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# SCANNED JUN 18 2012

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

<u>A</u>	For the	2011 cale	ndar year, or tax year beginning , 2011, and endin	g	, 20				
В	Check if	applicable	C Name of organization KIAMICHI ELECTRIC COOPERATIVE, INC.		D Employe	er identification number			
	Address	change	Doing Business As			73-0539216			
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/su	ate	E Telephor	ne number			
	Initial retu	um	P.O. BOX 340			918-465-2338			
	Terminate		City or town, state or country, and ZIP + 4						
ī	Amended		WILBURTON, OK 74578		<b>G</b> Gross re	eceipts \$ 38,537,678			
Ħ		on pending		H(a) le this		for affiliates? Yes V No			
_	Applicati	on pending	2225 GREEN MEADOWS CIRCLE, MCALESTER, OK 74501		l affiliates in				
	Tay ayan	net etetue				list (see instructions)			
⊹	Website:	npt status	☐ 501(c)(3) ☐ 501(c) ( 12 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	<b>-</b>		•			
<u>K</u>		number ► of legal domicile OK							
_	art I	Summ	✓ Corporation Trust Association Other LYear of forma	tion 1945	M State	of legal domicile OK			
			· · · · · · · · · · · · · · · · · · ·	VE ELECTO	IO ENEDO	NAME AD LETO ALL			
	1		escribe the organization's mission or most significant activities: TO Mi		·				
9		MEMBER	RS OF THE COOPERATIVE AT THE LOWEST COST CONSISTENT WITH SOI	JND ECONOI	WY AND G	OOD MANAGEMENT			
ě									
Activities & Governance	_								
õ			is box ▶☐ if the organization discontinued its operations or disposed			its net assets.			
æ	1		of voting members of the governing body (Part VI, line 1a)		3	7			
es			of independent voting members of the governing body (Part VI, line 1b)			7			
Σ̈́	5	Total nun	nber of individuals employed in calendar year 2011 (Part V, line 2a) .		5	56			
<b>Act</b>	1		nber of volunteers (estimate if necessary)		6	0			
•	1		elated business revenue from Part VIII, column (C), line 12 $$ . $$ . $$ . $$ .		7a	24,325			
	b	Net unrel	ated business taxable income from Form 990-T, line 34		7b	23,325			
				Prior Ye	ear	Current Year			
Φ	8	Contribut	tions and grants Part VIII, tine 111)		0	0			
Ĕ	9	Program	service revenue (Part VIII, line 2g)	35	5,838,026	37,065,177			
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		112,607	68,178			
Œ	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	1,922,176	1,244,773			
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37	7,872,809	38,378,128			
	13	Grants a	nd sımılar amounts paid (PartiXColumn (A), lines 1-3)		0	0			
			paid to or for members (Part-IX, column (A), line 4)		0	0			
Ø			other compensation, employee benefits (Partix, column (A), lines 5-10)		3,763,616	4,241,858			
Expenses			onal fundraising fees (Part IX, column:(A), line 11e)		0	0			
<u> </u>			draising expenses (Part IX, column (D), line 25) ▶	10	15 / L				
ă			penses (Part IX, column (A), tings 11a-1.id, 11f-24e)		1,285,382	31,957,793			
	18	Total exc	penses. Add lines 13=17 (must equal Part IX, column (A), line 25)		5,048,998	36,199,651			
			less expenses. Subtract line 18 from line 12		2,823,811	2,178,477			
_ s		TIO VOITAGE	Todo experiesco, cubit del morto mentra in 2	Beginning of Cu		End of Year			
ets or	20	Total ass	ets (Part X, line 16)		3,985,802	81,114,283			
Net Assets ( Fund Balanc	21		olities (Part X, line 26)		1,690,012	55,655,574			
Set	22		ts or fund balances. Subtract line 21 from line 20		4,295,790	25,458,709			
	art II	_	ture Block		1,233,730	25,430,703			
			iry, I declare that I have examined this retum, including accompanying schedules and state lete. Declaration of preparer (other than officer) is based on all information of which prepare			my knowledge and belief, it is			
		<u> </u>	http://		<del></del>				
Siç	nn	Kinn	ature of or occur	Da	<u></u>	) - /2			
He				06	ite				
110		Type	e or print name and title	·					
		<u> </u>		ate	1	PTIN			
Pa	nid	FIRMUTY	pe preparer's name Preparer's signature D	ald	Check	<b>□</b>			
Pr	epare	r		г	self-em	pioyed			
	se Onl		name ►	Firm	n's EIN ▶				
		Firm's a	ddress ▶	Pho	one no				
Ma	ıy the IR	IS discus:	s this return with the preparer shown above? (see instructions)			🗌 Yes 🗌 No			

