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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

benefit trust or private foundation) Department of the Treasury

Open to Public

inter	nal Revenue	Service The organization may hav	ve to use a copy of this return to	satisty state r	eporting requi	rements.	Inspection	
<u>A</u>	For the 2	011 calendar year, or tax year beginning		011, and endi	ng Decer	nber 31	, 20_11	
В	Check if ap	oplicable C Name of organization Ouachita	Electric Cooperative Corporat	ion		D Employe	er identification number	
	Address cl	nange Doing Business As Ouachita El	ectric Cooperative Corporatio	n			71-0133895	
	Name chai	nge Number and street (or P O box if m	nail is not delivered to street address	s) Room/s	uite	E Telephor	ne number	
	Initial return P O Box 877, 700 Bradley Ferry Road						870-836-5791	
\Box	Terminated City or town, state or country, and ZIP + 4							
\Box	Amended	return Camden, Arkansas 71711-087	7			G Gross re	ceipts \$ 23,295,304	
$\overline{\Box}$	Application				H(a) Is this		or affiliates? Yes V No	
_	Арриовион	Mark Cayce, P O Box 877, Cam				ll affiliates in		
_	Tay avame		(12) ◀ (insert no) ☐ 4947(a)(1) or 527			list (see instructions)	
:	Tax-exemption Website:	· · · · · · · · · · · · · · · · · · ·	(12) 4 (illsert 110) (4947 (a)(1) Or 1 527		-	,	
<u>у</u>			ation ☐ Other ▶	1 V		exemption	of legal domicile.	
	art I		ation Other P	L Year of forma	ation	M State	or legal domicile.	
		Summary		data a milant	Ludius Flora	:- 0		
	1 E	Briefly describe the organization's miss	sion or most significant activ	lities: Distri	bution Electr	ic Coopera	ative	
9								
Activities & Governance		***************************************						
E E	-							
Š	I .	Check this box ► ☐ if the organization				1 1	its net assets.	
∞	1	lumber of voting members of the gove	• • • • • • • • • • • • • • • • • • • •				<u>9</u>	
es	I .	lumber of independent voting membe)		9	
ΞΞ	I .	otal number of individuals employed i	•	/, line 2a)		5	52	
Ç	6 T	otal number of volunteers (estimate if	necessary)			6	0	
	7a T	otal unrelated business revenue from	Part VIII, column (C), line 12	? . <i>.</i> .		7a	0	
	b N	let unrelated business taxable income	e from Form 990-T, line 34		<u>.</u>	7b	0	
					Prior Y	ear	Current Year	
•	8 0	Contributions and grants (Part VIII, line	0					
Ĕ	9 F	Program service revenue (Part VIII, line	2,111,975	21,994,714				
Revenue	10 Ir	nvestment income (Part VIII, column (A		299,606	376,040			
Œ	I .	Other revenue (Part VIII, column (A), lin		839,424	924,550			
	I .	otal revenue-add lines 8 through 11 (•	2:	3,251,005	23,295,304	
		Grants and similar amounts paid (Part				0	0	
		Benefits paid to or for members (Part I	, ,			0	3,192,245	
œ		· · · · · · · · · · · · · · · · · · ·						
Expenses		· · · · · · · · · · · · · · · · · · ·		iii1€3 5 10)		3,787,519	4,303,098	
9			ssional fundraising fees (Part IX, column (A), tine 11e)					
Ä		- · · · · · · · · · · · · · · · · · · ·			en in en	5,503,454	15,799,961	
	18 T	Other expenses (Part IX, column (A), li	hes 11a-11d, 11f-24e)	လ္ကု		9,290,973		
		otal expenses. Add lines 13–17 (mus					23,295,304	
		Revenue less expenses. Subtract line	18 from line 12	<u>S</u>		3,960,032	End of Year	
Net Assets or Fund Balances	<u> </u>	intel annuts (Do 4 V. Pro 40)	ooden, ut		Beginning of Co		End of Year	
Sala	20 T	otal assets (Part X, line 16)		٠٠٠ -	_	6,968,692	58,183,235	
a t	21 T	otal liabilities (Part X, line 26)				1,024,079	19,700,925	
		let assets or fund balances. Subtract	line 21 from line 20	<u></u>	3:	5,944,613	38,482,310	
	art II	Signature Block	- <u> </u>	_				
		es of perjury, I declare that I have examined this					ny knowledge and belief, it is	
tru	e, correct, a	and complete. Declaration of preparer (other that	n officer) is based on all information	or which prepare	er nas any know	ieage		
		fing from				5/15	//2	
Sig	·	Signature of officer			Da	ite /		
He	re	KNANCE AND H	COUNTING MA	NACE	<u>r</u>			
Type or print name and title								
Pa	id	Print/Type preparer's name	Preparer's signature	C	Date	Check [T If PTIN	
	eparer					self-emp		
	•	Firm's name ▶	•		Fire	n's EIN ▶	- · · · · · · · · · · · · · · · · · · ·	
US	e Only	Firm's address ►	 			one no		
Ma	y the IRS	discuss this return with the preparer	shown above? (see instruct	ions)			· · Yes No	
	,	1. Deduction And Matter and Manager	the franchiscon (GGG morrado				res no	

