

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

Inte	mal Rever	nue Service	► The organization r	nay have to	use a copy of this	eturn to satis	fy state repo	orting requir	ements.	Inspection
A	For the	e 2012 cale	ndar year, or tax year be	ginning	January 01	, 2012, a	and ending	Decen	nber 31	, 20 12
В	Check if	f applicable.	C Name of organization Out	achita Elec	tric Cooperative Co	orporation			D Employe	er Identification number
	Address	change	Doing Business As Ouac							71-0133895
	Name c	hange	Number and street (or P.O				Room/suite		E Telephor	
$\overline{\Box}$	Initial re	•	P O Box 877, 700 Bradle	v Ferry Ro	nad	•			·	870-836-5791
\exists	Termina		City, town or post office, s				<u> </u>			070-030-3731
Ħ			Camden, Arkansas 7171	•					G Groce m	ocinto \$
Η			F Name and address of princ					1,,,,,,,,	G Gross re	
ш	Applica									for affiliates? Yes Vo
_			Mark Cayce, P O Box 87							cluded? Yes No
Ļ.		mpt status		501(c) () ◀ (insert no) L	4947(a)(1) or	<u> </u>	-{		list (see instructions)
<u>J</u>	Website		c.com						exemption	
K		_ 	✓ Corporation Trust	Association	n ∐ Other ►	L Yea	ar of formation	<u>n:</u>	M State	of legal domicile:
Р	art I	Summ								
	1	Briefly de	scribe the organization	n's missior	n or most significa	nt activities:	Distribut	ion Electric	Coopera	tive
ø										
ටර් Governance										
Ē	1									
28	2	Check thi	is box ▶ 🗌 if the organ	ization dis	scontinued its ope	rations or di	sposed of	more than	25% of i	ts net assets.
	3	Number of	of voting members of the	he governi	ing body (Part VI,	ine 1a) . .			3	9
Activities &	4	Number of	of independent voting r	nembers (of the governing b	ody (Part VI,	, line 1b)		4	9
気管	5	Total nun	nber of individuals emp	loyed in c	alendar year 2012	(Part V, line	2a) .		5	46
5 5	6		nber of volunteers (esti				-		6	0
_	7a		elated business revenu			line 12 .			7a	0
= =	Ь		ated business taxable						7b	0
					<u> </u>		<u> </u>	Prior Ye	-	Current Year
⇒ ວ•	8	Contribut	ions and grants (Part V	/III line 1h)		-		0	0
Ž	9		service revenue (Part V		•			21		
GFU6 6 Revenue	10	-	nt income (Part VIII, co	_	•				,994,714	19,867,086
ے ہے	11		enue (Part VIII, column						376,040	327,527
	12		enue—add lines 8 through						924,550	984,456
	13		nd similar amounts paid	•				23	,295,304	21,179,069
	14						· ·		0	0
	1	Colorina	oaid to or for members	(Pan IX, C	column_(A),_line_4)		- '' 		,192,245	1,774,943
Expenses	15	Salaries, C	other compensation, em	pioyee bei	nemis (Hart IX-Colu)	ក្រា (A), lineទ្ធ	^{5–10)}	4	,303,098	4,153,729
Ë	16a		nal fundraising fees (Pa						0	0
옸	_b		draising expenses (Parl		- 1 AAAV 1 7 9	A. [2]				
	17		penses (Part IX, column				· · _	15	,799,961	15,250,397
	18	Total exp	enses. Add lines 13–17	7 (must éq	ual Part IX colum	n (A); line:25	5) .	23	,295,304	21,179,069
	19	Revenue	less expenses. Subtra	ct line 181	from Vines 12 E.N.	UL.	<u>.</u>		0	0
Net Assets or Fund Ralances				_			Be	ginning of Cu	rrent Year	End of Year
198 198 198	20		ets (Part X, line 16) .					58	,183,235	60,493,106
₹ 8	21	Total liab	ilities (Part X, line 26) .					19	,700,925	24,233,738
¥.5	22	Net asset	s or fund balances. Su	btract line	21 from line 20		[38	,482,310	36,259,368
P	art II	Signat	ure Block		<u> </u>					~
Ur	der pena	alties of perjui	y, I declare that I have exami	ined this retu	ım, including accompa	nying schedules	s and stateme	nts, and to ti	ne best of m	ny knowledge and belief, it is
tru	е, соггес	t, and comple	ete. Declaration of preparer (c	other than off	cer) is based on all info	mation of whi	ch preparer h	as any knowl	edge	
		<u> </u>	7/1100		au-			7	20- 3	3,2013
Sig	gn	Signa	ature of officer,					Da	te	<u>,,o</u>
He	re		Mark (b	100	•					
		Type	or print name and title	y						
_	 -		pe preparer's name	Pr	eparer's signature		Date		T	PTIN
Pa				[]					Check L self-emp	」
	epare								<u> </u>	
Us	e On								ı's EIN ▶	
MAG	v the II		ddress ► s this return with the pre	engrer ob	own about 1000 :	actructions\		Pho	ne no.	Пи П и
ivid	y 1110 11		tion Act Notice are the			istructions)	• • •	<u>· · · · · </u>	• • •	· · Yes No

