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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

2012
Open to Public
Inspection

	or th	e 2012	calendar year, or tax y	ear beginning	, 20	12, and ending			, 20
R ~	eck if ap		Name of organization					• •	ication number
- Ch	_	L	CLARKE ELECTRIC	COOPERATIVE, I	NC.		'	420243366	5
	Addres change		Doing Business As	<u> </u>				~	
	Name	change	Number and street (or P O	box if mail is not delivered to st	reet address)	Room/suite	E T	elephone numb	er
	Initial	return	P.O. BOX 161				(6	41) 342-	2173
	Termir	nated	City, town or post office, state	e, and ZIP code				=-	
	Ameno		OSCEOLA, IA 502	13-0161			GG	Gross receipts \$	11,923,05
	Applic	ation	F Name and address of prince	cipal officer WILLIAM	FREEMAN		H(a)	Is this a group re affiliates?	turn for Yes X
	3 pu	··•	P.O. BOX 161 OS	CEOLA, IA 50213	-0161		Н(b)	Are all affiliates i	ncluded? Yes
<u> </u>	Tax-exe	empt statu	s 501(c)(3) X	501(c) (12) ◀ (insert	no) 4947(a)(1) or 527		If "No," attach a l	ist (see instructions)
, ,	Websit	te· ▶ W	WW.CECNET.NET				H(c)	Group exemption	number >
K F	Form o	of organiza	ation X Corporation	Trust Association	Other ►	L Year of for	mation .	1939 M Stat	e of legal domicile I
Pai		Sumi			<u></u>				
			escribe the organization's	mission or most significal	nt activities				******
ı			STRIBUTE ELECTRI						
윌									
E									
Activities & Governance	2	Check ti	ous box	anization discontinued its	operations or disp	Telds that the	75% of its	net assets	
Ğ	3	Number	nis box (in) If the organized force of the	governing body (Part VI. I	ine 1a)		ייי די וני	3	
SS			of independent voting me	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	၂၂ဣ	4	
ŧ,			mber of individuals emplo				၂ဗိ	5	3
5			mber of volunteers (estima			(A) (11 · Tr W · CO1)?	10)	6	
۷			related business revenue f		line 12		⋰⋰	7a	188,95
l				, , ,,		GDEN: U]	7b	
		Net unit	elated business taxable inc	Come nom Pomi 990-1, iii	5 34 [91 12. 5. 1 4 6. 19	Pri	or Year	Current Year
		Contrib	tions and grapts (Bod VIII	lino 1h)		<u> </u>		(1 00/10/11/100/
Revenue			itions and grants (Part VIII)				11	111,516.	11,199,81
, e			service revenue (Part VIII,					145,830.	435,49
8			ent income (Part VIII, colu					904,263.	
1			venue (Part VIII, column (12	161,609.	11,923,05
\dashv			venue - add lines 8 throug				121	101,000.	11, 523, 030
- 1			and similar amounts paid (F					239,059.	241,60
- 1			paid to or for members (P			ſ		699,023.	
Ses			, other compensation, em					, 099, 023.	2,007,32
ë			onal fundraising fees (Part						J
Expenses			ndraising expenses (Part I)	-				624 962	0 672 52
ł			penses (Part IX, column ((4)		634,862.	
- 1			penses Add lines 13-17 (•			11,	572,944.	
- 0	19	Revenu	e less expenses Subtract	line 18 from line 12				588,665	
ls or						В		of Current Year	
25.00			sets (Part X, line 16)					503,990.	
절			bilities (Part X, line 26)			· · · · · ·		779,471.	19,991,78
فتتحد			ets or fund balances Subt	tract line 21 from line 20.			10,	724,519.	11,163,30
Pai			ature Block						
Und	ler pen . corre	raities of ct. and co	perjury, I declare that I have omplete. Declaration of prepare	examined this return, includii er (other than officer) is based	ig accompanying sch on all information of v	edules and statemen which preparer has at	its, and to ny knowie	the best of my dge	knowledge and belief,
		/	100 0	2		· • • • • • • • • • • • • • • • • • • •		-	2017
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Her		51	gnature of officer	E	Executive	11/20	. 1	Late	
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			pe or print name and title			····			
			pe preparer's name	Preparer's sign	ature	Date	0	Check If	PTIN
Paid	'	70		1	'In	7/30/	۱۷	self-employed	000 64418
	parer		· KITOOTINO A	SSOCIATES LLP			Firm	's EIN ▶ 39	-0906430
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Prep Use	Only	Firm's a	ame ► KIESLING A ddress ► 7780 OFFICE PL ss this return with the pre	AZA DR S, SUITE 184 W	EST DES MOINES, I	A 50266-2337	-		5-223-0159