Part	IV Checklist of Required Schedules			Page
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 	7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		\ <u> </u>
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		\ <u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		-
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,	-		Ť
	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 temporarily restricted	-		Ť
	endowments, permanent endowments, 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,	F. 23		53.
	VII, VIII, IX, or X as applicable.			indigen.
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? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		•
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		<u> </u>	
	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			Ť
	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		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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		✓
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		✓
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?	-0-		+
	If "Yes," complete Schedule G, Part III	19		1

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

20a

20b

Part	Checklist of Required Schedules (continued)		•	uge i
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	→	
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		✓
	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		1
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):	10		
	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	28a		✓
	Schedule L, Part IV	28b		✓_
	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		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		√
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	32		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		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		∀
b	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	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		1
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	30		-

orm 99	00 (2011)		١	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	• •	<u>.</u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
_	reportable gaming (gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ļ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 52			ļ
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)	ļ		<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4 a	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		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	-
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
ь	organization solicit any contributions that were not tax deductible?	6a		/
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ		
_	and services provided to the payor?	7a	l	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ľ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		<u> </u>	<u> </u>
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	L		<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a		ļ <u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			1
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	ł		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	ļ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans		l	
С	Enter the amount of reserves on hand	1	}	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	./
. 7a	Did the diganization receive any payments for induor talling services during the tax year?	TO		_ ▼

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI	See ins	structi	
<u>Secti</u>	on A. Governing Body and Management		V	
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		**************************************
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6	√	✓ ✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	√	
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ode i	<u> </u>
Occu	on b. Policies (This decilor b requests information about policies not required by the internal riever	ide O	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	✓ ✓	377
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14 15	Did the organization have a written whistleblower policy?	13	✓ ✓	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	√	
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		2 √
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		√ ***
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Arkansas Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ✓ Upon request	n 501	(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: We perry tohoson 700 Bradley Ferry Road Camden Arkansas 71701	of the	•	

Form 990 (2011)

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 nor any related organization compensated any current officer, director, or trustee.

Check this box in heither the organization	rioi any iciale	<u> </u>	41 112		C)	5111PC		log uny ourron		, or tradition
(A)	(B)	Position		(D)	(E)	(F)				
Name and Title	Average	(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
	hours per		officer and a director/trustee)		compensation	compensation from	amount of other			
	week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Corbet J Lamkin										
Director	4.10	✓						6,750		7,367
(2) Danny Adams					T					
Director	5.18	✓		1				6,500		6,824
(3) Wanda Taylor										
Director	2.09	1						7,000		7,072
(4) Walter Pigott		T	İ	İ						
Director	2.62	✓						4,250		2,854
(5) James Garner										. <u>-</u>
Director	1.63	✓					ŀ	7,000		6,190
(6) Lisa Hendrix										_
Director/Sectary-Treasurer of Board	3.27	✓						6,750		6,117
(7) Greg Goss										
Director/Vice-Chairman of Board	2.06	✓						5,750		4,199
(8) Mike Hutchinson										
Director/Chairman of Board	1.81	✓						6,750		4,823
(9) Mike McLeane		Ì								
Director	2.40	1						5,500		3,351
(10) Mark Cayce										
General Manger	50			_	✓	✓		114,535	26,511	57,932
(11) W Perry Johnson				1						
Manager of Finance & Accounting	50				✓		L	85,057		37,463
(12) Charles Armstrong				}						
Service Manager	50		<u> </u>	<u> </u>	1	L	<u>L</u>	74,942		26,150
(13) David O'Hara										
Operations Manager	50	<u> </u>	<u> </u>	<u> </u>	✓		<u> </u>	75293	ļ	46,490
(14) Richard Baker					١.				1	
Engineering Services Manager	50	L.,			√		L	76,873	<u> </u>	41,614