1	Briefly descri	be the organization's mission	esponse to any question in this Part	<u></u>	
	-	•			_
	To provide the	e Dest electric service the Co	pperative can provide to all who desire it	within the service area of the Coo	perative at t
			andards of service.		
	prior Form 99	90 or 990-EZ?	ficant program services during the year	r which were not listed on the	☐ Yes 🗹
	Did the orga		schedule O.		☐ Yes ☑
		cribe these changes on Sch			i res 🗹
	Describe the expenses. Se	organization's program selection 501(c)(3) and 501(c)(4)	vice accomplishments for each of its 4) organizations are required to report for each program service reported.		
•			including grants of \$		
	(Codo:	\/Evpapace \$	including grants of the	\ (Davanua d	· · · · · · · · · · · · · · · · · · ·
,			including grants of \$		
					
•	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
 :	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
:	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
:	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
··	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
 ;	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
÷	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
•	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
•	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
 >	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		m services (Describe in Sch) (Revenue \$)

Part	Checklist of Required Schedules		Yes	No
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
` 2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		→
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		▼
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			Ĺ,
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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.	10		✓
а		11a	√	
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	_	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	1
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	✓	•
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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		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		· ✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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	-	<u>·</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

38

	0 (2012)		1	Page 4
Part	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		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		√
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		1
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, highest 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	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
31	conservation contributions? If "Yes," complete Schedule M	30		1
32	Part I	31		1
33	complete Schedule N, Part II	32		1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u></u>	✓
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	35h		1

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 36

37

Form **990** (2012)

Part				
	Check if Schedule O contains a response to any question in this Part V	• •		
			Yes	No
.1а	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	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		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
	If "Yes," enter the name of the foreign country:	70		<u> </u>
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1	,	
- -		F-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		1
Ь		5b		-
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا ۔. ا		
_	gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		.
	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		├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		١,
	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
9	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		├
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		ļ	├
_	organization, have excess business holdings at any time during the year?	8	├──	
9	Sponsoring organizations maintaining donor advised funds.	ļ	ļ	<u> </u>
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		₩
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	∤		1
ь	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	{ [}]	ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources		İ	
	against amounts due or received from them.)	 	ļ	↓
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\sqcup		↓
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			
	the organization is licensed to issue qualified health plans	,		
C	Enter the amount of reserves on hand	 _	<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	↓ ✓
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	ı	1

David			_	Page O
Part				
•	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			IONS.
Section	on A. Governing Body and Management	• •	•	<u> </u>
0000	SITE GOVERNING DOGY and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.		,	
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 any other officer, director, trustee, or key employee?	2	<u>.</u> }.	✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	L_	/
6 7a	Did the organization have members or stockholders?	6	1	├
'a	one or more members of the governing body?	7a	1	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a	 	
_	stockholders, or persons other than the governing body?	7ь	✓	
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	✓	
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	9		1
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
4.0			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	├
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?	406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		1172
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	MESSY 40
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	✓	ļ
14	Did the organization have a written document retention and destruction policy?	14	✓_	
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		
a 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).	100		
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		1
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		منهرر	
	organization's exempt status with respect to such arrangements?	16b		✓_
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Arkansas Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 if applicable).	n E01	(0)(2)-	.
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 301((C)(J)S	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	of inte	rest r	olicy
	and financial statements available to the public during the tax year.			. J Jy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
	organization: ► W Perry Johnson 700 Bradley Ferry Road Camden Arkansas 71701			

Form **990** (2012)

