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### Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

Form **990** (2011)

Cat No 11282Y

Department of the Treasury

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2011, and ending For the 2011 calendar year, or tax year beginning D Employer Identification number C Name of organization KAY ELECTRIC COOPERATIVE, INC. Check if applicable: 73-0308955 Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) Room/sulte Name change 580-363-1260 PO BOX 607  $\Box$ Initial return City or town, state or country, and ZiP + 4 Terminated BLACKWELL, OK 74631-0607 28,820,156 G Gross receipts \$ Amended return H(a) is this a group return for affiliates? 🔲 Yes 🗹 No F Name and address of principal officer: JOE HARRIS Application pending PO BOX 607, BLACKWELL, OK 74631-0607 H(b) Are all affiliates included? Yes No If "No." attach a list. (see instructions) √ 501(c) ( 12 ) 
√ (insert no.) 
√ 4947(a)(1) or 
√ 527 Tax-exempt status: 501(c)(3) H(c) Group exemption number ▶ kayelectric.coop OK 1937 M State of legal domicile: Form of organization: ✓ Corporation Trust Association Other ► L Year of formation: Summary Part I Briefly describe the organization's mission or most significant activities: KAY ELECTRIC COOPERATIVE IS A RURAL ELECTRIC DISTRIBUTION COOPERATIVE ORGANIZED UNDER THE RURAL ELECTRIFICATION ACT. OUR MISSION IS TO Activities & Governance PROVIDE RELIABLE ELECTRICITY TO OUR MEMBER/OWNERS AT A REASONABLE COST. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 51 Total number of individuals employed in calendar year 2011 (Part V, line 2a) -0-6 Total number of volunteers (estimate if necessary) . . . . . . 7a 137 924 Total unrelated business revenue from Part VIII, column (C), line 12 -0-Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 0 Contributions and grants (Part VIII, line 1h) . 27.952.064 Program service revenue (Part VIII, line 2g) 66.290 75,711 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 9,422,199 792,381 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9.488.489 28,820,156 12 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part-IX,-column (A), lines 5-10) 630.324 2,312,149 15 Professional fundraising fees (Part X; column A); line 11e) 16a Total fundraising expenses (Fart IX, column (D), line 25), 三, "是有这个 26,256,667 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24b) . . . . . Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,005,776 17 26,887,001 7,317,925 18 Revenue less expenses. Subtract-line 18.from line 12 2,170,564 1,933,155 19 OGDEN Beginning of Current Year **End of Year** 44,470,602 47,008,879 Total assets (Part X, line 46) 20 29,574,904 28,710,533 21 Total liabilities (Part X, line 26) . 15,760,069 17,433,975 Net assets or fund balances. Subtract line 21 from line 20 22 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Timothe 60RIGUEZ ef operation Type or print name and title Preparer's signature Date Print/Type preparer's name Check | if **Paid** Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address > May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes 🗸 No

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 99	<b>ፓ</b> (2011)		Page 2
Part		nent of Program Service Accomplishments	
-		if Schedule O contains a response to any question in this Part III	<u>. LJ</u>
•		RIC COOPERATIVE'S MISSION IS TO PROVIDE RELIABLE ELECTRICITY TO OUR MEMBER/OWNERS AT A	
	REASON		
	5.1.1.		
2		nization undertake any significant program services during the year which were not listed on the 90 or 990-EZ?	7 84.
	•		) NO
3	Did the	cribe these new services on Schedule O. anization cease conducting, or make significant changes in how it conducts, any program	
•	services?		7 No
		cribe these changes on Schedule O.	_ , <b>110</b>
4		organization's program service accomplishments for each of its three largest program services, as measur	red hy
•		section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	
		llocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:	) (Expenses \$ including grants of \$ ) (Revenue \$	١
70		TI CONTROLLY TO GUE MENTE TO CONTROL	
	10 FROV	ELECTRICITY TO OUR MEMBER/OWNERS.	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4b	(Code:	) (Expenses \$including grants of \$) (Revenue \$	)
	(0 . 1		•
4c	(Code:	) (Expenses \$including grants of \$) (Revenue \$	)
	*******		
4d	Other pro	am services (Describe in Schedule O.)	
	(Expense		
40	Total pro	am service expenses >	

Part IV Checklist of Required Schedules

,			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		<b>√</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
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		<b>√</b>
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		
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		<b>-</b>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u>√</u>
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		<b>→</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<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.	-	-	,
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	<i>,</i>	÷
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	_	<b>*</b>
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
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		- <u>·</u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	1	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	1	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<b>✓</b>
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<b>V</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		For	m <b>99</b> 0	(2011)

art	Checklist of Required Schedules (continued)			
•			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		✓
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 27 If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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		1
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 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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):		18 23/25	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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	Ė
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	Ť
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		/
	19? Note. All Form 990 filers are required to complete Schedule O	38	- 004	(2011)
		ror	יוו סטל	# (ZUII)

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>	7
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	, :	ŕ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-	,	ĺ
С	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	37	· -	<del></del>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 51	- 72	- `n	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>√</b>	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	L
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	<b></b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4		1
ь	account)?	4a	-	· ·
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			1
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	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 \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	<b>]</b>	<b>/</b>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	}	
7	Organizations that may receive deductible contributions under section 170(c).	}-:		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,	-	
	and services provided to the payor?	7a		
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	N	<b> </b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			-
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<del> </del>
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<del> </del>	<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1	<b>†</b>	<u> </u>
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		}
	organization, have excess business holdings at any time during the year?	8	L	
9	Sponsoring organizations maintaining donor advised funds.		ļ. -	-
a	Did the organization make any taxable distributions under section 4966?	9a	ļ.—	<b>├</b>
10 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
10 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	=		ξ.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	200	F 8	3
11	Section 501(c)(12) organizations. Enter:	함의 작 경소	37.5	3.
а	Gross income from members or shareholders			<u> </u>
b	Gross income from other sources (Do not net amounts due or paid to other sources	134		ļ^
	against amounts due or received from them.)		4	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		ļ	-
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>                                     </del>	<del> </del>
a	Note. See the instructions for additional information the organization must report on Schedule O.		<del> </del>	<del> </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which	- ·		<u>.</u> .
	the organization is licensed to issue qualified health plans			- ,
C	Enter the amount of reserves on hand		-,	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ऻ—	1
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		<u> </u>
		For	m <del>UU</del>	0 (2011)

