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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public Inspection

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

A F	or the	2012 calendar year, or tax year beginning JUL 1, ZU1Z and c	enaing J	UN 30, 2013	
B Ci	neck if	C Name of organization		D Employer identifica	tion number
_		TENNESSEE ELECTRIC			
느	Addres	S COOPERATIVE ASSOCIATION			61000
	Name change	Doing Business As		62-04	61397
	Initial return	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number	
	Termin- ated	2304 BIBCO BR		(615)	367-9284
	Amend return	City, town, or post office, state, and ZIP code		G Gross receipts \$	6,644,442.
	Application	NABIIVIEE, IN 37204		H(a) Is this a group retu	
	pendin	F Name and address of principal officer:DAVID CALLIS		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates includ	ded? Yes No
I T	ax-exe	empt status: 501(c)(3)X 501(c) (6) ◀ (insert no) 4947(a)(1) c	or 527	If "No," attach a lis	t. (see instructions)
JW	/ebsit	e: ► TNELECTRIC.ORG		H(c) Group exemption i	number 🕨
(Fo	orm of	organization X Corporation	L Year	of formation 1942 M s	State of legal domicile ${f T1}$
	rt I	Summary			
a ,	1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m PI}$	ROVIDE	INFORMATION	,
Activities & Governance		SERVICES, AND SUPPORT TO RURAL ELECTRIC O	COOPER	RATIVES IN TE	NNESSEE
Ē	-	Check this box If the organization discontinued its operations or dispos			ets.
2		Number of voting members of the governing body (Part VI, line 1a)		3	12
5		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
<u>გ</u>		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	15
<u> </u>				6	(
		Total number of volunteers (estimate if necessary)		7a	554,448
₹		Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0
	b	Net unrelated business taxable income from Form 990-T, line 34			
	_		-	Prior Year 28,200.	Current Year 15,000
e		Contributions and grants (Part VIII, line 1h)			6,531,907
5		Program service revenue (Part VIII, line 2g)	1	5,181,581.	
Levenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d) 👙 👍 🤻 🎉 🚉	. V	537.	8,420
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,338.	77,022
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 🕻	2014	(5,222,656.	6,632,349
- 1	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,750.	5,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)		*'	0 .
z.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ا و يد و - المحمد من الو	1,602,091.	1,469,037
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,839,816.	3,895,833
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,447,657.	5,370,370
		Revenue less expenses. Subtract line 18 from line 12		<225,001.>	1,261,979
es		Trevende less expenses, oubtract line to normalite 12	R	eginning of Current Year	End of Year
ang	20	Total assets (Part X, line 16)		2,924,760.	4,718,106
Fund Balances		·	 	736,900.	1,268,267
Ę,		Total liabilities (Part X, line 26)		2,187,860.	3,449,839
뜶	rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		2/10//000	3,113,033
		<u> </u>		neate and to the best of my	knowledge and halief it is
		ilties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
rue,	correc	t and complete Declaration of operarer (other than officer) is based on all information of wi	hich prepare	r has any knowledge	
					<i>914</i>
Sig	า	Signature of officer		Date	
der	е	DAVID CALLIS, EXECUTIVE VICE PRESIDEN	T & G1	М	<u>. </u>
		Type or print name and title			71
		Print/Type preparer's name Preparer's signature		Date Check X	- I
aid		PAUL B. VANTREASE, JR., CPAUL B. VANTREA	SE, J	12/12/13 self-employed	P01216364
	arer	Firm's name DEMPSEY VANTREASE & FOLLIS PLLC			62-1736974
	Only	Firm's address 630 S. CHURCH ST., STE 300			
	J,	MURFREESBORO, TN 37130		Phone no (6	15)893-6666
	tha !!	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110 (0	X Yes No
					Form 990 (2012
2320	01 12-1	10-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		1.0111 220 (2012

4d Other program services (Describe in Schedule O.)

4e Total program service expenses

) (Revenue \$

232002 12-10-12 Form 990 (2012)

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TENNESSEE ELECTRIC COOPERATIVE ASSOCIATION

Form 990 (2012)

Part IV Checklist of Required Schedules

	,		Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
2	If "Yes," complete Schedule A	2	X	<u>X</u>
3	Is the organization required to complete Schedule B, Schedule of Contributors? 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ļ		
	Schedule D, Part III	8		X
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		<u>X</u> _
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
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	Х	
L	Part VI	11a	<u> </u>	
D	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	х	
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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
f	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	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ļ
	Schedule D, Parts XI and XII	12a	<u>X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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	14b		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	<u> </u>	 ^
15	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			
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T
-	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	<u> </u>	<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u></u>