Cat No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

Onn 35	40 (2011)	<u> </u>	i age 🔤
Part		Statement of Program Service Accomplishments	
		Check if Schedule O contains a response to any question in this Part III	🗆
1		y describe the organization's mission:	
		IAKE ELECTRIC ENERGY AVAILABLE TO ALL MEMBERS OF THE COOPERATIVE AT THE LOWEST COST CONSISTEN	T WITH
	SOUN	ND ECONOMY AND GOOD MANAGEMENT	
_	Dod Ab	he are an about the constraint and are the constraint and the constrai	
2		he organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	(7) No.
			. MO
2		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program ces?	. Z Na
			. MO
4		es," describe these changes on Schedule O.	ooured by
4		ribe the organization's program service accomplishments for each of its three largest program services, as me nses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	
		is and allocations to others, the total expenses, and revenue, if any, for each program service reported	arriodint Oi
	grante	and anobations to stricts, the total expenses, and revenue, if any, for each program coveres reported	
4a	(Codo	e:) (Expenses \$including grants of \$) (Revenue \$	
70		RIBUTION OF ELECTRICITY	/
		·	
4b	(Code	e:) (Expenses \$including grants of \$) (Revenue \$	)
			<del></del>
4c	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other	r program services (Describe in Schedule O.)	
70	(Expe	enses \$ including grants of \$ ) (Revenue \$ )	
40		I program service expenses ▶	

'art	Checklist of Required Schedules		Vaa	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	Yes	No ✓
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C</i> , <i>Part I</i>	3		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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		1
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 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7	_	1
9	complete Schedule D, Part III	8		<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		✓ ✓
11 a	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	✓	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
_	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>	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> .	11e	✓_	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
_	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	-	✓
b	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
-	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

Part	Checklist of Required Schedules (continued)			
04	Dilli di de pop e i di de pop e		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 2? 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	,	<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>√</u>
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,			
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		<b>√</b>
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			/
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	33		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 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		<b>√</b>
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	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38		37	<u> </u>	<b>✓</b>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		F	<b>99</b> 0	10011

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 38			
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
20	reportable gaming (gambling) winnings to prize winners?	1c	✓	<del>                                     </del>
2a				
b	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  56  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>√</b>	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	_	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>√</b>	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	1	$\vdash$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	OD	V	<del> </del>
	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>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٠		
7	gifts were not tax deductible?	6b		<del>                                     </del>
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
ь	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			<del> </del>
	required to file Form 8282?	7c		1
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	7	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L.,
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			]]
9	organization, have excess business holdings at any time during the year?	8		<del> </del> -
a	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due of received from them)	<del></del> -		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		<del> </del>
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
a	Note. See the instructions for additional information the organization must report on Schedule O	13d		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	I	Ι

Form 99	2011)			Page <b>U</b>
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI			
Section	on A. Governing Body and Management	• •	• •	· <u> </u>
<del>Occur</del>	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 7		_	
ıa	If there are material differences in voting rights among members of the governing body, or			l i
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3	Did the organization delegate control over management duties customarily performed by or under the direct			<del>  •</del>
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	1	<del>                                     </del>
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	⊢	•	
	one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-		
-	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	· -		
	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b		$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	<del>)</del>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, 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>/</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		<b> </b> ✓
14 15	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	1	<del> </del>
a		15b		├
Ь	Other officers or key employees of the organization	130	_	$\vdash$
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	<b>√</b>	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	134	┢	<del> </del>
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	}		1
	organization's exempt status with respect to such arrangements?	16b	1	1
Secti	on C. Disclosure		· · ·	
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	oolicy
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► KIAMICHI ELECTRIC COOPERATIVE, INC., 966 SW HWY 2, WILBURTON, OK 74578			