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched									
	Check if Schedule O contains a response to any question in this Part VI								
Section	on A. Governing Body and Management	<del></del>		Yes	No				
1a	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.								
ь 2	b 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?								
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? .								
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to element or more members of the governing body?	s assets? . ect or appoint	4 5 6	<b>√</b>	<b>√</b>				
b	Are any governance decisions of the organization reserved to (or subject to approval to stockholders, or persons other than the governing body?		7b	1					
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	rtaken during		-	* :				
a b 9	The governing body?		8a 8b	1					
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. on B. Policies (This Section B requests information about policies not required by the		9 (	ode )					
<u>secu</u>	on B. Policies (This Section B requests information about policies not required by the	nterna neven	Je Ci	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of saffiliates, and branches to ensure their operations are consistent with the organization's exempt	purposes?	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	✓					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		أحمة	<i>j</i> -	٠. د				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ise to conflicts?	12a 12b	<b>√</b>	L				
С	Did the organization regularly and consistently monitor and enforce compliance with the podescribe in Schedule O how this was done	licy? If "Yes,"	12c	1					
13 14 15	Did the organization have a written whistleblower policy?		13	1					
a b	The organization's CEO, Executive Director, or top management official		15a 15b	<b>✓</b>	1				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeguard the	16a 16b	1	-				
	ion C. Disclosure								
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply.	d 990-T (Section	501	(c)(3)s	only)				
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing document of the financial statements available to the public during the tax year.	nents, conflict o	f inte	rest p	oolicy,				
20	State the name, physical address, and telephone number of the person who possesses the bodorganization: ► JOE HARRIS, PO BOX 607, 300 WEST DOOLIN AVE., BLACKWELL, OK 74631-0607			•					

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	•					
(A)	(B)	(do n	at ah	Post		than o	200	(D)	(E)	(F)
Name and Title	Average	box, ι	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week	officer and a director/trustee					<del></del> .	compensation from	compensation from related	amount of other
	(describe	유표	lnsi	Officer	9	율	Former	the	organizations	compensation
	hours for related	Individual trustee or director	Institutional trustee	Se .	Key employee	oy	夏	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	호텔	973		형	88		(W-2 1099-MISC)		organization and related
	in Schedule	量	2		8	<u> </u>	ĺ			organizations
	O)	8	egts			Highest compensated employee			}	
		ļ			-	Δ.	-			
(1) MAX HOHMANN									]	
PO BOX 607, BLACKWELL, OK 74631-0607	4.85	1	Ĺ	✓				34,194		
(2) VERL BRORSEN										
PO BOX 607, BLACKWELL, OK 74631-0607	3.23	✓_		1			L	27,461		
(3) RON SHOFFNER							Γ			
PO BOX 607, BLACKWELL, OK 74631-0607	3.62	✓	J	✓	<u>L</u> .		L	29,387		1
(4) BRADY HOSTETLER										
PO BOX 607, BLACKWELL, OK 74631-0607	3.54	✓	l					27,535	1	
(5) MIKE LEBEDA					Г					
PO BOX 607, BLACKWELL, OK 74631-0607	3.00	1	_		L.		L	26,758		
(6) KENT McANINCH			Π							
PO BOX 607, BLACKWELL, OK 74631-0607	3.92	1		l	<u>L</u> .		L	29,513		
(7) JAKE OLSEN			Ţ				Γ			
PO BOX 607, BLACKWELL, OK 74631-0607	3.00	✓			<u>L</u>		L	21,554	1	
(8) J.B. OLSEN				Γ			Γ			
PO BOX 607, BLACKWELL, OK 74631-0607	.77	✓		<u> </u>		<u> </u>	L	6,575		
(9) CHAD OTTO	]	T				]				
PO BOX 607, BLACKWELL, OK 74631-0607	2.92	1						26,147		
(10) RAY SCHILTZ				1						
PO BOX 607, BLACKWELL, OK 74631-0607	4.00	✓		<u> </u>		<u> </u>	<u> </u>	28,901		
(11) JOE HARRIS						i				
PO BOX 607, BLACKWELL, OK 74631-0607	60	·		1				226,630	)	111,457
(12) TIMOTHY RODRIGUEZ										
PO BOX 607, BLACKWELL, OK 74631-0607	60			1		ļ	1	145,669		75,478
(13) DAVID RESER			Γ		Γ	]				
PO BOX 607, BLACKWELL, OK 74631-0607	60	L_	L	L	L	1		124,673	·	71,459
(14)			Γ							
			1	L		<u> </u>	1	<u> </u>		

Part	VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per week	(do n	ot ch	Posi eck s pe	tton more	than o	ne an	(D) Reportable compensation from	(E) Reportable compensation related		(F Estim amou	ated nt of	
		(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		comper from organi: and re organiz	sation the zation lated	
(15)														
(16)								<del> </del>	<del> </del>					
(17)			_		-	-				<u> </u>				<del></del>
(18)						_								
(19)								-						
(20)			ļ					-						
(21)						-			ļ					—
(22)			ļ			-		-			-			
(23)				-	-	-		-	-					
(24)		}		_				$\vdash$						
(25)		<del> </del>		_	_	-		-						
	C. h A.A.t	<u></u>				<u></u>			754,997				250	1,394
	Sub-total							<b>&gt;</b>	754,997			-		3,394
2	Total number of individuals (including bur reportable compensation from the organ	t not limited						e) w	vho received m	ore than \$10	0,000 o	f		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						em <sub>l</sub>	ployee, or high	nest comper	nsated	3	Yes	No *∵
4	For any individual listed on line 1a, is the organization and related organizations individual											4	ا برد ارد ا	) 
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	ividual 	·统· 5	i Meri	€ Token
	on B. Independent Contractors										<b>A</b> 100.0			
1	Complete this table for your five highest compensation from the organization. Repear.												n's te	×
	(A) Name and business add	dress						_	(B) Description of	services	C	(C) ompensa	ntion	
	PLAINS ELECTRIC, INC PO BOX 450936, GI ARY CONSTRUCTION, INC PO BOX 1352, P			_	6			+-	LECTRIC CONS					5,710 1,476
2	Total number of independent contractor received more than \$100,000 of compen							o t	hose listed ab	ove) who	مامو مامو	γ /n ,	42.45	<u> </u>