Part VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, ar	nd H	lighe	st C	ompensated E	mployees (conti	nued)	
(C)											
(A) .	(B)	(40.00		Pos		. than		(D)	(E)	(F)	
Name and title	Average					than one of the state of the st		Reportable	Reportable	Estimate	
	hours per week		er and	_		or/trust		compensation from	compensation from related	amount of other	of
	(describe	ord	Inst	Officer	Σ Θy	en f	Former	the	organizations	compensa	
	hours for related	l leg va	럁	cer	E E	jog gg	l er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizati	
	organizations	현	Institutional		employee	9 S		(** 23 1000 111100)		and relate	
	in Schedule O)	Individual trustee or director	trustee		8	pen				organizatio	ons
	",	Ф	tee			Highest compensated employee					
(15) Jim McCarty											
IT Manager	50				 ✓			63,447		1	37,728
(16) Norma O'Neal								1		-	
Member Services	50				✓		1	74,825			39,076
(17) Lloyd Boyce Draker]										
Retired General Manager	N/A						✓				2,037
(18) William H Bradshaw]										
Retired Manager of Operations	N/A						✓				3,508
(19) Harold Duncan	ļ						١,				
Retired Manager of Operations	N/A						✓				2,134
(20) Hazel Benton	-						١,				4.050
Retired Vice President (21) Billy Charles Parker	N/A	-	Н	-			1			-	1,859
Retired Operations Manager	- N/A						/	İ			5,100
(22) Allen G Watson	IVA		Н				┞	 			3,100
Retired District Manager	N/A						1				2,716
(23) William Tyson Greening	1						Ť				
Retired Operations Manager	N/A						1				3,300
(24)											
]										
(25)	_	}									
							Ļ				
1b Sub-total			٠	•		•		138,272		ļ.,	97,458
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	-		•	•		•		482,950 621,222	26,511 26,511	†	258,446 355,904
2 Total number of individuals (including bu	t not limited					above	2) 14		· · · · · ·		333,304
reportable compensation from the organ			1036	1151	.eu	above	=) VV	no received in	ore triair \$100,00	JO 01	
		_								Ye	s No
3 Did the organization list any former o							emp	oloyee, or high	est compensate	ed 11	
employee on line 1a? If "Yes," complete	Schedule J	for s	ıch .	indi	vidu	ıal				3 ✓	
4 For any individual listed on line 1a, is th											
organization and related organizations	greater th	an \$	150,	000	? /:	f "Ye	s, "	complete Sch	edule J for su	ch 💮	
ındıvidual			•	•		•				4 🗸	त्रका स्टब्स्
5 Did any person listed on line 1a receive of for services rendered to the organization									zation or individu		
Section B. Independent Contractors	rii res, c	onipi	ete .	SCI	leat	ile J i	Or s	such person	· · · · · ·	5	
1 Complete this table for your five highest	compensat	ed in	dene	and	ont	contr	act	ore that receive	nd more than \$1	00 000 of	
compensation from the organization. Re											tax
year.	po/1 00///po					۵.۰.۰	ر	, oa. o. lanig iii.		· gameanon o	
(A)								(B)		(C)	
Name and business ad	dress						İ	Description of s	ervices	Compensation	1
The Fishel Company, Department L-2478, Columb	us, OH, 4326	60-051	5				Lin	e Construction		\$ 7	273,217
							Lin	e Retirement			
·											
- Title word				, .			<u>L.</u>				क्षा हरू जा
2 Total number of independent contract) th		ove) who		
received more than \$100,000 of compen	Sauon Irom	tile 0	ıyan	ıızal	lion			1	- Seat		<u> </u>
										Form 98	30 (2011)