Pag	۵	7

Form	990	(201	1

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

☐ Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A)	(B)			((	C) Ition			(D)	(E)	(F)
Name and Title	Average hours per week	box, office	unles	s pe dad	rson	than one that the that the that the that the that the that the the that the the the the the the the the the th	an ee)	Reportable	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LARRY CULWELL										
PRESIDENT	9.50	<b>✓</b>						36,674		
(2) RICHARD MEDLOCK										
VICE PRESIDENT	6.67	✓						33,862		
(3) DON PARR										
SECRETARY/TREASURER	4.83	<b>/</b>	_	<u> </u>		<u> </u>	_	31,875		
(4) ROBERT WILLIAMS DIRECTOR	5.15	1						19,890		
(5) DAVID RAY										
DIRECTOR	6.38	1						33,064		
(6) DALE SHAW										
DIRECTOR	5 06	✓						20,488		
(7) DOUG BINNS	_									
DIRECTOR	5.21	1		L				30,693		
(8) STEPHEN BRYAN				,				440.700		00.000
CEO	40.0		┢	✓	<u> </u>		⊢	143,720		90,668
(9) JIM JACKSON	. 42.75			1				00.306		36,228
CFO (10)	42.75		-	✓			-	90,396		30,226
,	-									
(11)										
(12)	-									
(13)		_								
(14)	-	_								

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	ees/			lighes	st C	ompensated E	mployees (	<u>continue</u>	<u>d)</u>		
(A) Name and title		(B) Average hours per	box, ι	Position (do not check more box, unless person officer and a director				n an	(D) Reportable compensation	( <b>E</b> ) Reportab compensation		Estir amo	(F) mated ount of	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		compe fror organ and i	ther ensation the nization related izations	ì
(15)					-									
(16)						_								
(17)														
(18)														
(19)														
(20)								<u> </u>						
(21)														
(22)														
(23)	-													
(24)								-						
(25)														_
1b	Sub-total	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>		<b></b>	440,662				12	6,896
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							<b>▶</b>	440,662				12	6,896
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th					e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of			or tr	usti	 88	kev (	emr	olovee or high	est compe	nsated		Yes	No
_	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	ınd	ividi	ual					3		1
4	For any individual listed on line 1a, is the organization and related organizations													
5	Individual			neat	tıon	fro	m anı					4	✓	
	for services rendered to the organization								. •			5		1
	on B. Independent Contractors										*			
1	Complete this table for your five highest compensation from the organization. Repyear.													ах
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompens	ation	
	PROFESSIONAL TREE SVCS, INC, 4831 OLD			_				-	GHT-OF-WAY M					6,175
	<u>ESTERN ELEC CONTRACTORS LLC, 2</u> 215 W IER TREE SERVICE INC,RR 1, KIOWA OK, 74		TE 11	14, N	IOR	MAI	v, OK	_	I LINE CONST/N GHT-OF-WAY M					2,312 7,289
	MER RIGHT-OF-WAY SERVICES LLC, PO BOX		URTO	N, C	)K 7	457	8	-	GHT-OF-WAY M					7,289 9,773
	CRANE CONSTRUCTION LLC, 28030 GOAT	RIDGE RD,	WIST	ER,	ОК	749	166	UG	LINE CONST/A	MAINT		·		2,238
2	Total number of independent contracto							o th		ove) who				
	received more than \$100,000 of compens	sation from	the o	rgar	าเza	tion			5	1	1			