Part	VIII	Statement of Revenue					
•			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
B B	1a	Federated campaigns 1a	<del></del>				<del></del>
	b	Membership dues 1b				ļ	• .
Contributions, Giffts, Grants and Other Similar Amounts	c	Fundraising events 1c					
<b>₹</b> [	d	Related organizations 1d			· •		
호물		Government grants (contributions) 1e			1. ·	· .	
5 2	0						
世も	f	All other contributions, gifts, grants, and similar amounts not included above		-	,	1	
~ F		<u> </u>				- ,	
Ĕğ	g	Noncash contributions included in lines 1a-1f: \$			-	-	-
<u>8</u>	h	Total. Add lines 1a-1f	🟲	0			<del></del>
9			Business Code	المستعددة والمستعددة	حيث	7	
ğ l	2a	SALES OF ELECTRICITY	221000	27,952,064	27,952,064		
Program Service Revenue	b						
5	С						
ě	ď						
E	e						
E	f	All other program service revenue.					<del></del>
ξ	g	Total. Add lines 2a-2f	•	27,952,064			
_	3	Investment income (including dividen		27,002,004	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
	٦			75,711		}	75,711
	۱.	•		73,711			73,711
	4	Income from investment of tax-exempt bone			<del></del>		<del></del>
	5	Royalties	(ii) Personal				
		<del></del>	(II) Personal			_	- *
	6a	Gross rents		- 1	9 34		<u>-</u>
	b	Less: rental expenses		1 4	- Z	3, , -	r
	C	Rental income or (loss)			- '		. '- 
	d	Net rental income or (loss)	▶	0			
	7a	Gross amount from sales of (1) Securities	(ii) Other	N to	H = 1	- And	
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .			- · · ·		
	6	Gain or (loss)					
	ď	Net gain or (loss)	•	ى لىلىدى ئىلىدىكى دىگىدى 0	the street was		~ ~~ ~ 2 - 4 - 4
	"	Het gain or (1003)	<u>····</u>				
9	8a	Gross income from fundraising				ļ. , <u> </u>	
Revenue	02	events (not including \$				, , , , ,	
ě	ł	of contributions reported on line 1c).		· ·	1		
_	1	See Part IV, line 18 a				- 1	·, · · ·
Other		<b> </b> -					
δ	b	Less: direct expenses b	<del></del>	·			
	C	Net income or (loss) from fundraising e	vents . ▶	C		<del> </del>	
	9a	0 5 181 1 40				]	_
	]	See Part IV, line 19 a				ŧ	٠, ٠,
	b	Less: direct expenses b		ئالخا ئاسىسا		1	
	) c	Net income or (loss) from gaming activi	ties ▶	0			
	10a	Gross sales of inventory, less			1 '.		
		returns and allowances a		] ]			
	b			]:	1		
	c	Net income or (loss) from sales of inver	ntory 🕨	<u> </u>	<u> </u>	<u>                                      </u>	
		Miscellaneous Revenue	Business Code				
	11a	ADMINISTRATIVE SERVICES	561000	78,151		78,151	
	Ь	ELECTRICIAN SERVICES	561000	53,053	<del></del>	53,053	<del></del>
	C	FACILITY RENTAL	532000	6,720	<del></del>	6,720	<del></del>
	d	All other revenue		654,457	<del></del>	<del></del>	
	_	Total, Add lines 11a-11d		792,381	<del></del>	<del> </del>	<del></del>
	12	Total revenue. See instructions		28,820,156	<del></del>	137,924	75,711
	14			20,020,130	20,000,32	131,324	73,711

#### 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 respon	se to any question	in this Part IX .		<u> </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) Fundralsing expenses
1	Grants and other assistance to governments and				*
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0		. ,-	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o			
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	630,324	-		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	O			
7	Other salaries and wages	. 0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
C	Accounting	0			
đ	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0	1	-	
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0		T	
20	Interest	1,406,007			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	1,595,868		1	
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If		<u>.</u>	. ~	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	è			
а	COST OF POWER	19,124,275			
b	DISTRIBUTION EXPENSES	1,305,559	<del> </del>	<del>                                     </del>	
C	CONSUMER ACCOUNTS EXPENSES	756,014	<del></del>	<del>                                     </del>	
d	ADMINISTRATIVE AND GENERAL	1,870,942		<del> </del>	
e	All other expenses	198,012		1	
25	Total functional expenses. Add lines 1 through 24e	26,887,001			<del> </del>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)	25,521,560			