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

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

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

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

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

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

Check this box if Helther the organization	Tion any relate	<u>u o.g.</u>	41112		C)	ompo	1134		dincer, airector	, or trustee.
(A)	(B)	١,,			ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Corbet J Lamkin										
Oirector		1						6 500	N/A	6 006
(2) Danny Adams		-			 			6,500	NVA	6,906
Director/Chairman of Board		1		/				3,500	N/A	2,429
(3) Wanda Taylor		-		۲			╁	3,300	N/A	2,425
Director		1						6,750	N/A	5,509
(4) Walt Pigott								0,700	1477	3,300
Director		✓						6.000	N/A	3,929
(5) James Garner					İ					0,020
Director	<u> </u>	✓						7,750	N/A	6,980
(6) Lisa Hendrix								•		
Director/Secetary-Treasurer of Board		✓		✓		1		5,500	N/A	3,822
(7) Mike Hutchinson										
Director		✓						4,250	N/A	2,732
(8) David McLeane										
Director		✓						6,000	N/A	8,473
(9) Greg Goss		1								
Director/Vice-Chairman of Board		✓		✓	L			5,750	N/A	3,714
(10) Mark Cayce										
General Manager					✓	1		126,887	20,800	58,531
(11) W Perry Johnson										
Manager of Finance & Accounting					✓		L	88,587	N/A	38,718
(12) Charles Armstrong										
Service Manager				_	✓		<u> </u>	82,865	N/A	20,520
(13) David O'Hara					١,					
Operations Manager		ļ		\vdash	<u> </u>	<u> </u>	_	82,926	N/A	48,182
(14) Richard Baker					Ι,					
Engineering Services Manager		L .			✓	1		86,673	N/A	43,124

Part	VII Section A. Officers, Directors, Trust	lees, Ney E	mplo)	/ee s	s, ar (C		ignes	st C	ompensated E	impioyees (cont	muea)
·	(A) Name and title	(B) Average	box,	ot ch unles:	s pe	more rson	than o	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	ଞ୍ଜି Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	m McCarty					,					
	Manager orma O'Neal		-	-		✓		-	64,456	N/A	38,66
22	ember Services	 	1			1			77,540	N/A	40,01
	oyd Boyce Drake							/	N/A	N/A	
(18) W	illiam H Bradshaw etired Manager of Operations							1	N/A	N/A	
	izel Benton		<u> </u>					Ť	IVA	I III	3,73
_	etired Vice-President		<u> </u>					✓	N/A	N/A	1,97
R	etired Operations Manager							✓	N/A	N/A	3,32
R	len G Watson etired District Manager							1	N/A	N/A	2,94
	rold Duncan etired District Manager							 ✓	N/A	N/A	2,13
(23)											
(24)											
(25)											
1b	Sub-total			<u>. </u>					519,938	20,800	253,56
C	Total from continuation sheets to Part	-		•	-		•		141,996		94,05
d	Total number of individuals (including but		to th					► e) w	661,934 ho received m		
	reportable compensation from the organ										Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp		est compensat	ed 3 √
4	For any individual listed on line 1a, is the organization and related organizations individual										ich and and
5	Did any person listed on line 1a receive of for services rendered to the organization										
Section	on B. Independent Contractors								· · · · · ·	·	
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
The Fi	shel Company, Department L - 2478, Columb	ous, OH 432	60-05	15_					e Construction		465,56
					_			L	e Retirement		
		<u>. </u>						<u> </u>			
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who	

Par	VIII	Statement of Revenue					1 230 0
		Check if Schedule O contains a response	onse to any quest	tion in this Part VI	III		🗆
,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
S, G	С	Fundraising events 1c					
Gifts, (ilar An	d	Related organizations 1d					
S, E	е	Government grants (contributions) 1e					
S S	f	All other contributions, gifts, grants,					
E E		and similar amounts not included above 1f					
Ę Š	g	Noncash contributions included in lines 1a-1f: \$					
Contributions, and Other Sim	h	Total. Add lines 1a-1f	>				
			Business Code				
Ē	2a	Sales of Electricity	16	19,707,911			
æ	ь	Member/Services/Forfeied Discount	16	93,663			
<u>5</u>	c	Service Charges	16	65,512			
ě	d			30,012	-		
Ē	e						
Program Service Revenue	f	All other program service revenue.				<u> </u>	
£	g	Total. Add lines 2a-2f	•	19,867,086			_
	3	Investment income (including divid					
		and other similar amounts)	▶	327,527			
	4	Income from investment of tax-exempt by	ond proceeds ►			-	
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses		İ			
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
enne	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c).					
ŧ	ь	Less: direct expenses b					
0	C	Net income or (loss) from fundraising	events . ►				
		Gross income from gaming activities.	events .				
) Ja	See Part IV, line 19 a					
	ь	Less: direct expenses b	·				
	C	Net income or (loss) from gaming acti					
	_	Gross sales of inventory, less	vides P				 -
	104	returns and allowances a					
	h		10=, 1.04				
		Less: cost of goods sold b Net income or (loss) from sales of inve		400 000			
	C	Miscellaneous Revenue	Business Code	(28,829)			
	44-						
	11a	Gain on Rus Buyout	16	48,714			
	Ь	G & T Capital Credits	16	890,300			-
	C	Non-Operating Margins	16	29,555			
	d	All other revenue	16	44,716			
	42	Total Add lines 11a-11d	🟲	1,013,285			ļ
	12	Total revenue. See instructions	🟲 1	21.179.069			I