Part	VIII	Statement of Revenue					
	_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exctuded from tax under sections 512, 513, or 514
9 9	1a	Federated campaigns 1	a		revenue		312, 313, 01314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1	 				
2 5	C	· —	c			}	
ifts ır A	d	<u> </u>	d				İ
s, G nila	e	-	e				
ons Sir	f	All other contributions, gifts, grants,	<u> </u>			}	
outi her			f				
털	g	Noncash contributions included in lines 1a-1f:					
Cor	h	Total. Add lines 1a-1f					
			Business Code			1	
Program Service Revenue	2a	Sales of Electricity	21,558,360			· · · · · ·	·
Re	ь	Member Services/Forfeied Discoun	115,318				
ice	С	Service Charges	63,418				""
Ser	d	Capital Credits	257,618		-		
E .	е						
ogra	f	All other program service revenue.					
ď	g	Total. Add lines 2a-2f		21,994,714			
	3	Investment income (including div					
		and other similar amounts)	L	376,040			
	4	Income from investment of tax-exempt	· .				
	5	Royalties			<u></u>		
	_	(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)				.	
	d 7a	Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other			<u> </u>	<u> </u>
	' a	assets other than inventory				1	}
	ь	Less: cost or other basis	-				}
		and sales expenses .					
	С	Gain or (loss)				ł	
	d				· · · · · · · · · · · · · · · · · · ·	 	J
	•	(1000)					
ue	8a	Gross income from fundraising		-			
/en		events (not including \$				}	
Other Revenu		of contributions reported on line 1c).				i	
erl		See Part IV, line 18	a				
Oth	b	Less: direct expenses	b				
•	С	Net income or (loss) from fundraising	ng events . ►				
	9a	Gross income from gaming activities					
		See Part IV, line 19	a				
		Less: direct expenses	b				
		Net income or (loss) from gaming a					
	10a	Gross sales of inventory, les					
		returns and allowances		İ		1	
	þ	Less: cost of goods sold	b 870,717				<u></u> j
	С	Net income or (loss) from sales of i	•	6,963			ļ
		Miscellaneous Revenue	Business Code				
	11a	Gain on RUS Buyout	. 16	34,795		ļ	
		G & T Capital Credits	16	837,882		-	
	C	All all all all all all all all all all				-	
	d	All other revenue	16	44,910			
	e 12	Total. Add lines 11a–11d Total revenue. See instructions.		917,587			

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).

	Check if Schedule O contains a respons		in this Part IX .		<u> L</u>
	t include amounts reported on lines 6b, 7b, , 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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	3,192,245 621,221			
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 8	Other salaries and wages	2,030,586 683,952			
9	Other employee benefits	772,836			
					
10	Payroli taxes	194,503			
11	Fees for services (non-employees):			:	
а	Management				
b	Legal	8,143			
C	Accounting	30.689			
ď		00,000		· · · · · · · · · · · · · · · · · · ·	
-	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	25,058			
12	Advertising and promotion	7,068			
13	Office expenses	125,463			
14	Information technology	194,580			
15	Royalties				
16	Occupancy				
17	Travel	22,532			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,405			
20	Interest	1,138,340			
21	Payments to affiliates	12,222,904			
22	Depreciation, depletion, and amortization .	1,701,183	<u>.</u>		
23	Insurance	141,266			
		141,200			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d		_			
e	All other expenses	159,330			
25	Total functional expenses. Add lines 1 through 24e	23,295,304			
26	Joint costs. Complete this line only if the	25,255,507		·	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)			<u> </u>	<u></u>

Part X **Balance Sheet** (A) (B) End of year Beginning of year 1,464,769 1,711.099 1 2 2,405,504 2 1,384,989 3 3 4 2.220.862 4 2.290.021 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 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) 6 Assets 7 863,666 8 983,807 9 Prepaid expenses and deferred charges . . 383.143 9 354.081 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 58,289,650 **b** Less: accumulated depreciation 10b 23,445,886 34,382,443 10c 34,843,764 Investments—publicly traded securities 11 11 12 15.098.305 12 16.465.476 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 15 150,000 15 150,000 56,968,692 16 16 58,183,235 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 1,317,110 17 1,228,215 18 18 Deferred revenue $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$ 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Payables to current and former officers, directors, trustees, key 22 iabilities employees, highest compensated employees, and disqualified persons. 22 18,256,237 23 17.217.784 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 1,450,732 1,254,923 25 Total liabilities. Add lines 17 through 25 26 21,024,079 19.700.925 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete **Net Assets or Fund Balances** lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets 28 29 29 Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 31,984,581 34,657,952 33 33 3,734,360 3.960.032 Total liabilities and net assets/fund balances 56,968,692 34 58,183,235