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
nts	1a	Federated campaigns	a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	b				
Ьs, (	С		lc				
Gif	d	· –	ld				
ns,	е	· · · · · ·	le				
utio er (	f	All other contributions, gifts, grants,					
g i		L	1f		i		
no.	9	Noncash contributions included in lines 1a-11	****************				
O e	h	Total. Add lines 1a-1f	Business Code				
Program Service Revenue	2a	SALES OF ELECTRICITY	Business Code	37,065,177	37,065,177		<u> </u>
Rev	b			37,000,177	37,003,177		· <del></del> -
ice	C		1			-	
er.	d						
Ē	е						
gra	f	All other program service revenue					
<u>P</u>	g	Total. Add lines 2a-2f		37,065,177			· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including d					
		and other similar amounts)		31,029			31,029
	4	Income from investment of tax-exemp	•				
	5	Royalties					
	c-	· · · · · · · · · · · · · · · · · · ·	(ii) Personal				
	6a b	Gross rents 194,	387				
	C	Less' rental expenses  Rental income or (loss)  194,	887				
	d	Not restal manner on (less)	<b>&gt;</b>	194,887			194,887
	7a	Gross amount from sales of (i) Securities		10 1,001			10 1,007
		assets other than inventory	40,969				
	b	Less: cost or other basis					
		and sales expenses .	3,820				
	C	Gain or (loss)	37,149				
	d	Net gain or (loss)	· <u>· · · · · · · · · · · · · · · · · · </u>	37,149			37,149
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Other Re		See Part IV, line 18	а				
O.	b	Less: direct expenses	b				
	С	Net income or (loss) from fundrais					
	9a	Gross income from gaming activities See Part IV, line 19					
	b		a b				
	C	Less: direct expenses					
		Gross sales of inventory, les					
		returns and allowances					
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of					·
		Miscellaneous Revenue	Business Code				
	11a	NONOPERATING REVENUE		2,127			2,127
	b	G&T CAPITAL CREDITS		643,065			643,065
	C	OTHER CAPITAL CREDITS	<del></del>	380,369			380,369
	ď	All other revenue	517000	24,325		24,325	
	е 12	Total revenue. See instructions.		1,049,886 38,378,128	37,065,177	24,325	1 200 000
$\overline{}$			<u> </u>	30,370,120	37,003,177	24,325	1,288,626

## 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 i	in this Part IX .		🗸
Do no 8b, 9b	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	( <b>D</b> ) 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	2,178,477 488,559			
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	1,761,662 603,127			
9	Other employee benefits	1,215,148			
10	Payroll taxes	173,362			
11	Fees for services (non-employees):	170,002			<del></del>
a	Management				
b	Legal	22,211			
С	Accounting	17,475			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	_			
g	Other	24,053			
12	Advertising and promotion	44,643			
13	Office expenses	152,068			
14	Information technology				
15 16	Royalties	57.004			l
17	Occupancy	57,904 54,325			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	34,323			
19	Conferences, conventions, and meetings .	52,965			
20	Interest	1,634,390			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,473,365			
23	Insurance	128,449			
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.)				
_	COST OF POWER	22 102 722			
a b	MAINTENANCE OF LINES	23,183,732 2,095,325			
C	TAYES	681,211			
d	TRANSPORTATION	582,172			
	All other expenses	753,505			
25	Total functional expenses. Add lines 1 through 24e	38,378,128		-	
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 following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet	т		
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	40,666	1	21,774
	2	Savings and temporary cash investments	20,847	2	20,978
ļ	3	Pledges and grants receivable, net	0	3	0
Ì	4	Accounts receivable, net	4,704,240	4	4,661,922
	5	Receivables from current and former officers, directors, trustees, key			_
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	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			
छ		employees' beneficiary organizations (see instructions)	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
<b>ĕ</b>	8	Inventories for sale or use	340,201	8	377,480
	9	Prepaid expenses and deferred charges	1,733,832	9	1,818,834
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 78,620,845			
- 1	b	Less: accumulated depreciation 10b 16,321,861	60,900,186	10c	62,298,984
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	10,507,009	13	11,280,998
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	738,821	15	633,313
	16	Total assets. Add lines 1 through 15 (must equal line 34)	78,985,802	16	81,114,283
	17	Accounts payable and accrued expenses	5,013,624		4,919,355
- 1	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
je:	22	Payables to current and former officers, directors, trustees, key			
₩		employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L			
Liabilities		·	0	_	0
-	23	Secured mortgages and notes payable to unrelated third parties	40,104,982	23	40,302,721
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	9,571,406		10,433,497
		of Schedule D	5,571,400	25	10,433,497
- 1	26	Total liabilities. Add lines 17 through 25	54,690,012		55,655,573
$\rightarrow$	20	Organizations that follow SFAS 117, check here ▶ ☐ and complete	34,030,012	20	33,033,373
Ses		lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	0	27	0
Bal	28	Temporarily restricted net assets	0	28	0
ᅙ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
္စ	30	Capital stock or trust principal, or current funds	81,790	30	81,620
set	31	Paid-in or capital surplus, or land, building, or equipment fund	2,823,811	<del>                                     </del>	2,178,477
AS	32	Retained earnings, endowment, accumulated income, or other funds.	21,390,189		23,198,613
<u>듛</u>	33	Total net assets or fund balances	24,295,790		25,458,710
~	34	Total liabilities and net assets/fund balances	78,985,802	-	81,114,283
					Form <b>990</b> (2011)