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must as

	Check if Schedule O contains a respons	se to any question i	n this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		·		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,774,943 609,934			
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	1,917,350			
9	Other employee benefits	742,921 688,801		<u> </u>	
10	Payroll taxes	194,723			.
11	Fees for services (non-employees):				
а	Management				
b	Legal	9,608			
C	Accounting	29,258			<u> </u>
d e	Lobbying				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	25,408			
12	Advertising and promotion	27,959			·
13	Office expenses	120,720			
14	Information technology	176,712			
15	Royalties [
16	Occupancy		-		
17	Travel	35,227			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	13,285		·	
20	Interest	1,160,278			
21 22	Payments to affiliates	11,355,679			
23	Insurance	1,780,313 143,703			
24	Other expenses. Itemize expenses not covered	143,703	<u> </u>		
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
e	All other expenses	372,247			
25	Total functional expenses. Add lines 1 through 24e	21,179,069			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	,`	Check if Schedule O contains a response to	any	question in this Part X			🔘
	_				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,711,099	1	3,191,064
	2	Savings and temporary cash investments		1,384,989	2	2,833,152	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[2,290,021	4	2,154,692
	5	Loans and other receivables from current and t	forme	r officers, directors,			
		trustees, key employees, and highest co	mper	nsated employees.			
		Complete Part II of Schedule L				5	
Assets	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche	id cont tary e dule L	tributing employers and employees' beneficiary		6	
SS	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			983,807	8	915,482
	9	Prepaid expenses and deferred charges		<u> </u>	354,081	9	2,652,238
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a				
	þ	Less: accumulated depreciation	10b	24,233,734	34,843,764	10c	36,259,368
	11					11	
	12	Investments—other securities. See Part IV, line 1			16,465,476		16,604,515
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			150,000	15	150,000
	16	Total assets. Add lines 1 through 15 (must equa			58,183,235	_	64,760,511
	17	Accounts payable and accrued expenses			1,228,215		1,112,088
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		h		21	
Liabilities	22	Loans and other payables to current and for					
Ħ		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu					ļ
iat		•				22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	17,217,784		22,934,554
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D				05	
	26	Total liabilities. Add lines 17 through 25			1,254,923		1,133,453
_	20	Organizations that follow SFAS 117 (ASC 958)	· ·	ck here b and	19,700,925	20	25,180,095
ces		complete lines 27 through 29, and lines 33 and	d 34.				
lan	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	
pu .	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	58), ch	eck here ► □ and			
\$	30	Capital stock or trust principal, or current funds				30	
SSG	31	Paid-in or capital surplus, or land, building, or ed			31		
۲	32	Retained earnings, endowment, accumulated inc			34,657,953	32	38,346,864
Net Assets	33	Total net assets or fund balances			3,734,360		1,233,552
	34	Total liabilities and net assets/fund balances .		<u></u>	58,183,235		64,760,511
							Form 990 (2012)

01111101	(6012)			F	aye . Z
Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21,17	79,069
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,1	79,069
3	Revenue less expenses. Subtract line 2 from line 1	3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,7	34,360
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(2,50	0,808)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-	-
	33, column (B))	10		1,2	33,552
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 Cash Counting Countin				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain i	n		
	Schedule O.		į	}	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	led o	r		
	reviewed on a separate basis, consolidated basis, or both:		:	1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	а		:
	separate basis, consolidated basis, or both:			}	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ļ.	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	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, exp	lain ii	ו ו		
_	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth ii			
_	the Single Audit Act and OMB Circular A-133?	٠.,	3a	₩	✓
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	απѕ	3b	1	<u> </u>
			Fo	m 99 0	(2012)