Form	aan	1201	11

Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23	,295	,304
2	Total expenses (must equal Part IX, column (A), line 25)	2		23	,295	,304
3	Revenue less expenses. Subtract line 2 from line 1	3				0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,960	,032
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(225,	672)
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	_	3	,734	,360
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		<u></u>			
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash Cash Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n l		1	
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	3 V		
b	Were the organization's financial statements audited by an independent accountant?			> √	_	
С	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 accou					
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın i	n i			
	Schedule O.					
d	, , , , , , , , , , , , , , , , , , ,	ar wei	e e			
	issued on a separate basis, consolidated basis, or both:			į		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			Ì		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		n			
	the Single Audit Act and OMB Circular A-133?		. 3	a 📗		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	31	-		✓
			F	om 9	90	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

OUAC	HITA ELECTRIC COOPERATIVE CORPORATION	1	71-0133895		
Par		r Advised Funds or Other Similar Fu	inds or Accounts. Complete if the		
	organization answered "Yes" to Fo				
	-	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year) .				
3	Aggregate grants from (during year)	<u> </u>			
4 5	Aggregate value at end of year Did the organization inform all donors and	donor advisors in writing that the assets	hold in donor advised		
3	funds are the organization's property, subject				
6	Did the organization inform all grantees, do				
·	only for charitable purposes and not for the				
Par		lete if the organization answered "Yes"			
1	Purpose(s) of conservation easements held I		, , , , , , , , , , , , , , , , , , , ,		
	☐ Preservation of land for public use (e.g.,		of an historically important land area		
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure		
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribut	tion 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 .				
b	Total acreage restricted by conservation eas		—		
d	Number of conservation easements on a cer Number of conservation easements includ	· · · · · · · · · · · · · · · · · · ·			
u	historic structure listed in the National Regis		· · 2d		
3	_]		
-	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶				
4	Number of states where property subject to	conservation easement is located ▶			
5	Does the organization have a written pol		nspection, handling of		
	violations, and enforcement of the conservation	ion easements it holds?	· · · · · · · · · · · · · · · · · · ·		
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservatio	n easements during the year		
					
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	sements during the year		
•	\$				
8	Does each conservation easement reported	· · · · · · · · · · · · · · · · · · ·			
_	., ., ., .,		· · · · · · · · · Yes L No		
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the				
	organization's accounting for conservation e		mancial statements that describes the		
Part		ctions of Art, Historical Treasures, o	or Other Similar Assets		
		ered "Yes" to Form 990, Part IV, line 8			
1a	If the organization elected, as permitted und				
	works of art, historical treasures, or other				
	public service, provide, in Part XIV, the text of	of the footnote to its financial statements th	nat describes these items.		
b	If the organization elected, as permitted ur	nder SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet		
	works of art, historical treasures, or other		education, or research in furtherance of		
	public service, provide the following amount	•			
	(i) Revenues included in Form 990, Part VIII,	line 1	> \$		
_	(II) Assets included in Form 990, Part X		• \$		
2	If the organization received or held works				
	following amounts required to be reported un				
a	Revenues included in Form 990, Part VIII, Im	e1	· · · · 5		

D	•
Page.	4

Part	Organizations Maintaining	Collections of	Art, His	torical 1	Treasures, o	r Ott	er Similar A	ssets (co	ontinu	ıed)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and c	ther reco	rds, chec	k any of the f	ollow	ing that are a	significan	t use	of its
а	☐ Public exhibition		d	□ Loan	or exchange	progra	ams			
b	☐ Scholarly research		е	☐ Other	r					
С	☐ Preservation for future generations									
4	Provide a description of the organizat XIV.	ion's collections	and expla	ain how t	hey further the	e orga	anızation's exe	empt purp	ose ir	n Part
5	During the year, did the organization assets to be sold to raise funds rather								ae	l No
Part	IV Escrow and Custodial Arra									
	line 9, or reported an amoun				,arzatiori aii	01701		0	,	,
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or ot	her intern	nediary fo						
b	If "Yes," explain the arrangement in Pa							Amount		
•	Posinning belongs					1		Amount		
C	Beginning balance					1c				
d	Additions during the year					1d 1e	+			
e f	Distributions during the year Ending balance					1f				
2a	Did the organization include an amoun						1	. Y	<u> </u>	1 No
	If "Yes," explain the arrangement in Pa		art A, III le					. 🗆 '	es	, 140
	V Endowment Funds. Complete		zation ar	swered	"Yes" to For	m 99	0 Part IV lir	ne 10		
		(a) Current year		or year			(d) Three years ba		r vears	back
1a	Beginning of year balance		 		(-, ,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b	Contributions	-			<u> </u>	-				
	Net investment earnings, gains, and		 							
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and							<u></u>		
	programs		İ			}		:		
f	Administrative expenses							,		
g	End of year balance									
2	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1g	, column (a)) h	neld a	s:			
а	Board designated or quasi-endowmer	nt ▶	%	_						
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2	c should equal 1	00%.							
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held an	d adn	ninistered for	the		
	organization by:								Yes	No
	(i) unrelated organizations							. 3a(i)		
	(ii) related organizations							. 3a(ii)		<u> </u>
b	If "Yes" to 3a(II), are the related organi							. 3b		<u> </u>
4	Describe in Part XIV the intended uses									
Part		ment. See For	n 990, P	art X, lin	<u>e 10.</u>					
	Description of property	(a) Cost or o			or other basis other)		ccumulated preciation	(d) Boo	k value	э
1a	Land		204,035						20	4,035
b	Buildings		1,865,820				753,126		1,11	2,694
C	Leasehold improvements									
d	Equipment	1	3,371,234				5,397,213		7,97	4,021
е	Other		2,848,561				17,295,547		25,55	3,014
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part 2	K, column	(B), line 10(c)	.) .			34,84	3,764