Form 990 (2012) COOPERATIVE ASSOCIATION Part 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		_ X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		Х	
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ.	
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	00	Х	
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- ^	
240	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		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ь	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		X
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		X
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):		-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	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		_ A_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l 😛
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
	If "Yes," complete Schedule N, Part I	31	 	A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II	32	ļ	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
-	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
_	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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Forn	1990	(2012)

TENNESSEE ELECTRIC COOPERATIVE ASSOCIATION

	990 (2012) COOPERATIVE ASSOCIATION 62-04613	<u> 397</u>	Pa	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ĺ
	filed for the calendar year ending with or within the year covered by this return 2a 15			İ
b	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)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	į		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			١
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			1
а		7a		
	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 required			
	to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	. .		1
e		7e 7f		
f		_		
9		7g 7h		+
h	· · · · · · · · · · · · · · · · · · ·	- 	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8	•	1
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		-	
•	Did the organization make any taxable distributions under section 4966?	9a		
	The state of the s	9b		
ь 10	Section 501(c)(7) organizations. Enter:			
	100			
a b	100		•	
11	Section 501(c)(12) organizations. Enter:			
• а		1		
-	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a]
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			Γ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			1
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>	<u> </u>	<u> </u>
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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 12		1	
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		X
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			
7a	· · · · · · · · · · · · · · · · · · ·	7a	х	
	more members of the governing body?	10	-^`	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.		Х
_	persons other than the governing body?	.7b		· · · · · · ·
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	_{C-}	X	
_	The governing body?	8a	X	
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			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
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	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		[1
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	ĺ	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
U	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		
800	exempt status with respect to such arrangements?	100		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17	List the states that this is soly of the form of the solution as a second secon	availak		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the second section 1024 if applicable (Section 501).	avallat	л с	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	مراك الم	!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	a tinai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:	_	
	DAVID CALLIS - (615) 367-9284			
23200	2964 SIDCO DR, NASHVILLE, TN 37204			
2020	·v	Forn	n uun	(2012)

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

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

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

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

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

Week (list and year) hours for related organizations below line) week (list and year) hours for related organizations below line) week (list and year) week (list and year)	on a	(F) Estimated amount of other	
10 WILLIAM S ROGERS 4.00 X	s co SC) oi a	compensation from the organization and related organizations	
1.00			
VICE PRESIDENT X	0.	0	
1.00 X	0.	r	
SECRETARY/TREASURER	<u> </u>	0	
(4) TONY BENTLE 0.50 TRUSTEE X (5) STACY CHASTAIN 0.50 TRUSTEE X (6) BRITT DYE 0.50 TRUSTEE X (7) HAROLD FINLEY 0.50 TRUSTEE X (8) FLOYD SHOEMAKER 0.50 TRUSTEE X (9) ROBERT KENDRICK 0.50 TRUSTEE X (10) GERALD TAYLOR JR 0.50 TRUSTEE X (11) RODY BLEVINS 0.50 TRUSTEE X (11) RODY BLEVINS 0.50 TRUSTEE X (12) ROBERT DRINNEN 0.50 TRUSTEE X (12) ROBERT DRINNEN 0.50 TRUSTEE X (13) DAVID CALLIS 60.00 EXECUTIVE VP AND GM X (14) TOM PURKEY 50.00	0.	C	
TRUSTEE	 		
STACY CHASTAIN 0.50 X	0.	C	
TRUSTEE			
100 100	0.	C	
TRUSTEE			
TRUSTEE	0.	C	
(8) FLOYD SHOEMAKER TRUSTEE (9) ROBERT KENDRICK (10) GERALD TAYLOR JR TRUSTEE (11) RODY BLEVINS (12) ROBERT DRINNEN TRUSTEE (13) DAVID CALLIS EXECUTIVE VP AND GM (14) TOM PURKEY (10) SHOEMAKER X	0.	(
(9) ROBERT KENDRICK TRUSTEE (10) GERALD TAYLOR JR TRUSTEE (11) RODY BLEVINS TRUSTEE (12) ROBERT DRINNEN TRUSTEE (13) DAVID CALLIS EXECUTIVE VP AND GM (14) TOM PURKEY D . 50 X 200. 200. 177,320.	0.	(
(10) GERALD TAYLOR JR TRUSTEE (11) RODY BLEVINS TRUSTEE (12) ROBERT DRINNEN TRUSTEE (13) DAVID CALLIS EXECUTIVE VP AND GM (14) TOM PURKEY (10) SO	0.	(
(11) RODY BLEVINS TRUSTEE (12) ROBERT DRINNEN TRUSTEE (13) DAVID CALLIS EXECUTIVE VP AND GM (14) TOM PURKEY (15) COUNTY OF THE PURKEY (16) COUNTY OF THE PURKEY (17) COUNTY OF THE PURKEY (18) COUNTY OF THE PURKEY (19) COUNTY OF THE PURKEY (10) COUNTY OF THE PURKEY (10) COUNTY OF THE PURKEY	0.	(
TRUSTEE X 200. (13) DAVID CALLIS 60.00 X 177,320. (14) TOM PURKEY 50.00	0.	(
EXECUTIVE VP AND GM X 177,320. (14) TOM PURKEY 50.00	0.	(
(14) TOM PURKEY 50.00			
101 214	0.	25,106	
FORMER EXECUTIVE DIRECTOR X 101,214.		40.00	
	0.	13,823	
	_		
 			