Fon	990 (2012) Pa	ge 2
P	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response to any question in this Part III	
1	TO DISTRIBUTE ELECTRICITY TO MEMBERS	
	O DIGINIDOTE EDECINICITY TO HENDENO	
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
2	f "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	f "Yes," describe these changes on Schedule O	110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	yd b
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers,
	he total expenses, and revenue, if any, for each program service reported	
4-	Oods \/Coosse	
4a	Code (Expenses \$ 11,522,662 including grants of \$) (Revenue \$ 11,199,811) DISTRIBUTE ELECTRICITY TO MEMBERS	
	VISITIBUTE EBECTRICITY TO MEMBERS	
4b	Code) (Expenses \$ including grants of \$) (Revenue \$)	
		—
40	Code) (Expenses \$ including grants of \$) (Revenue \$)	
46) (Expenses \$) (Expenses \$)	
		_
		—
		—
4d	Other program services (Describe in Schedule O)	
	Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 11,522,662.	

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Part	Checklist of Required Schedules		Yes	No
	to the assessment of accepted in accepted E01/aV(2) or 4047/aV(1) (athor than a private foundation)? If "Yes"		108	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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		X
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,	_ ا		v
•	Part III	5		X
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			۱
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		x
14	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		A. Some	
1	VII, VIII, IX, or X as applicable	1.5	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	27,440,00	7 2.34	- 540.
_	complete Schedule D, Part VI	11a	X	
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		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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 11e	X	
	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	116	_^	-
ı	the organization's separate of consolidated financial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	İ
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 and XII is optional	12b	<u> </u>	>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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	14b		×
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		L'
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		l x
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		Х
7	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		X
8	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		X
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	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		┼
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	Щ

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Раг	t IV 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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		i	
	on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
24 a				
	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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?	1		
	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	230	 	_
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u> </u>
21	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		x
28		27	-	 ^-
20	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)	28a	1	х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	_^
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		v
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١		,,
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١.,
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		١
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١	1	l
	or IV, and Part V, line 1	34	<u> </u>	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			l
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Earm	000	(2012

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Page 5

Par	Check if Schedule O contains a response to any question in this Part V			
	Officer in octiculate of contains a response to any question in this Part V	•••	Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	- F	103	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	, ,	7	l `
	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
·	reportable gaming (gambling) winnings to prize winners?	1c		i ·
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	''		
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 32			ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
•	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	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	\vdash
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
		4a	i	Х
h	account)?	70		
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6ь		
7	- • · · · · · · · · · · · · · · · · · ·			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
_	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	- >		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		İ
9	Sponsoring organizations maintaining donor advised funds.			, ,
а	Did the organization make any taxable distributions under section 4966?	9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		,	1
а	Initiation fees and capital contributions included on Part VIII, line 12	ا ، ا	1	-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	18.7	,	
11	Section 501(c)(12) organizations. Enter	1,4 (m) 1,4 (m) 1,4 (m)	一是本	
а	Gross income from members or shareholders	114	44.7. 11.00	; S
b	Gross income from other sources (Do not net amounts due or paid to other sources	* * * * * * * * * * * * * * * * * * *	3 (1) A	, ⁵ , '
	against amounts due or received from them)		ذ ک	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	- 1	٠, ٦	İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	, ' 1		ļ
	the organization is licensed to issue qualified health plans	.		
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a]	Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below			"No
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See ii Check if Schedule O contains a response to any question in this Part VI			Тх
Sec	tion A. Governing Body and Management			1.
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2	1	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	Х	†
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			\vdash
' a		7a	х	1
	one or more members of the governing body?	-1ª-		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	x	
	stockholders, or persons other than the governing body?	10	 	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		•	
	the year by the following:		x	
a	The governing body?	8a		
p	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	١,		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<u> </u>	ΙΛ
0000	on b. I dicies (This deciron b requests information about policies not required by the internal Nevenue	Code	Yes	No
40-	Did the second-stand based about the based of the Control of the C	400	100	X
	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,	١		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	┼
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990		١,,	ĺ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		١	1
	rise to conflicts?	12b	X	↓
C	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		X
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
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?			1
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright IA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5			nlv)
	available for public inspection. Indicate how you made these available. Check all that apply	(0)	(2,50	,
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f into	raet -	an line
. 3		i inte	est \$	wiley,
20	and financial statements available to the public during the tax year.	ho		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization WILLIAM FREEMAN P O BOX 161 OSCEOLA, IA 50213-0161 641-342-2173	ıc		