Part VII	Investments - Other Securities	. See Form 990, Part X, I	ine 12.	
(6	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	I derivatives			
(2) Closely-I	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments—Program Related	d. See Form 990, Part X,	line 13.	<u> </u>
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
_(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa			
	(8	a) Description		(b) Book value
(1)				
(2)				
_(3)				
(4)		<u> </u>		
(5)				
(6)				
(8)				
(9)				
(10)	mn (b) must equal Form 990, Part X, co	ol (P) line 15)		
			· · · · · · · · · · · · · · · · · · ·	
Part X 1.	Other Liabilities. See Form 990, (a) Description of liability	(b) Book value		
	income taxes	,		
	ulated Operating Provisions	(054.702)		
	ners Deposits	(654,703)		
	urrent & Accrued Liabilities	395,275		
(5) Deferre		1,207,112		
(6)	d Credits	307,239		
(7)				
(8)		-		
(9)				
(10)				
(11)				
	(h) must oqual Form 000 Part V and (D) line 05 1	4 054 055		
	(b) must equal Form 990, Part X, coi (B) line 25.)	1,254,923	the organization's financial states	anto that range at the
	SC 740) Footnote. In Part XIV, provide o's liability for uncertain tax positions u		me organization s ilhancial statem	ients that reports the
organization	is nability for uncertain tax positions u	11061 FIIV 40 (MOU /40).		

Page	4

Schedu	le D (Form 990) 2011			Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Au	dited Financial Stater	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	XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	r Return	
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:			
а	Net unrealized gains on investments	2a	i i	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses	per Return	
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	į	
С	Other losses	2c		
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b		4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) . <u></u> .	5	
Part	XIV Supplemental Information			
Part V any a	lete this part to provide the descriptions required for Part II, lines 3, 5, and 5, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, dditional information. STMENTS IN ASSOCIATED ORGANIZATIONS			
PATR	ONAGE CAPITAL CRETIFICATE - AECI			183,928
PATR	ONAGE CAPITAL CERTIFICATE - AECC			9,376,462
PATR	ONAGE CAPITAL CERTIFICATE - NRUCFC			459,882
CLAS	S C COMMON STOCK - FEDERATED RURAL ELECTRIC INSURANCE			86,455
PATR	ONAGE CAPITAL - NRTC			235,475
PATR	ONAGE CAPITAL CERTIFICATE - SEDC	·····		32,018
PATR	ONAGE ARKANSAS RURAL DEV SELF-INS TRUST			43.621

Part XIV Supplemental Information (continued)	
PATRONAGE CAPITAL NISC	15,895
PATRONAGE CAPITAL CERTIFICATE - CENTRAL AREA DATA PROCESSING	2,400
MEMBERSHIP NRUCFC	1,000
MEMBERSHIP COMMITTEE ON SW POWER	10
MEMBERSHIP NRTC	1,000
MEMBERSHIP NRECA	10
MEMBERSHIP HAMPTON INDUSTRIES	500
MEMBERSHIP CAIDC STOCK	100
MEMBERSHIP CAMDEN INDUSTRIAL DEVELOPMENT	200
MEMBERSHIP NISC	1,000
MEMBERSHIP AECI	100
MEMBERSHIP AECC	100
MEMBERSHIP SEDC	100
CAPITAL TERM CERTIFICATES - NRUCFC	882,781
PROMISSORY NOTES - AECI	21,000
WILDBLUE	23,350
TOTALS	11,367,386
OTHER INVESTMENTS	
TALBOT STATE BANK	99,000
FARMER'S BANK & TRUST	100,000
FIRST BANK	85,000
CALHOUN COUNTY BANK/FIRST BANK	86,000
BANCORP SOUTH	99,000
SALLIE MAE BANK	50,000
HUNTINGTON NATIONAL BANK	97,000
GE CAPITAL BANK 5.00	75,000
CFC MEMBER CAPITAL SECURTIES	250,000
FHLM SERIES 77H; 7.84% EFF;STATED 8.5%	11,581