Page 1	12
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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>		<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38,37	<del></del>
2	Total expenses (must equal Part IX, column (A), line 25)	2	_	36,19	9,651
3	Revenue less expenses. Subtract line 2 from line 1	3		2,17	B,477
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,29	5,790
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,01	5,557
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		25,45	8,710
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		
	Schedule O.				
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	✓	
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 account				✓_
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın		:
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar we	re		
	issued on a separate basis, consolidated basis, or both:				
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		
	the Single Audit Act and OMB Circular A-133?		. <u>За</u>		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Fo	m <b>990</b>	(2011)

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

201

Employer identification number

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

OMB No 1545-0047

KIAMIC	CHI ELECTRIC COOPERATIVE, INC.		73-0539216
Part		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to F	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	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		
_	funds are the organization's property, subje-	_	
6	Did the organization inform all grantees, do		
	only for charitable purposes and not for the conferring impermissible private benefit?		The state of the s
Part	- · · · · · · · · · · · · · · · · · · ·	blete if the organization answered "Yes	
1	Purpose(s) of conservation easements held		to rolling 30, Fartiv, line 7.
•		recreation or education)  Preservation	of an historically important land area
	Protection of natural habitat	· —	of a certified historic structure
	☐ Preservation of open space		or a continea motorio an actaro
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.	4	
			Held at the End of the Tax Year
а	Total number of conservation easements		<b>2</b> a
b	Total acreage restricted by conservation eas	sements	2b
С	Number of conservation easements on a ce		. 2c
d	Number of conservation easements include		
	historic structure listed in the National Regis		
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by the organization during the
_	tax year ▶		
4	Number of states where property subject to		
5	Does the organization have a written po violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		<u>_</u>
U	Starr and volunteer rours devoted to monito	oring, inspecting, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring,	inspecting and enforcing conservation ea	sements during the year
-	<b>▶</b> \$		assime the defining and your
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · □ Yes □ No
9	In Part XIV, describe how the organization re	eports conservation easements in its reven	ue and expense statement, and
	balance sheet, and include, if applicable, the		financial statements that describes the
	organization's accounting for conservation		
Part		ections of Art, Historical Treasures,	
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other public service, provide, in Part XIV, the text		
	•		
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other public service, provide the following amoun		education, or research in furtherance or
	(i) Revenues included in Form 990, Part VIII	•	<b>▶ \$</b>
	(ii) Assets included in Form 990, Part X .	i, iii 10 + · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works		
-	following amounts required to be reported u		- · · · · · · · · · · · · · · · · · · ·
а	Revenues included in Form 990, Part VIII, lir		
	Assets included in Form 990 Part X		• •