JSA

Form **990** (2012)

Form 990 (2012)	CLARKE ELECTRIC COOPERATIVE, INC.	420243366	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensional Independent Contractors	sated Employees,	and
	Check if Schedule O contains a response to any question in this Part VII	<u></u> . <u>.</u> [
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	hours for related organizations below dotted fine)	Individual trustee or director	T-1T		Officer Institutional trustee Individual trustee		Officer Institutional trustee Individual trustee or director		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THOMAS CARSON	2.10												
VICE PRESIDENT	·	Х			ļ	1		3,325.	j o				
(2) RALPH EVANS	2.63												
DIRECTOR-RETIRED		Х						2,975.	0				
(3) RANDY GAUMER	5.91												
TREASURER		Х					<u> </u>	6,650.	0	(
_(4) LARRY_JACKSON DIRECTOR	5.01	x						5,600.	0				
(5) PAUL KELLER VICE PRESIDENT-RETIRED	.69	X						700.	0				
(6) KYLE KELSO SECRETARY	3.02	х						3,150.	0				
(7) MARILYN MARSH ASSISTANT SECRETARY/TREASURER	3.92	Х						4,375.	0	(
(8) FRANK RILEY PRESIDENT	2.71	х						4,900.	0	(
(9) WILLIAM WILLIS II DIRECTOR	2.38	Х						3,575.	0	(
(10) ALDENE MORGAN DIRECTOR	1.06	x						1,650.	0				
(11) RANDY ROUSE DIRECTOR	. 97	x						1,200.	0				
(12) WILLIAM FREEMAN GENERAL MANAGER	40.00			Х				114,039.	0				
(13)													
(14)													

Page 8

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and l	Hig	hest Compensat	ed Employ	ees (c	ontınued)
(A) Name and title	(B) Average hours per week (list any hours for	er (do not check more than any box, unless person is bot officer and a director/tru						(D) Reportable compensation from the	(E) Reportable compensation related organization	on from ed itions	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the organization and related organizations
									·	-	
											
					1						
1b Sub-total	ection A						* * *	152,139. 0 152,139.		0	39,493
Total number of individuals (including but not reportable compensation from the organization)	limited to ti		liste				o re		\$100,000 o	f	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede 4 For any individual listed on line 1a, is the	ule J for suc	ch ınd	ıvıdı	ual	• •				<i>.</i>		Yes No
organization and related organizations grandividual	eater than	\$15	0,0	002	lf.	"Yes					4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You											5 X
Section B. Independent Contractors Complete this table for your five highest compensation from the organization Report of year											
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompensation
										,,	
							_				
Total number of independent contractors (ii more than \$100,000 in compensation from th				nited	d to	thos	e li	isted above) who	received		
SA E1055 3 000											Form 990 (201