Form 990 (2012)

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any	(B) Average Ours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Кеу етріоусе	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
				_						
									-	
1 ///										
1b Sub-total c Total from continuation sheets to Part	VII, Section A					>		283,334.	0 0	. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to ti	hose	e list	ed a	bove	e) wl	no r	283,334. ecceived more than \$100	L	
compensation from the organization										Yes No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, k	ey e	mplo	oyee	, or	highest compensated e	employee on	3 X
4 For any individual listed on line 1a, is the and related organizations greater than \$1									the organization	4 X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co							ela	ted organization or indiv	ridual for services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest	compensated in	ndep	end	ent e	cont	racto	ors	that received more than	\$100,000 of compe	nsation from
the organization. Report compensation for										(C)
(A) Name and busine								Description of	services	Compensation
RR DONNELLEY RECEIVABLES PO BOX 905151, CHARLOTT	E, NC 28	29	0-	51	51			PRINTING		1,221,063.
TENNESSEE TECHNOLOGY CET 1303 OLD FORT PARKWAY,	MURFREES	BO	RO	,	TN	BO:	RO 71	JOB TRAINING SFTY PRGRMS	FOR EE	487,850.
BASS, BERRY & SIMS, 150 2800, NASHVILLE, TN 374		: S		ST	'E 			LEGAL FEES_		114,598.
										· · · · · · · · · · · · · · · · · · ·
					 -	-				
2 Total number of independent contractors \$100,000 of compensation from the organ		not	limit	ed t	o the	ose I 3	ste	d above) who received	more tnan	
										Form 990 (2012)

Page 9

COOPERATIVE ASSOCIATION

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (C) Unrelated Related or Total revenue business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 15,000 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 15,000. h Total. Add lines 1a-1f **Business Code** 511120 2,532,311.2,532,311 2 a MAGAZINE Program Service Revenue 1,378,010.1,378,010. **b** MEMBERSHIP DUES 900099 554,448. 511120 554,448. MAGAZINE ADVERTISING 344,112. CONFERENCES/WORKSHOPS 900099 344,112 285,893. 900099 285,893 YOUTH TOUR 437,133.1,437,133. 900099 f All other program service revenue 6,531,907. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 8,513. 8,513 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) ▶ d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 12,000. assets other than inventory b Less: cost or other basis 12,093 and sales expenses < 93 c Gain or (loss) <93.b <93.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 77,022 11 a MISCELLANEOUS 77,022 900099 d All other revenue 77,022. e Total. Add lines 11a-11d ,632,349.6,054,388. 554,448. 8,513. Total revenue. See instructions Form 990 (2012)

Part IX	Statement	of F	unctional	Expenses

	Check if Schedule O contains a respons		Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) 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				
2	Grants and other assistance to individuals in				
•	the United States. See Part IV, line 22	5,500.	<u></u> .		
}	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				4
	Benefits paid to or for members				
	Compensation of current officers, directors,	401 500			
	trustees, and key employees	401,598.		-	_ .
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	614,976.			
	Other salaries and wages	014,3/0.			
	Pension plan accruals and contributions (include	201,438.			
	section 401(k) and 403(b) employer contributions) Other employee benefits	185,254.			
	Payroll taxes	65,771.			
	Fees for services (non-employees):	03///11			
	Management				
	Legal	18,558.			*
	Accounting	17,923.		-	
	Lobbying	86,271.			
	Professional fundraising services See Part IV, line 17		1 11-11-11		
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O)	121,815.			
	Advertising and promotion				
	Office expenses	124,732.			
	Information technology	20,055.			
	Royalties				. <u>.</u>
	Occupancy	62,946.			
	Travel	104,466.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	270,316.			
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	67,018.			
	Insurance	30,876.	·····		
	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)				
2	MAGAZINE POSTAGE/PRINTI	2,048,757.			
	SAFETY TRAINING CONTRAC	496,300.			
C	WASHINGTON YOUTH TOUR E	281,967.	·		
d	SPECIAL PROJECTS	9,753.			
_	All other expenses	134,080.			
	Total functional expenses. Add lines 1 through 24e	5,370,370.			
<u>^</u> 3	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)				