Part	III Organizations Maintaining	Colle	ctions of	Art, Hist	torical T	reasures,	or Ot	her Similar A	ssets (contin	ued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	her recor	ds, chec	k any of the	e follov	ving that are a	significant use	of its
а	☐ Public exhibition			d	🗌 Loan	or exchang	e prog	rams		
b	☐ Scholarly research			e	Other					
С	☐ Preservation for future generations									
4	Provide a description of the organization	tion's d	collections a	and expla	un how th	ney further	the org	ganızatıon's exe	mpt purpose	n Part
	XIV.									
5	During the year, did the organization									
	assets to be sold to raise funds rather									
Part	IV Escrow and Custodial Arra					anızatıon a	answe	red "Yes" to F	orm 990, Par	t IV,
	line 9, or reported an amour	nt on F	orm 990, I	Part X, li	ne 21.					
1a										<b>-</b>
	included on Form 990, Part X?								☐ Yes ☐	」 No
р	If "Yes," explain the arrangement in P	art XIV	and compl	ete the fo	illowing to	able:	ļ	1 ,	· marint	
								<del></del>	mount	
C	Beginning balance						10	<del></del>		
d	Additions during the year						10			
e	Distributions during the year						16			
f	Ending balance						11			7
2a	Did the organization include an amount (16 "Yes", " available the arrangement in D			aπ x, iine	217 .				☐ Yes ☐	」 NO
90000	If "Yes," explain the arrangement in P  Endowment Funds. Compl			zation ar	sworod	"Voc" to E	orm 0	OO Part IV lin	2.10	
r <sub>al</sub>	Endownient Funds. Compr		urrent year	T	or year			(d) Three years bac		hack
10	Paginning of year balance	(8)	ourient year	(5)		(c) Two year	3 Duck	(a) Timee years bac	(c) tour your	
1a b	Beginning of year balance								2 50	<del>  </del>
C	Net investment earnings, gains, and									
·	losses									1
d	Grants or scholarships			<del> </del>					-	
e	Other expenditures for facilities and					ļ				
	programs									
f	Administrative expenses			1						
g	End of year balance									
2	Provide the estimated percentage of t	the cur	rent vear er	nd balanc	e (line 1a	ı, column (a	)) held	as:		
а	Board designated or quasi-endowme	nt 🕨	,	%	` `	,, ,	,,			
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶		%							
	The percentages in lines 2a, 2b, and 2	2c sho	uld equal 10	00%.						
3a	Are there endowment funds not in th	e poss	session of th	he organı	zation tha	at are held	and ad	lmınıstered for t	he	
	organization by:								Yes	No
	(i) unrelated organizations								3a(i)	ļ
	(ii) related organizations								3a(ii)	<u> </u>
b	If "Yes" to 3a(II), are the related organ								3b	
4	Describe in Part XIV the intended use									
Part		oment						1		
	Description of property		(a) Cost or of (investm		, ,	or other basis other)		Accumulated epreciation	(d) Book valu	je
1a	Land					157,952	*1 >		1:	57,952
b	Buildings	. [	•			1,307,594		637,736	6	69,858
С	Leasehold improvements	. [								
d	Equipment	. [				3,452,251		2,290,557	1,10	61,694
<u>e</u>	Other	.				73,703,048		13,393,568		09,480
Total.	Add lines 1a through 1e (Column (d) r	nust e	qual Form 9	90, Part	X, columr	n (B), line 10	D(c).)	▶	62,2	98,984

Part VII Investments—Other Securities.	See Form 990 Part Y I	ine 12	- Fage U
(a) Description of security or category	(b) Book value	(c) Method of val	luation
(including name of security)	(2)	Cost or end-of-year n	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)		-	
(B)			
(C)	'		
(D)	. — .		<del></del>
(E)			
(F) (G)	<del></del>		
(H)	<del></del>		··
(1)			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related	. See Form 990, Part X.	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va	luation
	• • •	Cost or end-of-year r	narket value
(1) INV-ASSOC ORGS-PATRONAGE CAPITAL	10,410,704	COST	
(2) CAPITAL TERM CERTIFICATES	842,204	COST	
(3) INV-OTHER ASSOC ORGS	28,090	соѕт	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	4		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets. See Form 990, Pa	11,280,998	<u> </u>	
	Description		(b) Book value
(1) UTILITY DEPOSITS	, Dosenprion		260
(2) REGULATORY ASSETS		<del></del>	633,053
(3)			000,000
(4)			
(5)			
(6)	<del>12</del> 1		
(7)			
(8)	· .		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, co		<u> ▶</u>	633,313
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Book value	-	
(1) Federal income taxes			
(2) MARGINS & EQUITIES	1,548,504	-	
(3) ACCUM PROV-EMP POST RETIREMENT BNFTS	6,389,110		
(4) CONSUMER DEPOSITS	1,582,068		
(5) ACCRUED INTEREST EXPENSE (6) ACCRUED SICK/ANNUAL LEAVE		4	
(7) ACCRUED MISC LIABILITIES	7,891	1	
(8) ACCRUED CAPITALIZED LABOR	71,603	1	
(9) UNAMORTIZED GAIN	460,197	1	
(10)	400,137	1	
(11)	<u> </u>	1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,433,497	1	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide	<del></del>		ments that reports the
organization's liability for uncertain tax positions un		3	p -1