CLARKE

Form	990 (2	2012) CLARKE ELE	ECTRIC COOPE	RATIVE, INC.		42024336	66 Page 9
Pai	rt VII	Statement of Revenue					
		Check if Schedule O contains a resp	onse to any ques	tion in this Part VII	I <i>.</i>		
3	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N N	Ι	Full-stade Lab	7				
r aut	1a	Federated campaigns 1a	1		,	•	}
عَ ق	b	Membership dues					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c	*	, , '	,	. `	
o	ď	Related organizations 1d		1	-	,	,
Sis	е	Government grants (contributions) 1e		,			Í
돌	f	All other contributions, grits, grants,		•			
ĒŞ		and similar amounts not included above . 1f			, ,	t	
S E	g	Noncash contributions included in lines 1a-1f \$			or statement	er democratic descriptions	45-24-24
	<u>h</u>	Total Add lines 1a-1f		0		, , , , , , , , , , , , , , , , , , , ,	
Program Service Revenue			Business Code				
ě	2a	DISTRIBUTE ELECTRICITY TO MEMBERS	221000	11,199,811	11,199,811		
e e	ь						
ž	С						
Se	d						
۳	е						
ogr	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u>	11,199,811	1	1	
	3	Investment income (including dividends, inte	erest, and				
		other similar amounts). ATTACHMENT	1 ▶	435,496			435,496
	4	Income from investment of tax-exempt bond	_	0			
	5	Royalties	•	0			
		(i) Real	(II) Personal	,	**	Ī,	
	6a	Gross rents		• • •	1 14		, , , ,
	ь	Less rental expenses			1	1 · · · · · · ·	
	c	Rental income or (loss)				h	
	d	Net rental income or (loss)		o			
	 .	(ı) Securities	(II) Other		1 1 ×	**	, , , , ,
	7a	Gross amount from sales of assets other than inventory		•		1	
	ь	Less cost or other basis					
		and sales expenses		· .		. " -, "	
	c	Gain or (loss)		*_****			İ
	d	Net gain or (loss)		0			
Ð	8a	Gross income from fundraising					
Ş	•-	events (not including \$		· ·	ъ.	,	!
Š		of contributions reported on line 1c)			,	_ 1	
8		See Part IV, line 18	a	,	,		
ē	b	Less direct expenses			,		
Other Revenue	c	Net income or (loss) from fundraising events		01			
	9a	Gross income from gaming activities		, ,		,	
	••	See Part IV, line 19			1,500 110 110		
	b	Less direct expenses	1	15.5			, , ,
	C	Net income or (loss) from gaming activities.		0			
	10a	Gross sales of inventory, less					
	·va	returns and allowances					
	ь	Less cost of goods sold	1				;
	C	Net income or (loss) from sales of inventory.		0			
		Miscellaneous Revenue	Business Code			-	
	11a	HVAC/RESALE/SECURITY/OTHER NON-UTILITY	811000	287,751	98,795	100 000	J
				201,131	90,795	188,956	
	b			7.5		-	
İ	C	All other revenue					
	ď	All other revenue		207 751			, , , , ,
	е 12	Total Add lines 11a-11d		287,751			
		TOTAL TEVERIDE. DEC INSTRUCTIONS	· · · · · · · •	11,923,058	11,298,606	188,956	435,496

< 5

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)

	Check if Schedule O contains a response to any question in this Part IX									
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)					
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and			, , , , , , , , , , , , , , , , , , ,						
•	organizations in the United States See Part IV, line 21	o								
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	0								
4	Benefits paid to or for members . ATCH. 2	241,601.	241,601.							
5	Compensation of current officers, directors,									
	trustees, and key employees	152,139.	152,139.		-					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	1,413,528.	1 412 520							
7	Other salaries and wages	1,413,320.	1,413,528.							
8	Pension plan accruals and contributions (include section	332,476.	332,476.							
•	401(k) and 403(b) employer contributions)	591,937.	591,937.							
9	Other employee benefits	117,444.	117,444.							
10 11	Payroll taxes									
	Management	ol								
	Legal	43,379.	43,379.							
	Accounting	16,688.	16,688.							
d		0								
е	Professional fundraising services See Part IV, line 17	0								
1	Investment management fees	0								
	Other (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O)	0								
12	Advertising and promotion	24,359.	24,359.							
13	Office expenses	49,817.	49,817.		ļ					
14	Information technology	0								
15	Royalties	0								
16	Occupancy	<u> </u>		 -						
17	Travel	U								
18	Payments of travel or entertainment expenses	0								
19	for any federal, state, or local public officials Conferences, conventions, and meetings	0								
20		762,474.	762,474.							
21	Interest	0			<u> </u>					
22	Depreciation, depletion, and amortization	816,823.	816,823.							
23	Insurance ATCH 6	0								
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)									
	PURCHASED POWER	6,455,565.	6,455,565.							
	REPAIRS AND MAINTENANCE	583,042.	583,042.							
-	OPERATING EXPENSE	403,392.	403,392.		ļ					
	CAPITALIZED LABOR & BENEFITS	-1,006,958.	-1,006,958.							
	All other expenses	524,956.	524,956.		 					
2 <u>5</u> 26	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	11,522,662.	11,522,662.							
	organization reported in column (B) joint costs				}					
	from a combined educational campaign and				1					
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)	0								