Serious By Citin 330 2511	Page 5
Part XIV Supplemental Information (continued)	
OTHER INVESTEMENTS (CONTINUED)	
GNMA REMIC 2003-25T	98,804
GNMA REMIC 2010-10-CP	83,774
GNMA REMIC TRUST 2010-107	378,717
GNMA 2011-44 CUSIP38377QWL7	84,686
GNMA GUARANTEED PAS TRHUS CTF POOL #3428	27,130
FHLMC FREDDIE NOTES	100,000
FHLMC MEDIUM TERM NOTE	100,000
FHLMC MEDIUM TERM NOTE	75,000
FHLMC MEDIUM TERM NOTE	100,000
FHLMC MEDIUM TERM NOTE	100,000
FHLMC MEDIUM TERM NOTE	100,000
FHLMC FREDDIE NOTES	200,000
FHLMC DEBENTURE O COUPON	109,514
FJLMC STRIP	214,019
FHLMC MEDIUM TERM NOTE	100,000
FHLMC ZERO TERM COUPON DEBENTURE	41,222
FHLMC AERO TERM COUPON DEBENTURE	56,418
US TREASURY STRIPS	100,015
US TREASURY STRIPS	104,417
FHLMC MEDIUM TERM NOTE	100,000
FED FARM CREDIT CONS BANK	150,000
GNMA POOL #5017	93,727
FEDERAL HOME LOAN BANK JD21	100,000
FHLMC MEDIUM TERM NOTE STEPUP JJ29	100,000
FHLMC SER 3222 CALSS YQ CUSIP 31397ATZ6 5.5% 09/15/36	15,000
FNMA SERIES 2006-9 CKASS DG CYSUO 31395BBS1 5.5 % 03/25/36 FNMA	23,000
FNMA SERIES 2007-72 CUSIP 31396WQN9 6.0% 05/25/37	19,000

Part XIV Supplemental Information (continued)	
CASH - GENERAL (CONTINUED)	
EDWARD D JONES - BETH SMITH	46,786
FIRST STATE BANK WARREN-HERMITAGE	14,926
TRANSFER OF FUNDS - WILDBLUE	(5,449)
TRANSFER OF FUNDS - CREDIT CARDS	(2,335)
WARREN BANK & TRUST	15,739
FIRST BANK - CAPITAL CREDITS	65,502
FARMERS BANK & TRUST WILDBLUE	257
WORKING FUNDS - CASH DRAWERS, ETC	2,400
TOTAL	1,711,099
SPECIAL DEPOSITS	
CAMDEN WATER UTILITIES	75
CALHOUN COUNTY WATER & SEWER	12
CITY OF HAMPTON	100
EL DORADO ANSERFONE	300
WESTERN SURETY CO/AR BON RENEWAL	600
WESTERN SURETY CO/AR BON RIGHT OF WAY	150
TOTAL	1,237
GRAND TOTALS	19,561,566
······································	