			(A) Beginning of year		(B) End of year
Т	1	Cash-non-interest-bearing	659,268	1	246,804
-	2	Savings and temporary cash investments	7,696,574	2	8,762,549
- {		Pledges and grants receivable, net		3	·
Ţ		Accounts receivable, net	2,187,443	4	2,614,203
1	5	Receivables from current and former officers, directors, trustees, key		, ,	-
		employees, and highest compensated employees. Complete Part II of Schedule L		` 5	
ì	_				
١	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)	O	·	5
488412	_	· · ·		<u>6</u> 7	<u>_</u>
8	7	Notes and loans receivable, net			200 440
١.	8	Inventories for sale or use	360,658	8	363,140
- 1	9	Prepaid expenses and deferred charges	125,207	9	59,735
	10a	Land, buildings, and equipment: cost or		ا میکند. استگران	
J		other basis. Complete Part VI of Schedule D 41,674,991		122	
	b	Less: accumulated depreciation [10b] 7,447,564	32,735,819		34,227,427
- 1	11	Investments – publicly traded securities		11	ļ <u></u> .
- 1	12	Investments - other securities. See Part IV, line 11		12	
}	13	Investments – program-related. See Part IV, line 11	104,734	13	111,529
-	14	Intangible assets	0	14	0
i	15	Other assets. See Part IV, line 11	600,899		623,492
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	44,470,602		47,008,879
	17	Accounts payable and accrued expenses	1,791,930	17	2,030,173
- [	18	Grants payable		18	
	19	Deferred revenue		19	l
- [	20	Tax-exempt bond liabilities		20	
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	-
<u>e</u>	23	Secured mortgages and notes payable to unrelated third parties	24,588,086		22,994,850
- ¦	بے 24	Unsecured notes and loans payable to unrelated third parties	24,300,000	24	22,334,030
ļ	25	Other liabilities (including federal income tax, payables to related third			
- {	25	parties, and other liabilities not included on lines 17-24). Complete Part X	2,330,517		4,549,881
Ì		of Schedule D	2,330,317	25	4,545,00
1	26	Total liabilities. Add lines 17 through 25	28,710,533		29,574,904
-	26	Organizations that follow SFAS 117, check here ▶ □ and complete	20,710,000	`	29,514,304
8		lines 27 through 29, and lines 33 and 34.		ā.	
	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	ļ	29	
Net Assets of Fund Balances		Organizations that do not follow SFAS 117, check here ► ✓ and complete lines 30 through 34.	, ·	', ." ', .	-
اق	30	Capital stock or trust principal, or current funds	195,770	30	197,030
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
2	32	Retained earnings, endowment, accumulated income, or other funds .	15,564,299	32	17,236,94
ğ	33	Total net assets or fund balances	15,760,069		17,433,97
- 1	34	Total liabilities and net assets/fund balances	44,470,602	24	47,008,879

Page	1	2

Part					
•	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		<u></u>	<b>V</b>
1	Total revenue (must equal Part Viil, column (A), line 12)	1		28,820	),156
2	Total expenses (must equal Part IX, column (A), line 25)	2		26,887	7,001
3	Revenue less expenses. Subtract line 2 from line 1	3		1,933	3,155
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,760	),069
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,673	3,906
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		17,433	3,975
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		· · · ·	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_ (* ) ( ) ( ) - (* ) ( ) ( )	- 6464 - 577	49.555 Lista
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	n Paga		
	Schedule O.				3
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		✓_
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>✓</b>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	_			
	of the audit, review, or compilation of its financial statements and selection of an independent accou			<b>✓</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	n 📑		
	Schedule O.		English State		Assets in Assets in
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar wen	θ 💮	200	£ }
	issued on a separate basis, consolidated basis, or both:		1,72		1 , 4, 3
	Separate basis Consolidated basis Both consolidated and separate basis			The state of	- ·
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	n		
	the Single Audit Act and OMB Circular A-133?		· 3a		1
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_	3b	لِيا	
			Fort	n <b>990</b>	(2011)

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047 2011

Open to Public Inspection

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.

KAY E	ELECTRIC COOPERATIVE, INC.	73-0308955
Par	Organizations Maintaining Donor Advised Funds or Othe	r Similar Funds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised fund	ds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that	
	funds are the organization's property, subject to the organization's exclusion	sive legal control? 📋 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in v	
	only for charitable purposes and not for the benefit of the donor or done	
	conferring impermissible private benefit?	
Par	t II Conservation Easements. Complete if the organization and	swered "Yes" to Form 990, Part IV, line 7.
1	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	
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure include	led in (a) 2c
d	Number of conservation easements included in (c) acquired after 8/1	7/06, and not on a
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is loc	
5	Does the organization have a written policy regarding the periodic	_ · · · · · <del>-</del>
	violations, and enforcement of the conservation easements it holds? .	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the	
	(i) and section 170(h)(4)(B)(ii)?	csc
9	In Part XIV, describe how the organization reports conservation easemen	
	balance sheet, and include, if applicable, the text of the footnote to the o	rganization's financial statements that describes the
	organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical	
	Complete if the organization answered "Yes" to Form 990, I	
1a		
	works of art, historical treasures, or other similar assets held for public service, provide, in Part XIV, the text of the footnote to its financial	
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), works of art, historical treasures, or other similar assets held for public	
	public service, provide the following amounts relating to these items:	c exhibition, education, or research in furtherance (
	, , , ,	<b>~</b> ^
	(i) Revenues included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures,	_ · · · · · · · · · · · · · · · · · · ·
	following amounts required to be reported under SFAS 116 (ASC 958) re	
a		
b	Assets included in Form 990, Part X	· · · · · · · · · <b>&gt;</b> \$