SCHEDULE D (Form 990)·

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions. Employer identification number

	a Electric Cooperative Corporation		71-0133895
Part		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
-	organization answered "Yes" to F		(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Fullos and other accounts
1	Total number at end of year		<u> </u>
2 3	Aggregate contributions to (during year) . Aggregate grants from (during year)		
4	Aggregate value at end of year		
5		donor advisors in writing that the assets	held in donor advised
•		ct to the organization's exclusive legal cont	
6	Did the organization inform all grantees, de	onors, and donor advisors in writing that gr	_
		e benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?		
Part		plete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		
		recreation or education) Preservation	· · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation	of a certified historic structure
2	☐ Preservation of open space	ation held a qualified conservation contribu	tion in the form of a consequation
2	easement on the last day of the tax year.	ation field a qualified conservation contribu	non in the form of a conservation
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ea	sements	
С	Number of conservation easements on a co	ertified historic structure included in (a)	2c
d		ded in (c) acquired after 8/17/06, and no	t on a
	historic structure listed in the National Regi		1 = 2
3		ed, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ►		
4 5	Number of states where property subject to	oconservation easement is located licy regarding the periodic monitoring, in	nenection handling of
3		ation easements it holds?	
6		oring, inspecting, and enforcing conservation	
•	>	g,epg,e	cacc
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ea	sements during the year
	▶\$		
8		d on line 2(d) above satisfy the requirements	
9		eports conservation easements in its reven	
	•	e text of the footnote to the organization's	financial statements that describes the
Part	organization's accounting for conservation	easements. ections of Art, Historical Treasures, (or Other Similar Assets
rart		wered "Yes" to Form 990, Part IV, line 8	
1a	<u> </u>	nder SFAS 116 (ASC 958), not to report in	
-		similar assets held for public exhibition,	
		of the footnote to its financial statements the	
b	If the organization elected, as permitted i	under SFAS 116 (ASC 958), to report in it	s revenue statement and balance sheet
	•	similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide the following amour		
	(i) Revenues included in Form 990, Part VI	II, line 1	> \$
_	(ii) Assets included in Form 990, Part X .		▶ \$
2		s of art, historical treasures, or other simil	
	•	under SFAS 116 (ASC 958) relating to these	
a		ne 1	
b	Assets included in Form 990, Part A	<u> </u>	· · · · • • • • • • • • • • • • • • • •

Part	Ⅲ ·Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar As	s ets (co	ontinued)
3.	Using the organization's acquisition, collection items (check all that apply):		ther reco	ds, chec	k any of the	follow	ving that are a s	ignificant	use of its
` a	☐ Public exhibition		d	☐ Loan	or exchange	e progr	ams		
ь	☐ Scholarly research								
	☐ Preservation for future generations	3							
4	Provide a description of the organization		and expla	in how t	hev further t	he ora	anization's exer	not ouro	ose in Part
-	XIII.		and only		,			p. pa.p.	555 III . a
5	During the year, did the organization	solicit or receive	donation	e of art	historical tra	agei iros	or other similar	ar	
Ū	assets to be sold to raise funds rather	than to be maint:	ained as r	art of the	organizatio	nn's co	llection?	a. □ ∨.	N-
Dart	V Escrow and Custodial Arra								
rait	line 9, or reported an amour	_	•	_	ariization a	ıııswei	ed les lore	טפפ ווווכ,	, raitiv,
40	Is the organization an agent, trustee				ar oontributi		other esects a		
1a	included on Form 990, Part X?								DNa
								□ T (es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and compi	ete the to	llowing ta	able:	_	1		
						<u> </u>	A	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou	· ·	-						es 🔲 No
	If "Yes," explain the arrangement in P								
Par	V Endowment Funds. Compl	ete if the organi					· · · · · · · · · · · · · · · · · · ·		
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years bac	k (e) Foui	years back
1a	Beginning of year balance		<u></u>						
b	Contributions								
C	Net investment earnings, gains, and			_					
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and		1	•					
	programs					i			
f	Administrative expenses								
g	End of year balance					1			
2	Provide the estimated percentage of t		nd balanc	e (line 1c	ı. column (a)) held a	as:		
a	Board designated or quasi-endowme			- (15	,, (-,	,			
b	Permanent endowment ▶		'						
C	Temporarily restricted endowment ▶	·%							
•	The percentages in lines 2a, 2b, and 2	'° C should equal 1	00%						
За	Are there endowment funds not in th			zation th	at are held a	and ad	ministered for th	ne	
	organization by:	. , ,							Yes No
	(i) unrelated organizations							3a(i)	103 110
	(ii) related organizations							3a(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organ							3b	
4	Describe in Part XIII the intended uses							30	l
Part									
, and	Description of property	(a) Cost or o				(2)	Accumulated	(d) Doc	
	Description of property	(a) Cost or o			or other basis ther)		epreciation	(a) BOC	ok value
	Land	, , , ,	<u> </u>	· · · · · ·	· .				204.005
b	Buildings		204,035				740.000		204,035
6		·	1,865,820				749,983		1,115,837
C	Leasehold improvements	•							
d	Equipment		3,956,600				5,609,982		8,346,618
- 0	Other		4,466,651		(D) /'== 10	/-1.)	17,873,773	-	26,592,878
ı otal.	Add lines 1a through 1e. (Column (d) r.	riust equal Form S	ээυ, нап і	s, coiumi	1 (8). IIN O 10	(C).) .	. <i></i> . ▶		36.259.368