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OUACHITA ELECTRIC COOPERATIVE CORPORATION

Employer identification number

71-0133895

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.	4		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	İ		
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
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	۱		1
2	explain	1b		•
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		✓
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		√
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	ł		
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
-	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
_	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		ļ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
0	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	Company and	a, appropria	/or 1099-MISC compensation	
omoN (A)		(i) Base	(ii) Bonus & incentive	(iii) Other	other deferred	(U) Nontaxable benefits	(E) 10(a) of columns (B)(i)–(D)	(F) Compensation
		compensation	compensation	reportable compensation	compensation			prior Form 990
CORBET 11 AMKIN	(3)	6,750				7,367	14,117	16,758
-	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
DANNY ADAMS	€	005'9				6,824	13,324	6,618
2	(ii)							
WANDA TAYLOR	(j)	000'1				7,072	14,072	11,410
3	(ii)							•
WALTER PIGOTT	ε	4,250				2,854	7,104	8,813
4	(ii)							
JAMES GARNER	(<u>i</u>)	000'1				6,190	13,190	8,319
5	(ii)							
LISA HENDRIX	(3)	6,750				6,117	12,867	7,819
9	(ii)							
GREGG GOSS	()	2,750				4,199	9,949	11,473
7	€							
MIKE HUTCHINSON	(j)	6,750				4,823	11,573	10,373
8	(ii)							
DAVID McLEANE	E	9,500				3,351	8,851	2,884
6	€							
MARK CAYCE	8	114,535		26,511	44,753	13,179	172,467	181,106
10	€							
W PERRY JOHNSON	(2)	85,057			29,999	7,464	122,520	117,591
11	E							
CHARLES ARMSTRONG	<u> </u>	74,942			8,655	17,495	101,092	100,949
12	(ii)							
DAVID O'HARA	<u>e</u>	75,293			28,995	17,495	121,783	118,803
13	€							
RICHARD BAKER	8	76,873			28,435	13,179	118,487	114,441
14	(II)							
JIM McCARTY	8	63,447			20,815	16,913	101,175	94,718
15	(E)							
NORMA O'NEAL	(1)	74,825			26,010	13,066	113,901	103,993
16	(E)							
							Sch	Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

OUACHITA ELECTRIC COOPERATIVE CORPORATION	71-0133895
Part IV Governance, Management, and Disclosure Section B 11b	
Form 990 is reviewed by management before it is filed. The Form 990 is also reviewed, post filing, by	the cooperative's independent
auditors.	
Part IV Governance, Management, and Disclosure Section B 12c	
The conflict of interest questionnaire is filled out annually by the directors and key management personal conflict of interest questionnaire is filled out annually by the directors and key management personal conflict of interest questionnaire is filled out annually by the directors and key management personal conflict of interest questionnaire is filled out annually by the directors and key management personal conflict of interest questionnaire is filled out annually by the directors and key management personal conflict of interest questionnaire is filled out annually by the directors and key management personal conflict of interest questionnaire is filled out annually by the directors and key management personal conflict of interest questionnaire is filled out annually by the directors and key management personal conflict of interest questionnaire is filled out annually by the directors and key management personal conflict of interest questionnaire is filled out annually by the directors and key management personal conflict of the directors and the directors and the directors are conflict or the directors and the directors are conflict or the directors and the directors are conflict or the directors and the directors are conflict or the directors and the directors are conflict or the directors and the directors are conflict or the directors and the directors are conflict or the directors and the directors are conflict or the directors and the directors are conflict or the directors and the directors are conflict or the directors are conflict or the directors and directors are conflict or the directors and directors are conflict or the directors are conflict or the directors are conflict or the directors are conflict or the directors are conflict or the directors are conflict or the directors are conflict or the directors are conflict or the directors are conflict or the directors are conflict or the directors are conflict or the directors are conflict or the directors are conflict or the directors are confli	onnel. The questionnaires are
confirmed and checks by the independent auditors annually.	
Part IV Governance, Management, and Disclosure Section B 15a	
The top management official (General Manager) compensation is determined by the governing board	using comparability data and
contemporaneous substantiation of the deliberation and decision.	
Part IV Governance, Management, and Disclosure Section B 15b	
The key employees of the organization compensation is determined by the top management official (General Manager). Comparability data
and contemporaneous substantiation of the deliberation and decision is used in the determination.	
Part IV Governance, Management, and Disclosure Section C 19	
Governing documents, conflict of interest policy, and financial statements are available to the cooper	ative members on request.
Financial statements are also part of the annual report sent to each member each June.	
Part IX Line 4 Benefits paid to or for members:	
Operating and non operating margins for the filing year (2011) to be allocated in 2012.	
Operating Margins: \$ 1,634,038, Non operating Margins - Interest: \$ 376,040, Non operating Margins -	Other: \$ 127,616: Other Capital Credits
and Patronage Dividends: \$ 216, 670, Generation & Transmission Capital Credits: \$ 837, 882, for a total	al of \$ 3,192, 245. The Generation &
Transmission Capital Credits will not be allocated.	

Name of the organization	Page Employer identification number
OUACHITA ELECTRIC COOPERATIVE CORPORATION	71-0133895
Part XI Reconciliation of Net Assets line 5, Other changes in net assets or fund be	alances (explain in Schedule O)