Schedule D	(Form 9	990)	2011

Page 2

3 Using the organization's ecquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a  □ Public exhibition	Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, o	<b>r Oth</b>	<u>er Similar As</u>	sets (co	ntinu	ed)
b	3		accession, and ot	her recor	ds, chec	k any of the f	ollowi	ng that are a s	gniflcant	us <del>e</del> (	of its
b Scholarly research   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, furstee, outstodian or other intermediary for contributions or other assets not included on Form 990, Part X?.  If "Yes," explain the arrangement in Part XIV and complete the following table:  Beginning belance	а	Public exhibition		d	Loan	or exchange	orogra	ms			
C	b	Scholarly research		Α.							
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained a part of the organization's collection?  □ Yes □ No    Part IV ■ Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ Yes □ No    b If "Yes," explain the arrangement in Part XIV and complete the following table:  □ Beginning balance  □ 16 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		<del></del>	1		_ •			*************			
XIV.  S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?				and evole	in how th	nev further the	a orga	nization's exen	nnt numa	nse in	Port
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  1	•			und oxpic		loy lareler and	J 0. g		.6. 60.6.		
Sasets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No		*	salialt as seasing	donation		hiotorical trop	01100	or other simila	ır		
Eacrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	9										N
line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21?  Do it "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  3a(ii)  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  3b Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depocation (d) Book value depreciation (e) Book value depreciation (d) Book value depreciation (e) Book value depreciation (e) Book value depreciation (e) Book value depreciation (e) Book value depreciation											
included on Form 990, Part X?	Part	line 9, or reported an amoun	t on Form 990,	Part X, li	ne 21.					Pan	iv,
b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance	1a								t		
c Beginning balance . 1c		included on Form 990, Part X?							□ Ye	98 🔲	No
c Beginning balance	b	If "Yes," explain the arrangement in Pa	art XIV and compl	lete the fo	llowing to	able:					
d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment > %  Permanent endowment > %  Permanent endowment > %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 36(ii), are the related organizations listed as required on Schedule R?  1a Land Describe in Part XIV the intended uses of the organization's endowment funds.  2 Post VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIV the intended uses of the organization's endowment funds.  1a Land Describe in Part XIV the intended uses of the organization's endowment funds.  1a Land Describe in Part XIV the intended uses of the organization's endowment funds.  1a Land Describe in Part XIV the intended uses of the organization's endowment funds.  1a Land Describe in Part XIV the intended uses of the organization's endowment funds.  1b Describe in Part XIV the intended uses of the organization's endowment funds.  1c Land Describe in Part XIV the intended uses of the organization of endowment funds.  1a Land Describe in Part XIV the intended uses of the organization of endowment funds.  1b Describe in Part XIV the intended uses of the organization of endowment funds.  1c Land Describe in Part XIV the intended uses of the organization of endowment funds.  1a Land Describe in Part XIV the intended uses of t								A	mount		
d Additions during the year   16   19   19   19   19   19   19   19	C	Beginning balance					1c				
Distributions during the year   1	d	Additions during the year	<i></i> .				1d			_	
1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?	e						10				
Did the organization include an amount on Form 990, Part X, line 21?	_	-					11				
b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance	_	•					-		□ Ye	as $\square$	No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Two years back (d) Two years back (e) Four years back (e) Four years back (e) Two y		<u> </u>									
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back years   (e) Four years   (e)		Endowment Funds, Comple	ete if the organiz	zation ar	swered	"Yes" to For	m 99	0. Part IV. line	10.		
Beginning of year balance										years	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > % b Permanent endowment > % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (investment) (i	12	Reginning of year halance		<del>                                     </del>			_		34.2		A COLUMN
C Net investment earnings, gains, and losses	_		·	<del> </del>			$\overline{}$	···	30.00	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RISK TO
d Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  Permanent endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  Land  A30,750  Buildings  Land  Land  A30,750  A30,050  A30,050  C Leasehold improvements  C Equipment  A31,142,025  C Leasehold improvements  G Equipment  A31,671,975	-		<del>-</del>	<del>                                     </del>			$\dashv$	<del></del>	্যান্ত্ৰান্ত না কৰিব ১৯৯ জন প্ৰতিশ্ৰম	ar age and the	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d Grants or scholarships	C						- 1			7.	
e Other expenditures for facilities and programs	_			<del> </del>		<del> </del>	-+		a se come		element to
rograms	_	•		<b>├</b>		<u> </u>	-+		323 All	10 A	2 34 3
f Administrative expenses	8	-		ĺ		ſ			SYSTEM OF THE STATE OF THE STAT		
g End of year balance		, ,		<u> </u>			-+		Ser Service		and the second
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  Permanent endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations . 3a(ii)    (ii) related organizations . 3a(ii)    b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b    Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land . 430,750 (a) Book value depreciation  1b Buildings . 430,750 430,750 430,750  c Leasehold improvements . 430,750  d Equipment . 3,142,025 2,458,942 683,083  e Other . 35,688,416 4,016,441 31,671,975	f	<u>-</u>		<b> </b>					-E-73:5	Terror Co.	10
a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  c Temporarily restricted endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	9	-	<u></u>	J		L			7.7		12.
b Permanent endowment ▶ %  c Temporarily restricted endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	2	- · · · · · · · · · · · · · · · · · · ·	-	nd baland	æ (line 1g	, column (a)) i	heid a	s:			
Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	а		nt ▶	<u></u> %							
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	b	Permanent endowment ▶	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	C	Temporarily restricted endowment ▶	%								
organization by:  (i) unrelated organizations											
(i) unrelated organizations	3a		e possession of t	he organi	zation th	at are held an	nd adn	ninistered for th	10		
Cost or other basis   Cother		organization by:								Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		(i) unrelated organizations							3a(i)		
Describe in Part XIV the intended uses of the organization's endowment funds.           Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (nivestment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         430,750         430,750         430,750         430,750         1,441,619           b Buildings         2,413,800         972,181         1,441,619           c Leasehold improvements         3,142,025         2,458,942         683,083           e Other         35,688,416         4,016,441         31,671,975		(ii) related organizations							3a(ii)		
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (nivestment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         430,750         430,750         430,750         143	b	If "Yes" to 3a(ii), are the related organ	izations listed as	required (	on Sched	lule R?			3b		
Description of property   (a) Cost or other basis (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	4	Describe in Part XIV the intended use	s of the organizat	ion's end	owment f	unds.					
(Investment)         (other)         depreciation           1a Land         430,750         430,750           b Buildings         2,413,800         972,181         1,441,619           c Leasehold improvements         3,142,025         2,458,942         683,083           e Other         35,688,416         4,016,441         31,671,975	Par	VI Land, Buildings, and Equip	oment. See For	m 990, P	art X, lin	e 10.					
b Buildings		Description of property	, , ,						(d) Boo	ok valu	9
b Buildings	12	Land	_		<b>†</b>	430.750		_ 144	<del></del> -	43	0.750
c       Leasehold improvements			.		<del> </del>		<del></del>				
d Equipment		•	·		<del>                                     </del>					-,	.,-,-
e Other	-	·	•		<del> </del>	3.142.025		2 458 942		60	3 083
		A., '	·		<del>                                     </del>						
			must equal Form	990 Part	X. colum		:1.1				