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part	X	<u>.</u> .	
			(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing	35,187.	1	17,083.
-	2	Savings and temporary cash investments	590,872.	2	506,803
-	3	Pledges and grants receivable, net	0	3	
-	4	Accounts receivable, net	2,492,230.	4	1,883,072
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
			d	5	
	6	Complete Part II of Schedule L Loans and other 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) Complete Part II of Schedule L	d	6	
ន្ត	7	Notes and loans receivable, net ATCH 3	769,388.	7	603,469
Assets		Inventories for sale or use	227,572.	8	219,040
۲		Prepaid expenses and deferred charges	87,977.	9	120,499
1			07,377.	-	120,433
	iva	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 32,240,976.			
		Less accumulated depreciation	20,039,190.	100	21,598,942
-		,		11	21, 330, 342
- 1		Investments - publicly traded securities	541,660.		539,563
Į.		Investments - other securities See Part IV, line 11	· - · - · · · · · · · · · · · · · · · ·	13	339,363
i		Investments - program-related See Part IV, line 11	99.		99
- 1	14	Intangible assets		14	
- 1		Other assets See Part IV, line 11	8,719,815. 33,503,990.	15	5,666,517
-+	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	31,155,087
- 1		Accounts payable and accrued expenses	1,234,987.	17	1,056,818
- 1	18	Grants payable		18	
	19	Deferred revenue		19	
ļ	20	Tax-exempt bond liabilities		20	
Se		Escrow or custodial account liability Complete Part IV of Schedule D	9	21	
Liabilities		Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
-		disqualified persons Complete Part II of Schedule L		22	
		Secured mortgages and notes payable to unrelated third parties ATCH 4.	12,110,504.	23	16,640,982
		Unsecured notes and loans payable to unrelated third parties	g	24	
	25	Other liabilities (including federal income tax, payables to related third			
İ		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	9,433,980.		2,293,981
_	26_	Total liabilities. Add lines 17 through 25	22,779,471.	26	19,991,781
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶			
۔ ا	27	Unrestricted net assets		27	
g	28	Temporarily restricted net assets		28	
₽ .		Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	d	30	
₽	31	Paid-in or capital surplus, or land, building, or equipment fund	d	31	
2		Retained earnings, endowment, accumulated income, or other funds ATCH 5	10,724,519.	32	11,163,306
ASS	32	Retained earnings, endowment, accumulated income, or other funds aren a re-			
الج	32 33	Total net assets or fund balances	10,724,519.	33	11,163,306.

Form 9	90 (2012)			Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23,	058.
2					662.
3	Revenue less expenses Subtract line 2 from line 1	3	4	100,	396.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,7	24,	519.
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)				391.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10	11,1	.63 , :	306.
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		· · · · ·	,	
_	According to the description of the second s			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				ŀ
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O	xplain in			
2-					
24	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	ipilea or			
	reviewed on a separate basis, consolidated basis, or both		- 1		
_	Separate basis Consolidated basis Both consolidated and separate basis		1	١,,	
þ	Were the organization's financial statements audited by an independent accountant?			X	├
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both	ed on a			
	X Separate basis Consolidated basis Both consolidated and separate basis			1	
_					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs		2c	x	
	of the audit, review, or compilation of its financial statements and selection of an independent account the arganization changed output its everywhat process or collection process during the traveless of			<u> </u>	\vdash
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O	xpiain in			
22	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth :-			
Ja	the Single Audit Act and OMB Circular A-133?	. rortn In	3a	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	orae the			\vdash
	resulted audit or guida explain why in Schedule O and describe any stops taken to undergo such our		26	x	

Form **990** (2012)

4

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number Name of the organization 420243366 CLARKE ELECTRIC COOPERATIVE, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements, Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule D (Form 990) 2012