Dart Y Balance Shoot

Part X		Balance Sheet					
		Check if Schedule O contains a response to any	questi	on in this Part X			
					(A) Beginning of year		(B) End of year
1	i	Cash - non-interest-bearing			428,101.	1	312,791. 933,909.
2	2	Savings and temporary cash investments	133,587.	2	933,909		
3	3	Pledges and grants receivable, net		3			
4	4	Accounts receivable, net			418,131.	4	1,482,556
5	5	Loans and other receivables from current and for	rmer of	ficers, directors,	,,,		
İ		trustees, key employees, and highest compensat		l l			
		Part II of Schedule L				5	
6	8	Loans and other receivables from other disqualifi	ed per	sons (as defined under			
ţ		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section	on 501	(c)(9) voluntary			
_		employees' beneficiary organizations (see instr).				6	
Assets 8	7	Notes and loans receivable, net	-			7	
§ 8	В	Inventories for sale or use			3,749. 270,031.	8	
9	9	Prepaid expenses and deferred charges			270,031.	9	717,935
10	0a	Land, buildings, and equipment: cost or other					
1		basis. Complete Part VI of Schedule D	10a	346,554. 267,543.			,
	b	Less accumulated depreciation	10b	267,543.	691,762.	10c	79,011
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line 1	1	<u> </u>	1,000,000.	12	300,000
13	3	Investments - program-related. See Part IV, line 1	11			13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			<20,601.	>15	891,904
16	6	Total assets. Add lines 1 through 15 (must equa	2,924,760.	16	4,718,106 549,692		
17	7	Accounts payable and accrued expenses	593,506.	17	549,692		
18	8	Grants payable				18	165 210
19	9	Deferred revenue			143,394.	19	165,319
20	0	Tax-exempt bond liabilities				20	
န္မ 21	1	Escrow or custodial account liability. Complete F				21	11-11 11 11 11 11 11 11 11 11 11 11 11 1
Liabilities	2	Loans and other payables to current and former		,			
ia l		key employees, highest compensated employee	s, and	disqualified persons.			
-		Complete Part II of Schedule L				22	EE2 254
23	3	Secured mortgages and notes payable to unrela				23	553,256
24		Unsecured notes and loans payable to unrelated		'		24	
25	5	Other liabilities (including federal income tax, pay	-				
		parties, and other liabilities not included on lines	17-24). Complete Part X of		0.5	
_	_	Schedule D			736,900.	25	1,268,267
20	6	Total liabilities. Add lines 17 through 25		. . [v]	730,300.	26	1,200,207
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ X and			
8	_	complete lines 27 through 29, and lines 33 an	d 34.		2,187,860.	27	2,012,706
	27	Unrestricted net assets			2,107,000.	28	1,437,133
8 2	28	Temporarily restricted net assets			- <u>-</u>	29	1/10//100
ਵ ²¹	29	Permanently restricted net assets	CC 0E	e) shock have		2.5	
띤		Organizations that do not follow SFAS 117 (A	3C 93	b), check here			
S		and complete lines 30 through 34.				30	
set 3	10	Capital stock or trust principal, or current funds		at fund	<u>-</u>	31	
⋖)1 0	Paid-in or capital surplus, or land, building, or eq			 	32	
	32	Retained earnings, endowment, accumulated in	come,	or other lunus	2,187,860.	33	3,449,839
3	13	Total net assets or fund balances			2,924,760.		4,718,106
	14	Total liabilities and net assets/fund balances				, 54	Form 990 (2012

Form **990** (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

Form	990 (2012) COOPERATIVE ASSOCIATION	02-040	1391	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		i I	c c 2	· ·	4.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,632	2,3	49.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,370		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,18	1,8	60.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		2 44		2.0
	column (B))	10	3,44	9,8	<u> 39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		·····	· · ·	No.
				Yes	NO
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	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 compiled or reviewe	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			.,	1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	 ,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit		ŀ	v
	Act and OMB Circular A-133?		3a_		<u> </u>
h	If "Ves," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit	l l	l	i