Part VII	· Investments - Other Securities	. See Form 990, Part X, I	ine 12.	
. (a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financia	l derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
(1)		<u>"</u>		
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related	I See Form 990 Part Y	line 13	<u> </u>
I di t Viii	(a) Description of investment type	(b) Book value	(c) Method of va	luation:
	(a) Description of investment type	(b) BOOK Value	Cost or end-of-year n	
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa			
	(8	a) Description		(b) Book value
(1)				
(2)				
(3)		•		
<u>(4)</u> (5)				
(6)				
(7)				
(8)	 ··			
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	income taxes	0		
(2) Accum	ulated Operating Provisions	(751,534)		
	mer Deposits	391,323		
/=\	Current & Accured Liabilities	1,238,514		
	ed Credits	255,150		
(6)				
(7)				
(8)		-		
(9)				
(10)	·····			
(11)	(h) must equal Form 1000 Post V and (B) line 051			
	(b) must equal Form 990, Part X, col. (B) line 25.) ► SC 740) Footnote. In Part XIII, provide the	tout of the feetnate to the	anivation's financial statements that	roporto the averagentical
liability for u	ncertain tax positions under FIN 48 (ASC 7	740). Check here if the text of	the footnote has been provided in F	Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenu 1. Total revenue, gains, and other support per audited financial statements 2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	· · •
- randonto indiaded diffine i bat not diff 330, Falt VIII, IIIC 12.	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Return
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this information. INVESTMENTS IN ASSOCIATED ORGANIZATIONS	
PATRONAGE CAPITAL CERTIFICATES - AECI	67,885

CLASS C COMMON STOCK - FEDERATED RURAL ELECTRIC INSURANCE 79,224

PATRONAGE CAPITAL CERTIFICATES - NRUCFC

PATRONAGE CAPITAL - NRTC

PATRONAGE CAPITAL CERTIFICATE - SEDC

PATRONAGE - ARKANSAS RURAL DEVELOPMENT SELF-INSURANCE TRUST

503,395

222,542

29,199

43,256

Part XIII Supplemental Information (continued)	
PATRONAGE CAPITAL NISC	17,491
PATRONAGE CAPITAL CERTIFICATE - CENTRAL AREA DATA PROCESSING	2,400
MEMBERSHIP - NRUCFC	1,000
MEMBERSHIP - COMMITTEE ON SW POWER	10
MEMBERSHIP - NRTC	1,000
MEMBERSHIP - NRECA	10
MEMBERSHIP - HAMPTON INDUSTRIES	500
MEMBERSHIP - CAIDC STOCK	100
MEMBERSHIP - CAMDEN INDUSTRIAL DEVELOPMENT	200
MEMBERSHIP - NISC	1,000
MEMBERSHIP - AECI	100
MEMBERSHIP - AECC	100
MEMBERSHIP - SEDC	100
WILDBLUE	23,350
CAPITAL TERM CERTIFICATES - NRUCFC	875,477
FARMER'S BANK & TRUST	100,000
FIRST BANK	85,000
CALHOUN COUNTY BANK	86,000
BANCORP SOUTH	99,000
INDIA STATE BANK	70,000
CAPITAL ONE BANK	97,000
GE CAPITAL BANK 5.00	75,000
CFC MEMBER CAPITAL SECURITIES	250,000
FHLM SERIES 77H;7.84% EFF;STATED 8.5%	8,960
GNMA REMIC 2003-25T	74,263
GNMA REMIC 2010-CP	4,621
GNMA REMIC TRUST 2010-107	287,372
GMA 2011-44 CUSIP38377QWL7	23,778