	Investments—Other Securities	. Occ i Ollii 330, Fait A, i	ITIE 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
1) Financial				
	eld equity interests			
3) Other	, ,	<del></del>		· · · · · · · · · · · · · · · · · · ·
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	~-~			·
(1)				· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related	J. See Form 990, Part X,	line 13.	<del> </del>
(	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) KAY SE	RVICES, INC	111,529	COST	
(2)				
(3)				
(4)				
(5)	·			
(6)		<u> </u>		
(7)				
(8)				<del></del>
(9)				
(10)	hi must as all Form 2000 Port V and (D) fine 12.1	444.500		
	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. See Form 990, Pa		rod we will be a first	
Part IX	Oulei Assets. See Folill 330, Fa			
	6	a) Description		(D) Book value
(1) ACCRU		a) Description		(b) Book value 617.985
<del></del>	ED UTILITY REVENUE	a) Description		617,985
(2) ACCRU		a) Description		617,985
(2) ACCRU	ED UTILITY REVENUE	a) Description		617,985
(2) ACCRU (3) (4)	ED UTILITY REVENUE	a) Description		617,985
(2) ACCRU (3) (4) (5)	ED UTILITY REVENUE	a) Description		617,985
(2) ACCRU (3) (4)	ED UTILITY REVENUE	a) Description		617,985
(2) ACCRU (3) (4) (5) (6)	ED UTILITY REVENUE	a) Description		617,985
(2) ACCRU (3) (4) (5) (6) (7)	ED UTILITY REVENUE	a) Description		617,985
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10)	ED UTILITY REVENUE ED INTEREST RECEIVABLE			617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu	ED UTILITY REVENUE ED INTEREST RECEIVABLE  imn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu	ED UTILITY REVENUE ED INTEREST RECEIVABLE  mmn (b) must equal Form 990, Part X, c  Other Liabilities. See Form 990	col. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation X	ED UTILITY REVENUE ED INTEREST RECEIVABLE  Imm (b) must equal Form 990, Part X, c  Other Liabilities. See Form 990 (a) Description of liability	ol. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation of the columnation of the	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, c  Other Liabilities. See Form 990 (a) Description of liability income taxes	ool. (B) line 15.)		(b) BOOK VAIUE 617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columnation (Colum	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, of Other Liabilities. See Form 990 (a) Description of liability income taxes MER DEPOSITS	col. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columnation (Colum	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, of Continuous Cont	col. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X 1. (1) Federal (2) CONSU (3) OTHER (4) ACCUM	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, or Other Liabilities. See Form 990 (a) Description of liability income taxes  MER DEPOSITS CURRENT LIABILITIES I OPER PROV-POST RETIREMENT OBL	col. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column Part X 1. (1) Federal (2) CONSU (3) OTHER (4) ACCUM (5) DEFER	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, of Continuous Cont	col. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columna Columna Col	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, or Other Liabilities. See Form 990 (a) Description of liability income taxes  MER DEPOSITS CURRENT LIABILITIES I OPER PROV-POST RETIREMENT OBL	col. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columna (Column	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, or Other Liabilities. See Form 990 (a) Description of liability income taxes  MER DEPOSITS CURRENT LIABILITIES I OPER PROV-POST RETIREMENT OBL	col. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) CONSU (3) OTHER (4) ACCUM (5) DEFER (6) (7) (8)	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, or Other Liabilities. See Form 990 (a) Description of liability income taxes  MER DEPOSITS CURRENT LIABILITIES I OPER PROV-POST RETIREMENT OBL	col. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Federal (2) CONSU (3) OTHER (4) ACCUM (5) DEFER (6) (7) (8) (9)	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, or Other Liabilities. See Form 990 (a) Description of liability income taxes  MER DEPOSITS CURRENT LIABILITIES I OPER PROV-POST RETIREMENT OBL	col. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columetric Columetric Col	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, or Other Liabilities. See Form 990 (a) Description of liability income taxes  MER DEPOSITS CURRENT LIABILITIES I OPER PROV-POST RETIREMENT OBL	col. (B) line 15.)		617,985 5,507
(2) ACCRU (3) (4) (5) (6) (7) (8) (9) (10) Total. (Coll Part X 1. (1) Federal (2) CONSU (3) OTHER (4) ACCUM (5) DEFER (6) (7) (8) (9) (10) (11)	ED UTILITY REVENUE ED INTEREST RECEIVABLE  simn (b) must equal Form 990, Part X, or Other Liabilities. See Form 990 (a) Description of liability income taxes  MER DEPOSITS CURRENT LIABILITIES I OPER PROV-POST RETIREMENT OBL	col. (B) line 15.)		617,985 5,507