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rage	

Pai	art Organizations Maintaining Collection	ns of Art, His	torical Treasure	es, or Other Simi	ilar Assets (continued)	
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other recor	ds, check any of	the following that a	are a significant use of its	
а	a Dublic exhibition	d 🗀	Loan or exchar	nge programs		
b	b Scholarly research	e	Other			
C	c Preservation for future generations					
4	Provide a description of the organization's collect XIII	ctions and expla	ain how they furth	ner the organization	's exempt purpose in Part	
5		eive donations o	f art historical tre	asures or other simil	lar	
	assets to be sold to raise funds rather than to be r					
Par	art IV Escrow and Custodial Arrangement					
	line 9, or reported an amount on Form			- Tes		
	 a Is the organization an agent, trustee, custodian or included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and or 					
U	b ii res, explain the arrangement in Part XIII and C	omplete the foll	owing table		l m a unt	
_	c Beginning balance		-		Amount	
			j.,	·		
	d Additions during the year		<u> </u>			
	e Distributions during the year		<u> </u>	·		
	f Ending balance		242			
					Yes No	
	b If "Yes," explain the arrangement in Part XIII Chec					
Par	art V Endowment Funds. Complete if the c				·	
4 -	(a) Current ye	ar (b) Pno	or year (c) Two	years back (d) Three	years back (e) Four years back	
1a						
Ь	b Contributions					
C	c Net investment earnings, gains,					
	and losses					
	d Grants or scholarships					
е	e Other expenditures for facilities					
	and programs					
f	f Administrative expenses					
g	<u> </u>					
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as					
а	Board designated or quasi-endowment ▶%					
b	Permanent endowment ▶ %					
C	c Temporarily restricted endowment ▶	_ %				
	The percentages in lines 2a, 2b, and 2c should eq	ual 100%				
3a	a Are there endowment funds not in the possession	n of the organiza	ation that are held	and administered for	the	
	organization by				Yes No	
	(i) unrelated organizations				3a(i)	
	(ii) related organizations				3a(ii)	
b	b If "Yes" to 3a(II), are the related organizations liste	d as required on	Schedule R?		3b	
4	Describe in Part XIII the intended uses of the orga	n <u>ıza</u> tıon's endov	vment funds			
Par	art VI Land, Buildings, and Equipment. See	Form 990, Pa	rt X, line 10			
	Description of property (a) (Cost or other basis (investment)	(b) Cost or other basi (other)	s (c) Accumulated depreciation	(d) Book value	
1a	a Land		215,835	5.	215,835.	
b	b Buildings		28,852,195		21,368,037.	
C	c Leasehold improvements	1.00. 1.00.			· · · · · · · · · · · · · · · · · · ·	
d	<u></u>	·	3,172,946	5. 3,157,876.	15,070.	
e				,		
	tal. Add lines 1a through 1e (Column (d) must equal	Form 990. Part	X. column (B). line	10(c)).	21,598,942.	
				1271 1 1 1 1 2		

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Page	

(a) Description of security or category (including name of secunty) (1) Financial derivatives (2) Closely-held equity interests (3) Other	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(2) Closely-held equity interests		
(2) Closely-held equity interests		
(A) (B) (C) (D) (E)		
(A) (B) (C) (D) (E)		
(B) (C) (D) (E)		
(C) (D) (E)		
(E)		
<u>(E)</u>		
(F)		
(G)		
- (H)	-	
(I) Total (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments - Program Related. See For	m 990 Part X line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) DOOK Value	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, line		
	escription	(b) Book value
(1) CONSTRUCTION WORK IN PROGRESS		3,408,6
(2) INVESTMENT - PROPERTY	 	55,4
(3) PATRONAGE CAPITAL ALLOCATIONS (4) RESTRICTED CASH		2,060,5
(5) RETIREMENT WORK IN PROCESS		134,3
(6)		7,5
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15)	5,666,5
Part X Other Liabilities. See Form 990, Part X, I		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes]
(2) ICE STORM LINE OF CREDIT	1,950,001	
(3) DEFERRED CREDITS	6,175	_
(4) CUSTOMER DEPOSITS	88,016	
(5) LINE ADVANCES	98,272	₫
(6) ACCRUED VACATION & PAYROLL	136,484	վ
(7) OTHER LIABILITIES	15,033	4
(8)		<u> </u>
(9)		-
(10)		
(11)		· · · · · · · · · · · · · · · · · · ·
	2,293,981	. ,
 FIN 48 (ASC 740) Footnote In Part XIII, provide the text of lability for uncertain tax positions under FIN 48 (ASC 740) Check 		

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

SCHEDULE J (Form 990)

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Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLARKE ELECTRIC COOPERATIVE, INC.

Employer identification number 420243366

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 1b 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 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, but explain in Part III Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations | X | Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? Х 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Χ 4b c Participate in, or receive payment from, an equity-based compensation arrangement? Х 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5b If "Yes" to line 5a or 5b, describe in Part III 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 a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 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 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page 2

. 5

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(•)-(D)	reported as deferred in prior Form 990
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Complete 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.

Schedule J (Form 990) 2012

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number

420243366

MEMBERS

PART VI, SECTION A LINE 6

CLARKE ELECTRIC COOPERATIVE, INC.

CLARKE ELECTRIC COOPERATIVE, INC. SELLS ELECTRIC POWER TO CUSTOMERS WITHIN ITS SERVICE AREA THAT HAVE PURCHASED MEMBERSHIP TO THE COOPERATIVE.

ELECTION OF DIRECTORS

PART VI, SECTION A LINE 7A

MEMBERS ELECT ONE DIRECTOR FROM 3 DISTRICTS ANNUALLY FOR A TERM OF THREE YEARS. THE SERVICE AREA INCLUDES NINE DISTRICTS AND 3 DIRECTORS ARE UP FOR ELECTION ON A ROTATING SCHEDULE. ELECTIONS MUST BE CONTESTED. A DIRECTOR CAN SERVE 5 - 3 YEAR TERMS OR 15 YEARS AND THEN THEY ARE NO LONGER ELIGIBLE FOR RE-ELECTION.