: - 1

FHLMC STRIP	54,148
FHLMC MED TERM NTS	48,214
GNMA SER 2003-70 CL PB	100,000
GNMA SERIES 2008-34 CLASS PB	100,000
GNMA POOL #782114	33,952
GNMA SERIES 2008-38 CLASS PN	98,976
FNMA MEDIUM TERM NOTE	100,000
FEDERAL FARM CREDIT BANKS	142,875
FEDERAL HOME LOAN BANK	000'001
FEDERAL FARM CREDIT BANKS BOND	000'09
FEDERAL FARM CREDIT BANKS BONC	100,000
U S TREASURY STRIPS	119,934
U S TREASURY STRIPS	118,570
FHLMCC STRIP 3.191	56,193
FNMA STRIPS 2.854	36,593

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 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Ouachita Electric Cooperative Corporation

Employer identification number

71-0133895

Part I	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	1	!	
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		·	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			لــــا
	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,	\vdash		ļ
~	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		1
		-		
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, but 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			
	District the same did not a consens listed in Form 000. Book VIII. On the A. Para day VIII. See a sale to the Elisa			
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		4a		1
b	Receive a severance payment or change-of-control payment?	4b		✓
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		7
	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:	L		
a	The organization?	5a		
b	Any related organization?	5b		ļ
_	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			
6	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		\vdash
~	If "Yes" to line 6a or 6b, describe in Part III.			\vdash
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	\Box	<u> </u>	
	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			1
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

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

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

(B) Breakdown of W-2 and (W) Breakdown of W-2 and	- aac	(B) Breakdown of W-2 and	W-2 and/or 1099-MIS	or 1099-MISC compensation	for 1099-MISC compensation	a, applicable column	(D) and (E) amount	S IOI tilat illuividual.
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(U) Nontaxable benefits	(E) 1 odal of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(5)	6.500				906.9		13,406
1 Corbet Lamkin, Director	€							
	Θ	3,500				2,4295		5,929
2 Danny Adams, Director	(E)		, n o n p a n a o n a a a a a a a a a a a a a a a					
	(1)	6,750				605'5		12,259
3 Wanda Taylor, Director	(ii)							
	()	000'9				3,929		676′6
4 Walter Pigott, Director	E							
	8	7,750				086'9		14,730
5 James Gamer, Director	(E)							
	(1)	5,500				3,822		9,322
6 Lisa Hendrix, Director	(ii)							
	Θ	5,750				3,714		9,464
7 Gregg Goss, Director	(E)							
	E	4,250				2,732		6,982
8 Mike Hutchinson, Director	€							
	Θ	9000'9				8,473		14,473
9 David McLeane, Director	€							
	€	126,637	250	20,800	46,639	11,892		206,218
10 Mark Cayce, General Manager	(II)							
	8	88,337	250		32,194	6524		127,305
11 W Perry Johnson, Mgr Fin & Acct								
	8	82,615	250		3,815	16,705		103,385
12 Charles Armstrong, Service Mgr	<u>(E)</u>							
	Θ	82,676	250		31,477	16,705		131,108
13 David O'Hara, Const Mgr	€							
	ε	86,423	250	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	31,232	11,892		129,797
14 Richard Baker, Mgr Eng Services	(3)							
	6	64,206	250		22,852	15,812		103,120
15 Jim McCarty, IT Manager	€							
	E	77,290	250		28,252	11,767		117,559
16 Norma O'Neal, Member Services								

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 Part III Supplemental Information 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.	Page 3 , 6b, 7, and 8, and for Part II
	•
	CAMP (MAN)

SCHEDULE L (Form 990 or, 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(10)