1	XI Reconciliation of Change in Net Assets from Form 990 to Au	udited	Financial Sta	tement	8	
_	Total revenue (Form 990, Part VIII, column (A), line 12)					28,820,156
2	Total expenses (Form 990, Part IX, column (A), line 25)					26,887,001
3	Excess or (deficit) for the year. Subtract line 2 from line 1					1,933,155
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities			. 5	<u> </u>	
6	Investment expenses			. 6		
7	Prior period adjustments			. 7	1	<del></del>
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8					
10	Excess or (deficit) for the year per audited financial statements. Combine					1,933,155
Part	XII Reconciliation of Revenue per Audited Financial Statement	ents W	ith Revenue	per Re	turn	
1	Total revenue, gains, and other support per audited financial statements					28,820,156
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a		·~.	- ]	
b	Donated services and use of facilities	2b		1.5	-	
C	Recoveries of prior year grants	2c		رَ. ﴿		
d	Other (Describe in Part XIV.)	2d		٠٤.		
0	Add lines 2a through 2d			2	e	0
3	Subtract line 2e from line 1				3	28,820,156
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	)		T.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ļ.*.	- 1	
b	Other (Describe in Part XIV.)	4b				
C	Add fines 4a and 4b				c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		· []	5	28,820,156
Part	XIII Reconciliation of Expenses per Audited Financial Statem	rents \	Vith Expens	es per l	Return	
1	Total expenses and losses per audited financial statements			[_'	1	26,887,001
-						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				. ]	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a				
2		2a 2b		,	-	
2 a	Donated services and use of facilities			,		
2 a b	Donated services and use of facilities	2b		,	-	
2 a b c	Donated services and use of facilities	2b 2c 2d		ā.,	le l	0
a b c	Donated services and use of facilities	2b 2c 2d			e 3	<u></u>
a b c d	Donated services and use of facilities	2b 2c 2d			_	<u></u>
2 a b c d e 3	Donated services and use of facilities	2b 2c 2d			_	<u></u>
2 a b c d e 3 4	Donated services and use of facilities	2b 2c 2d			_	<u></u>
2 a b c d e 3 4 a b	Donated services and use of facilities	2b 2c 2d 2d 4a 4b			_	26,887,001
2 a b c d e 3 4 a b	Donated services and use of facilities	2b 2c 2d 2d 4a 4b		4	3	<b>26,887,001</b>
2 a b c d e 3 4 a b c 5	Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b	2b 2c 2d 2d 4a 4b		4	3  c	<b>26,887,001</b>
2 a b c d e 3 4 a b c 5 Part	Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV  Supplemental Information  Detect this part to provide the descriptions required for Part II, lines 3, 5, and	2b 2c 2d 4a 4b	III, lines 1a ar	4	dc 5	26,887,001 0 26,887,001 s 1b and 2b;
2 a b c d e 3 4 a b c 5 Part	Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information  Diete this part to provide the descriptions required for Part II, lines 3, 5, and I, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	2b 2c 2d 4a 4b	III, lines 1a ar	4	dc 5	26,887,001 26,887,001 s 1b and 2b;
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2 a b c d e 3 4 a b c 5 Part Comp	Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information  Diete this part to provide the descriptions required for Part II, lines 3, 5, and I, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	2b 2c 2d 4a 4b 9; Part, lines 2	III, lines 1a ard and 4b. Also	d 4; Pari	IV, line	26,887,001 26,887,001 as 1b and 2b; part to provide
2 a b c d e 3 4 a b c 5 Part \ Comp \	Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information Detect this part to provide the descriptions required for Part II, lines 3, 5, and 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, diditional information.	2b 2c 2d 4a 4b 9; Part, lines 2	III, lines 1a ard and 4b. Also	d 4; Pari	IV, line	26,887,001 26,887,001 as 1b and 2b; part to provide
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a b c d a b c 5 Part \ Comp PART	Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information  Dete this part to provide the descriptions required for Part II, lines 3, 5, and III, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, diditional information.  X - KAY ELECTRIC COOPERATIVE WAS AUDITED BY BOLINGER, SEGERS, GED 12/31/11. THE FINANCIAL INFORMATION PROVIDED IN THIS FORM 990 IS A contraction.	2b 2c 2d 4a 4b 9; Part, lines 2	III, lines 1a ard and 4b. Also	d 4; Parto comple	IV, line te this p	26,887,001  26,887,001  s 1b and 2b; bart to provide  ENDAR YEAR
a b c d a b c 5 Part \ Comp PART	Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information  Detete this part to provide the descriptions required for Part II, lines 3, 5, and 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, dditional information.  X - KAY ELECTRIC COOPERATIVE WAS AUDITED BY BOLINGER, SEGERS, G	2b 2c 2d 4a 4b 9; Part, lines 2	III, lines 1a ard and 4b. Also	d 4; Parto comple	IV, line te this p	endar YEAR TE REGARDING
a b c d e 3 4 a b c 5 Part \ Part \ PART	Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIV Supplemental Information  Dete this part to provide the descriptions required for Part II, lines 3, 5, and III, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, diditional information.  X - KAY ELECTRIC COOPERATIVE WAS AUDITED BY BOLINGER, SEGERS, GED 12/31/11. THE FINANCIAL INFORMATION PROVIDED IN THIS FORM 990 IS A contraction.	2b 2c 2d 4a 4b 9; Part lines 2	III, lines 1a ard and 4b. Also & MOSS, L.L. DINFORMATIO	d 4; Parto comple	IV, line te this p	26,887,001  26,887,001  s 1b and 2b; bart to provide  ENDAR YEAR  ETE REGARDING  EDERAL INCOME

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization KAY ELECTRIC COOPERATIVE Employer Identification number 73-0308955

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.	,	,	, . 
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		-	-
	☐ Travel for companions ☐ Payments for business use of personal residence		`` -	- 1
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	,		-
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	1,1		
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		<b>V</b>
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	ļ	1
_	ladicate which if any of the fallowing the filling appearing the potablish the companyation of the		١	
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	] .	-	3
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.	1.		. 5.
	· ·			
	Compensation committee	( )	1	9
	☐ Independent compensation consultant ☐ Compensation survey or study	1		
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	1	,	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			1
4	organization or a related organization:	} `	l	
_		Ĩ.		-
a	Receive a severance payment or change-of-control payment?	4a 4b		1
ь	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	┝┈	1
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70	<u> </u>	+
	11 165 to any or lines 4a-c, list the persons and provide the applicable amounts for each term in Fart in.		] `	1
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		-	1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	-		ļ -
	compensation contingent on the revenues of:			1 -
•	The organization?	5a	1	
a b	Any related organization?	5b	╁	┼
	If "Yes" to line 5a or 5b, describe in Part III.	100	-	┼─
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	ŀ	1	. :
•	compensation contingent on the net earnings of:	-	]	
а	The organization?	6a	1	-
b	Any related organization?	6b	<del>                                     </del>	${}^{+}$
_	If "Yes" to line 6a or 6b, describe in Part III.		_	十一
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed		ì	-
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	ł	1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<del>-</del>	+	+
3	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	]	1	1
	in Part III	8	1	1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<b>├</b> °	+-	+-
3	Pagulations section 53 (058-6/o)?		i	

Schedule J (Form 990) 2011

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

art vii. بئا مو تصميم مون الا المال Section A. line 1a, applicable column (D) and (E) amounts for that individual.

