2(d) N	DVEMBER AND DECEMBER, 2009 ELECTRIC REVENUE PLUS CAPITAL CREDITS ALLOCATED TO	OUS.		•••••
4(b) IN	TEREST NOVEMBER AND DECEMBER, 2010, PLUS ELECTRIC REVENUE AND CAPITAL CREDITS	ALLOCA	TED	TO US.
XIII 2(c	) NOVEMBER AND DECEMBER 2009 EXPENSES			
4 (b) N	OVEMBER AND DECEMBER, 2010, EXPENSES			

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part I General Information on Grants and Assistance

SOUTHEAST ELECTRIC COOPERATIVE, INC.

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2010

Employer identification number 81-0228814

Schodula (Form 900)				for Form 990.	yanizations se the Instructions	3 Enter total number of other organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990.
			į			
(g) Description of (h) Purpose of grant non-cash assistance or assistance	(book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
<b>Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ [■	States. Complete if the this box if no one recip	rganizations in the United States d more than \$5,000. Check this bo	Organizations	vernments and ipient that received is needed	sistance to Go 21, for any reci dditional space	Grants and Other Assistance to Government Form 990, Part IV, line 21, for any recipient that can be duplicated if additional space is needed
	ed States.	unds in the Unite	the use of grant f	es for monitoring	zation's procedur	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
and	e grantees' eligibility for t	or assistance, the	unt of the grants c	tantiate the amount assistance?	n records to subs	Does the organization maintain records to substantiate the and the selection criteria used to award the grants or assistance?

Schedule I (Form 990) (2010)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 COMMITTEE, AFTER REVIEW OF ALL SUBMITTED APPLICATIONS. THE SCHOLARSHIP CHECKS ARE ISSUED TO THE STUDENT WITH A LETTER REMINDING THEM THE FUNDS THE GRANTS GIVEN ARE FOR SCHOLARSHIPS AND YOUTH TOUR TO WASHINGTON, D.C. SCHOLARSHIPS ARE AWARDED BY OUR BOARD OF DIRECTORS' SCHOLARSHIP ARE FOR BOOKS, FEES, DUES, RENT, ETC. THE YOUTH TOUR GRANT FUNDS ARE FORWARDED TO OUR COOPERATIVE STATE ORGANIZATION, MONTANA ELECTRIC Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. OTHER ASSISTANCE IS GIVEN TO YOUTH IN THE COMMUNITY THROUGH THE 4-H LIVESTOCK PROGRAM, WITH THE YOUTH BEING CHOSEN BY DIRECTORS. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 2488 3739 1093 (c) Amount of cash grant COOPERATIVES ASSOCIATION, AFTER COMPLETION OF THE YOUTH TOUR. Part III can be duplicated if additional space is needed (b) Number of recipients S m (a) Type of grant or assistance 1 SCHOLARSHIPS 2 YOUTH TOUR **3 4-H YOUTH** Part IV Part III 4 5 9

#### **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.

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHEAST ELECTRIC COOPERATIVE, INC.

Employer identification number

81-0228814

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		, , , , , , , , , , , , , , , , , , ,	
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		4.4.11	1 - 14 - 14 1
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	10	_ <del>`</del>	<del>                                     </del>
~	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	1	İ
	and total, traditions, and the destance birector, regulating the terms encounced in time far.	-2	7 7	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the		3 - 3 5 91 - 3	
3	organization's CEO/Executive Director. Check all that apply.		, 11,	1
	☐ Compensation committee ☐ Written employment contract	m of a	TO THE	
	☐ Independent compensation consultant ☐ Compensation survey or study	100		
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	A gratial	[古典] 新術。	" A"   "   "   "   "   "   "   "   "   "
	Approval by the board of compensation committee		"	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		-21	
		14, ad 1	1,000	
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		<u>/</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		V /
С	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c	1	<b>-</b>
	These to any or lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	in, j		4
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		, jp	11
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	HITA,	역사회 보기점	
Ū	compensation contingent on the revenues of:	3 2 3 4		194
а	The organization?		1.76	fjige
b		5a		├
D	Any related organization?	5b	1. 5.17	-
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1000	, 1 - 2 1 '9' , 1 - 2 1 '9'	
3	compensation contingent on the net earnings of:		17-11	#**
а	The organization?	6-	16.1	lár ti
b	Any related organization?	6a		
D	If "Yes" to line 6a or 6b, describe in Part III.	6b	17	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	-"-	6	4, }
-	payments not described in lines 5 and 6? If "Yes," describe in Part III	1 _ 1		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7		
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		
	Regulations section 53.4958-6(c)?	,		
		ı <i>9</i> 1		ı

Page 2

Schedule J (Form 990) 2010

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

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

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

15,917 15,917 15,917			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	oldexetroM (O)	(6) Total of columns	(F) Compensation
JACK E HAMBLIN (I) 110,360 150 836 67,772 (II) 110,360 (II) 110,360 (II) 110,360 (II) 110,360 (III)	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)—(D)	reported in prior Form 990 or Form 990-EZ
		€ €	110,360		836	67,772	15,917	195,034	
		<b>E</b>							
		3							
10		€							
		€							
		(ii)					4 4 5 6 6 6 6 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8		
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		(1)							
		<b>E</b>							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(ii) (iii) (		(1)							
		<b>(E)</b>							
		€							
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(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii) (ii) (ii)		(E)							
		<b>E</b>							}
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(ii) (iii) (		Ξ					1		
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		€							
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		€							

Schedule J (Form 990) 2010

J (Form 990) 2010	Supplemental Information
Schedule J (	Part III

Page 3

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 fr any additional information.	PART I-1b TRAVEL FOR COMPANION - JACK HAMBLIN-SPOUSE TRAVEL EXPENSES ARE ALLOWED PER POLICY FOR MEETING ANNUALLY IT IS NON-TAXABLE										MC (1000 mod ) I clintrollo
Comp any ac	PART										i I

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

# Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SSOUTHEAST ELECTRIC COOPERATIVE, INC

Employer identification number 81-0228814

PART I #5 This does not agree with Part V, line 2a. We had to submit 13 W-2's because two employees received Disability benefits from a
third party.
PART VI Section B 11b Completed Form 990 was presented to the Board of Directors at their regular monthly meeting. After review by the
Board, the Secretary signed Form 990.
PART VI Section B 12c The Conflict of Interest Policy is reviewed by the Cooperative legal counsel on an annual basis. Each official is
requested to complete and sign the Conflict of Interest Certification and Disclosure.
PART VI Section B 15b The General Manager gets the Montana Electric Cooperative Assn's data on salaries for all state cooperatives.
A summary is then presented to the Board with the full schedule available to the Board. The Board then acts on the compensation for all
employees including the General Manager.
PART VI Section C 19 All governing Documents, By-Laws, Conflict of Interest Policy, Tax Documents and Financial Statements are kept at
the office of Southeast Electric Cooperative, Inc., 110 South Main St, Ekalaka, MT, and are available to the public upon request.
PART VII B (2) Erlend Laird, Vice President, serves as a member on the Board of Directors for Upper Missouri G&T - designating 9.6 hours
per week to that organization.
PART XI 5 Changes in net assets is due to Capital Credit Retirements - \$151,532; Estate Retirements - \$28,707; Membership Refunds \$100.00
and a rounding difference of +\$1.00 with a total difference of \$180,338.
,