Employer identification number

<u>OUA</u>	CHITA ELECTRIC COO	PERATIVE CO	RPORATION					_		71-0	01338	95																						
Pa	rt I Excess Bene Complete if the	fit Transactione organization	ons (section 501 n answered "Ye	(c)(3) a s" on F	nd sect	ion 501(c)(0, Part IV, I	4) org line 25	anizations only). 5a or 25b, or For	m 990	D-EZ,	Part '	V, line	40b.																					
1	(a) Name of disqualified	(h) Relationship I			(b) Relationship between disqualified person and					(b) Relationship between disqualified person and			(b) Relationship between disqualified person and														and (c) Description of transaction				· · · · · · · · · · · · · · · · · · ·			ected?
				organizat	tion					Yes	No																							
_(1)	MARK CAYCE		DIRECTOR				DIRECTOR'S FEES				✓																							
_(2)																																		
_(3)																																		
(4)																																		
(5)		•					<u></u>																											
(6)	<u></u>																																	
2	Enter the amount under section 4958		ed by the organ		-		-	*	_	ne ye !	ar ► \$;																						
3	Enter the amount of	of tax, if any, o	n line 2, above,	reimbu	ırsed by	the organ	izatio	n		1	• \$	<u> </u>																						
Par	Complete if the	ne organization	erested Person n answered "Ye nount on Form !	s" on F	orm 99	0-EZ, Part e 5, 6, or 2	V, line 2.	e 38a or Form 99	90, Pa	rt IV,	line 2	6; or i	f the																					
(a) (Name of interested person	(b) Relationship with organization		fror	an to or n the zation?	(e) Ongii principal an		(f) Balance due	(g) in o	lefault?	by bo	proved pard or nittee?	(i) Wi agreei	ntten ment?																				
				То	From				Yes	No	Yes	No	Yes	No																				
(1)	 	ļ					_																											
(2)									ļ																									
(3)		 		ļ	ļ					ļ		ļ																						
(4)				 					1	ļ																								
(5)					-				 	<u> </u>																								
(6)			-	ļ	 	ļ			-		ļ	-																						
(7)		-		<u> </u>	<u> </u>							<u> </u>																						
(8)				ļ	-				-		<u> </u>																							
(9)				 	-				 		 	<u> </u>																						
(10) Tota				<u> </u>	1			\$																										
	t III Grants or As	sistance Ben ne organization	efiting Interest n answered "Ye	ed Peres" on F	sons.		••	<u> </u>		1																								
(e	Name of interested perso		nship between inter and the organization		c) Amount	t of assistance		(d) Type of assistanc	; е	(е) Purpo	ose of a	ssistan	се																				
_(1)	·		<u> </u>				<u> </u>																											
(2)							<u> </u>																											
(3)																																		
(2) (3) (4) (5) (6) (7)										L_																								
(5)																																		
(6)																																		
(7)																																		
(8)																																		
(9)																																		

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		zation nues?
(4)					Yes	No
(1)						<u> </u>
(2)						
(3) (4)				-	-	├
(5)	····					
(6)						-
7)						
(8)						
(9)						
0)				= 		
art V	Supplemental Information Complete this part to provid	e additional information for re	sponses to question	s on Schedule L (see instruction	ns).	
		·				
		·				
		······				
			***************************************	·		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

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.

Open to Public Inspection

Employer identification number Name of the organization **OUACHITA ELECTRIC COOPERATIVE CORPORATION** 71-0133895 Part VI Governance, Management, and Disclosure Section B 11b Form 990 is reviewed by management before it is filed. The Form 990 is also reviewed, post filing by the cooperative's independent auditors. Part VI Governance, Management, and Disclosure Section B 12c The conflict of interest questionnaire is filled out annually by the directors and key management personnel. The questionnaires are confirmed and checked by the independent auditors annually. Part VI Governance, Management, and Disclosure Section B 15a The top management official (General Manager) compensation is determined by the governing board using comparability data and contemporaneous substantiation of the deliberation and decision. Part VI Governance, Management, and Disclosure Section B 15b The key employees of the organization compensation is determined by the top management official (General Manager). Comparability data and contemporaneous substantiation of the deliberation and decision is used in the determination, Part VI Governance, Management, and Disclosure Section C 19 Governing documents, conflict of interest policy, and financial statements are available to the cooperative members on request. Financial statements are also part of the annual report sent to each member each June. Part XI Line 4 Benefits paid to or for members: Operating and non operating margins for the filing year (2012) to be allocated in 2013. Operating Margins: \$ 462,960, Non-operating Margins - Interest: \$ 327,527, Other Capital Credits and Patronage Dividends: \$ 89,047, Generation & Transmission Capital Credits: \$ 890,300, for a total of \$ 1,774,943. The Generation & Transmission Capital Credits will not be allocated.

Schedule O (Form 990 or 990-Ez) (2012)	Page 2
Name of the organization ,	Employer identification number
	••••••
	
	·