REVIEW OF 990

PART VI, SECTION A LINE 11B

MANAGEMENT REVIEWS THE 990 PRIOR TO ITS SUBMISSION. THE FORM IS PREPARED BY AN INDEPENDENT AUDITOR.

CEO COMPENSATION

PART VI, SECTION B LINE 15A

THE NRECA DATA FOR THE GM'S WAGES ARE COMPARED TO THE NATIONAL, REGIONAL AND STATE WAGE RANGES ON AN ANNUALLY BASIS BY THE BOARD OF DIRECTORS IN RELATIONSHIP WITH THE MANAGERS EVALUATION.

JSA 2E1227 1 000 Name of the organization
CLARKE ELECTRIC COOPERATIVE, INC.

Employer Identification number 420243366

STATEMENT AVAILABILITY

PART VI, SECTION C LINE 19

THE COMPANY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

APPROVAL OF BOARD DECISIONS

SECTION VI, PART A LINE 7B

THE COOPERATIVE CANNOT SELL OR LIQUIDATE MAJOR PORTIONS OF BUSINESS

ASSETS OR COMPLETE PLANS OF MERGER WITHOUT AN AFFIRMATIVE VOTE BY THE

MEMBERS.

RECONCILLIATION OF NET ASSETS

PART XI LINE 5

ALLOCATION OF MARGINS 241,601

CAPITAL CREDITS RETIRED (205,313)

OTHER, NET

2,103

TOTAL NET CHANGES

38,391

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) (B) TOTAL RELATED OF REVENUE EXEMPT REVEN	
INTEREST	25,171.	25,171.
CAPITAL CREDITS ALLOCATIONS	410,325.	410,325.
TOTALS	435,496.	435,496.

ATTACHMENT 1

Page 2

Name of the organization CLARKE ELECTRIC COOPERATIVE, INC. Employer identification number

ATTACHMENT 2

420243366

FORM 990, PART IX - BENEFITS PAID TO OR FOR MEMBERS

PATRONAGE ALLOCATION

241,601.

TOTALS

, k

241,601.

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:

WAYNE COUNTY HOSPITAL

ORIGINAL AMOUNT:

200,000.

DATE OF NOTE:

08/01/2007

MATURITY DATE:

07/01/2016

REPAYMENT TERMS:

1,852 PER MONTH

BEGINNING BALANCE DUE

ENDING BALANCE DUE

44,444.

ATTACHMENT 3

22,221.

BORROWER:

SOUTHWESTERN COMM COLLEGE

ORIGINAL AMOUNT:

740,000.

DATE OF NOTE:

08/01/2007

MATURITY DATE:

07/01/2016

REPAYMENT TERMS:

6,852 PER MONTH

BEGINNING BALANCE DUE

376,851.

ENDING BALANCE DUE

294,629.

Page 2

Name of the organization

CLARKE ELECTRIC COOPERATIVE, INC.

Employer identification number

420243366 ATTACHMENT 3 (CONT'D)

BORROWER:

- 1

CITY OF SEYMOUR

ORIGINAL AMOUNT:

85,000.

DATE OF NOTE:

07/01/2000

MATURITY DATE:

06/01/2009

REPAYMENT TERMS:

708 PER MONTH & 1% FEE ON UNPAID BAL. EACH 3/1

BEGINNING BALANCE DUE

36,125.

ENDING BALANCE DUE

27,625.

BORROWER:

CITY OF SEYMOUR

ORIGINAL AMOUNT:

100,000.

DATE OF NOTE:

09/22/2008 10/01/2018

MATURITY DATE: REPAYMENT TERMS:

833 PER MONTH & 1% FEE ON UNPAID BAL EACH 10/1

BEGINNING BALANCE DUE

100,791.

ENDING BALANCE DUE

90,365.

Page 2

Name of the organization

• •

CLARKE ELECTRIC COOPERATIVE, INC.

Employer identification number

420243366 ATTACHMENT 3 (CONT'D)

BORROWER: SOUTHWESTERN COMM COLLEGE

ORIGINAL AMOUNT:

200,000.

DATE OF NOTE:

MATURITY DATE:

08/01/2007 08/01/2016

REPAYMENT TERMS:

20,000 PER YEAR & 1% FEE ON UNPAID BAL EACH 8/1

BEGINNING BALANCE DUE

100,000.