Schedu	le D (Form 990) 2011		Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part			turn
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:	H	<del> </del>
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	20	_
3	Subtract line 2e from line 1	3	- t
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	$\dashv$	
c	Add lines <b>4a</b> and <b>4b</b>	40	_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		_
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<del>  '</del>	<del>-</del>
- a	Donated services and use of facilities		
b	Prior year adjustments		-
C	Other losses	$\dashv$	
ď	Other (Describe in Part XIV.)	$\dashv$	,
e	Add lines 2a through 2d	20	_
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<b>⊢</b>	<del></del>
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	$\dashv$	
c	Add lines 4a and 4b	4	_
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		-
Part			<del></del>
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part	IV. lines 1b and 2b:
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also coi		
any ac	dditional information.		
	······		

Schedule D (For	orm 990) 2011	Page <b>5</b>
Part XIV	Supplemental Information (continued)	<u>-</u>
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### **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 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KIAMICHI ELECTRIC COOPERATIVE, INC.

Employer identification number 73-0539216

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization 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			
	☐ 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			
	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		1
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		<b>✓</b>
	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			1
	compensation contingent on the revenues of:			
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		
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			
	ın 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)?	1 0	1	1

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

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

Note. The sum of columns (B)(I)-(iii) 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.

Note. The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Fart VII, Section A, Iline Ta, applicable columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Fart VII, Section A, Iline Ta, applicable columns (B)(I)—(III) for each listed individual must equal the total amount of W-2 and/or 1099-MISC compensation	or eac	(B) Breakdown of	St equal the total arm W-2 and/or 1099-MIS	ount of Form 990, Pe SC compensation	ir VII, Section A, III e	a, applicable colum	n (U) and (E) amount	s for trial moividual.
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	(b) Nontaxable benefits	(E) Total of columns (B)(î)+(D)	(F) Compensation reported as deferred in prior Form 990
MANGE LINES	8	143.720			69.566	21.102	234,388	
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	4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.										Schedule J (Form 990) 2011
	Somplete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.										
Information	vide the information, explanation, or descript any additional information.										:
Part III Supplemental I	Complete this part to provi-										

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
KIAMICHI ELECTRIC COOPERATIVE, INC.	73-0539216
PART VI, LINE 11B	
THE FORM ORDING DEVIEWED BY THE OFF AND OFF	
THE FORM 990 IS REVIEWED BY THE CEO AND CFO.	
PART VI, LINE 15	
THE COOPERATIVE USES STATEWIDE AND NATIONAL COMPARATIVE DATA ANNUALLY FOR DETERMINING COMPENSATION FOR CEO	
CFO.	
GFU .	
PART VI, LINE 19	
GOVERNING DOCUMENTS ARE AVAILABLE ON THE COOPERATIVE'S V	/EBSITE AND UPON REQUEST.
AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE ANNUAL MEETING NEWSLETTER AND UPON REQUEST.	
NODITED THAT OF CONTRACT OF THE PROPERTY OF TH	ETHOREWOLL TER AND OF ON REQUEST.
PART I, PART IX, AND PART XI	
TOTAL CUBICTIONAL EVERNICES IN DART IN LIBIT 25 INCLUDE DATEON	ACE ALLOCATION TO MEMBERS DECUMPED TO BE DEPORTED.
TOTAL FUNCTIONAL EXPENSES IN PART IX LINE 25 INCLUDE PATRON	AGE ALLOCATION TO MEMBERS REQUIRED TO BE REPORTED
ON LINE 4 ALTHOUGH NOT AN EXPENSE ON COOPERATIVE BOOKS. THEREFORE IT IS NOT INCLUDED IN PART XI LINE 2 BUT	
REPORTED ON LINE 3 AS REFLECTED IN OUR BOOKS. THIS ALLOCAT	ON IS ALSO REFLECTED IN PART I LINE 19 INSTEAD OF LINE 14.
PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS OR FUND BALANC	ES.
TANTAL LINE VOTTER CHANGES IN NET ASSETS ON TOND BALANCE	
DECREASE IN MEMBERSHIPS 170	
PATRONAGE RETIREMENT 1,015,387	
TOTAL 4.045.557	
TOTAL 1,015,557	
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