		C I MODULE (C)			(C) Retirement and	(D) Nortaxable	(b) Diearcown of W.2 and of Compensation (C) Retirement and (D) Nortexable (E) Total of Columns (F) Compensation	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incertive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(J)-(D)	reported as deferred in prior Form 990
SIGNATION	ε	204,460		22,170	15,000	96,457	338,087	316,794
1	3					017 41		
TIMOTHY RODRIGUEZ	(1)	144,211		1,458		15,478	141,122	000,402
8	(3)					24 450		
DAVID RESER	ω	124,136	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	537		458/L/	130, 135	060,001
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#### SCHEDULE 0 (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.

2011
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

KAY ELECTRIC COOPERATIVE, INC

Employer identification number 73-0308955

PART VI - LINE 6 - KAY ELECTRIC COOPERATIVE WAS FORMED IN 1937 UNDER THE RURAL ELECTRIFICATION ACT OF 1935. THE
COOPERATIVE BUSINESS MODEL WAS ADOPTED. CURRENTLY, KEC HAS APPROXIMATELY 5600 METER, 3500 MEMBERS, AND MAIN-
TAINS ABOUT 2,100 MILES OF ELECTRIC DISTRIBUTION LINE.
PART VI - LINE 7A - KAY ELECTRIC COOPERATIVE IS GOVERNED BY A 9 MEMBER BOARD OF TRUSTEES, EACH REPRESENTING AN
EQUAL NUMBER OF MEMBERS. THREE DISTRICT MEETINGS ARE HELD YEARLY WHEREBY THE MEMBERS NOMINATE TWO CANDI-
DATES TO BE VOTED ON AT THE ANNUAL MEETING TO SERVE A THREE YEAR TERM.
PART VI - LINE 7B - THE DULY ELECTED TRUSTEE IS THE MEMBER'S VOICE FOR NORMAL BUSINESS ACTIVITY. AN ANNUAL MEETING
IS HELD TO ENABLE THE MEMBERSHIP TO VOTE TO ACCEPT FINANCIAL REPORTS FROM THE SECRETARY/TREASURER, HEAR A
REPORT FROM THE BOARD PRESIDENT, AN OPERATIONS REPORT FROM THE GENERAL MANAGER/CEO, AND TO ADDRESS ANY BY-
LAW REVISIONS THAT MAY BE DEEMED NECESSARY BY THE BOARD OF TRUSTEES. MEMBERS ARE SOLICITED TO HELP THE BOARD
OF TRUSTEES CONDUCT THE ANNUAL MEETING.
PART VI - LINE 10 - AN ELECTRONIC VERSION OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF TRUSTEES PRIOR TO THE
FILING OF THE FORM. ANY QUESTIONS ARE ADDRESSED. THE FORM 990 IS PREPARED USING THE AUDITED FINANCIAL INFORMA-
TION PROVIDED BY OUR AUDITING FIRM, BSGM, WHO ALSO REVIEW THE PRIOR YEARS' FORM DURING THEIR AUDIT FIELDWORK.
PART VI - 12C - QUESTIONAIRES ARE ANSWERED TO BRING RISE TO ANY POTENTIAL CONFLICTS OF INTEREST. INTERNAL CONTROLS
ARE ALSO IN PLACE AND REVIEWED ANNUALLY TO BRING LIGHT TO ANY PROBLEM AREAS.
PART VI - LINE 15 a/b - COMPENSATION SURVEYS ARE REVIEWED ANNUALLY AS WELL AS DISCUSSIONS WITH LIKE SIZE ENTITIES
WITHIN OUR INDUSTRY.
PART VI - LINE 19 - AS WELL AS BEING PUBLICALLY REPORTED, KEC MEMBERS MAY REQUEST INFORMATION AT OUR OFFICE DURING
NORMAL BUSINESS HOURS. ALL REQUESTS ARE MADE THROUGH THE CEO.
PART VII - QUESTIONAIRES ARE ANSWERED PERTAINING TO THE NUMBER OF HOURS THE TRUSTEES INVEST ON THE BEHALF OF THE
COOPERATIVE. THERE IS AN EXPECTED LEVEL OF COMPETENCE THE TRUSTEES MUST OBTAIN TO REPRESENT THEIR MEMBERSHIP.
TRAINING IS REQUIRED AND NUMEROUS SCHOOLS ARE OFFERED FOR THE TRUSTEES TO ATTAIN A HIGHER DEGREE OF KNOW-
LEDGE. THE EXPENSE OF THE TRAINING IS BOURN BY THE COOPERATIVE BUT IS REPORTED AS INCOME TO THE TRUSTEES.
PART XI - LINE 3 - KEC ALLOCATES ANY MARGINS FOR THE YEAR BACK TO ITS' MEMBERS BASED ON THE MEMBERS' PROPORTIONAL
USACE

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

KAY ELECTRIC COOPERATIVE, INC.

Part

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37. ▶ Attach to Form Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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▼ See 84
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Open to Public Inspection Employer identification number OMB No. 1545-0047

73-0308955

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 (f)
Direct controlling
entity õ Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes N/A (f) Direct controlling entity 146,059 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 6,795 (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) OKLAHOMA Cat. No. 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity SERVICE (b) Pnmary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization 73-1540628 BLACKWELL, OK 74631 (1) KAY SERVICES, INC Parl II ව Ø **(** € € 9 E ව 9 ☻ E 8