ENDING BALANCE DUE

80,000.

BORROWER:

STEVE & THELMA JEAN SAXTON

ORIGINAL AMOUNT:

30,000.

INTEREST RATE:

3.000000

DATE OF NOTE:

10/10/2007 09/10/2012

MATURITY DATE: REPAYMENT TERMS:

539 EACH MONTH

BEGINNING BALANCE DUE

4,792.

Page 2

Name of the organization

CLARKE ELECTRIC COOPERATIVE, INC.

Employer identification number

420243366 ATTACHMENT 3 (CONT'D)

BORROWER:

• 5

STEVE & THELMA JEAN SAXTON

29,600.

ORIGINAL AMOUNT: INTEREST RATE:

3,000000

DATE OF NOTE:

02/07/2009

MATURITY DATE:

02/10/2014

ENDING BALANCE DUE

REPAYMENT TERMS:

532 PER MONTH

BEGINNING BALANCE DUE

7,296.

BORROWER:

NICK & CALLISAT WILKEY

ORIGINAL AMOUNT:

20,000.

INTEREST RATE:

3.000000

DATE OF NOTE:

08/19/2010 09/10/2015

MATURITY DATE: REPAYMENT TERMS:

\$325 PER MONTH

BEGINNING BALANCE DUE

15,039.

ENDING BALANCE DUE

10,934.

Schedule O (Form 990 or 990-EZ) 2012		Page 1
Name of the organization	VE INC	Employer identification number
CLARKE ELECTRIC COOPERATI	VE, INC.	420243366 ATTACHMENT 3 (CONT'D)
BORROWER:	LEIGH ANN & SCOTT COFFEY	ATTACIMENT 5 (CONT D)
ORIGINAL AMOUNT:	61,000.	
	·	
BEGINNING BALANCE DUE		60,994.
ENDING BALANCE DUE	• • • • • • • • • • • • • • • • • • • •	55,834.
BORROWER:	STEVE & THELMA JEAN SAXTON	
ORIGINAL AMOUNT:	17,000.	
INTEREST RATE:	4.250000	
DATE OF NOTE:	01/19/2011	
MATURITY DATE:	01/19/2018	
DECIMINE DATANCE DUE		16.000
		16,992.
ENDING BALANCE DOE		14,565.
TOTAL BEGINNING NOTES AND	LOANS RECEIVABLE	769,388.
TOTAL ENDING NOTES AND LO	ANS RECEIVABLES	603,469.
TOTAL ENDING NOTES AND DO	THO RECEIVINGED	
		ATTACHMENT 4
FORM 990, PART X - SECURE	D MORTGAGES AND NOTES PAYABLE	
LENDER: RURAL UTILITIES		
ORIGINAL AMOUNT: 1	.9,145,690.	
BEGINNING BALANCE DUE		483,491.
ENDING BALANCE DUE		5,781,189.
		
LENDER: SWCC-BLD. ADDIT		
ORIGINAL AMOUNT:	330,000.	
BEGINNING BALANCE DUE		330,000.
		330,000.

Name of the organization	Employer identification number
CLARKE ELECTRIC COOPERATIVE, INC.	420243366
	ATTACHMENT 4 (CONT'D)
LENDER: WAYNE CO. HOSPITAL	
ORIGINAL AMOUNT: 200,000.	
BEGINNING BALANCE DUE	200,000.
ENDING BALANCE DUE	200,000.
LENDER: SWCC- NEW DORM- CRESTON	
ORIGINAL AMOUNT: 740,000.	
BEGINNING BALANCE DUE	376,851.
ENDING BALANCE DUE	294,629.

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization	Employer identification number
CLARKE ELECTRIC COOPERATIVE, INC.	420243366
	ATTACHMENT 4 (CONT'D)
LENDER: COOPERATIVE FINANCE CORPORATION	
ORIGINAL AMOUNT: 4,103,637.	
BEGINNING BALANCE DUE	10,720,162.
ENDING BALANCE DUE	10,035,164.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	12,110,504.
TOTAL PROTECTION TOTAL TIME OF THE TOTAL T	
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	16,640,982.
	ATTACHMENT 5
	MI INGMIBITED
FORM 990, PART X - OTHER FUNDS	
	ENDING
DESCRIPTION	BOOK VALUE
DESCRIFTION	BOOK VALUE
MEMBERSHIPS	21,985.
TOTALS	21,985.
1011110	