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		·	
Nan	ne of organization TENNESS	EE ELECTRIC		Emple	oyer identification number
		TIVE ASSOCIATION			62-0461397
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities	_	
Pa	ert I-B Complete if the org	ganization is exempt und	ler section 501(c)	(3).	
1				▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
46	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV.		504(-)		-1/2)
P		ganization is exempt und			c)(3).
1					
2	• •	nization's funds contributed to ot	ner organizations for s	section 527	
•	exempt function activities Total exempt function expenditures	a Add lines 1 and 2 Enter here s	and on Form 1120-POI	· •	
3	line 17b	s. Add lines 1 and 2. Enter here a	3110 011 1 01111 1 120 1 01		
4		1120-POL for this year?		•	Yes No
5		mployer identification number (El ation listed, enter the amount pai comptly and directly delivered to	d from the filing organ a separate political org	ization's funds. Also enter th ganization, such as a separa	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
_					
_					
	r Paperwork Reduction Act Notice	see the Instructions for Form	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2012

232041 01-07-13

LHA

TENNESSEE ELECTRIC

Schedule C (Form 990 or 990 EZ) 2012 CO	OPERATIV	E ASSOCIATIO	N	62-	0461397 Page 2
Part II-A Complete if the organ	ization is exe	empt under sectio	n 501(c)(3) and file	d Form 5768	
(election under sectio	n 501(h)).				
A Check ► if the filing organization	belongs to an a	filiated group (and list in	Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and share o	_			•	
B Check ▶ ☐ if the filing organization	checked box A	and "limited control" pro	ovisions apply.		
				(a) Filing	(b) Affiliated group
	n Lobbying Exp	enaitures ounts paid or incurred.)		organization's	totals
	res means and	ounts paid or incurred.	<u>'</u>	totals	
1a Total lobbying expenditures to influen	ce public opinior	(grass roots lobbying)			
b Total lobbying expenditures to influen	ce a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add lines	: 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	idd lines 1c and	1d)			
f Lobbying nontaxable amount. Enter the	ne amount from t	he following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% (of the amount on line 1e			
Over \$500,000 but not over \$1,000,00	00 \$100,0	000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,	000 \$175,	000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	0,000 \$225,	000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
g Grassroots nontaxable amount (enter	25% of line 1f)		1		
h Subtract line 1g from line 1a. If zero o	r less, enter -0-		-		
i Subtract line 1f from line 1c. If zero or	less, enter -0-		Ĺ		<u> </u>
j If there is an amount other than zero	on either line 1h	or line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this yea	ar?				Yes No
		veraging Period Under			
		section 501(h) electio			
colur		the instructions for line		ge 4.)	
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
			+		
On Labburg pastavable amount					
2a Lobbying nontaxable amount	······································				
b Lobbying ceiling amount (150% of line 2a, column(e))					
(150 % Of mile 2a, Coldinite))	······································				
c Total lobbying expenditures					
C Total lobbying experiorules					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
, , , , , , , , , , , , , , , , , , , ,					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990 EZ) 2012 COOPERATIVE ASSOCIATION

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1ı below, provide ın Part IV a detailed description	(6	a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				·
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No," O	R (b) Par	t III-A, lir	ne 3, і
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members	d "No," O	R (b) Par	t III-A, lir	ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	d "No," O	R (b) Par	t III-A, lir	ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	d "No," O	R (b) Par	t III-A, lir	ne 3, і
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid).	d "No," O	R (b) Par	t III-A, lir	ne 3, і
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	d "No," O	1 2a	t III-A, lir	ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	d "No," O	1 2a 2b	t III-A, lir	ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	d "No," O	1 2a 2b 2c	t III-A, lir	ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	d "No," O	1 2a 2b 2c	t III-A, lir	ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses in the section 162(e) and the expenses in the section 162(e) dues	d "No," O	1 2a 2b 2c 3	t III-A, lir	ne 3, i
 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 	d "No," O	1 2a 2b 2c 3	t III-A, lir	ne 3, i
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	d "No," O tical xcess	1 2a 2b 2c 3 4 5	t III-A, lir	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	d "No," O tical xcess	1 2a 2b 2c 3 4 5	t III-A, lir	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	d "No," O tical xcess	1 2a 2b 2c 3 4 5	t III-A, lir	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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. ► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

TENNESSEE ELECTRIC
COOPERATIVE ASSOCIATION

Employer identification number 62-0461397

Par	t Organizations Maintaining Donor Advised		Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
•		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	viting that the assets held in donor adv	used funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ac		e used only
_	for charitable purposes and not for the benefit of the donor or		•
	Impermissible private benefit?	20.10, 20.1001, 0.101 2.1, 0.1110 po.,po.	Yes No
Par		anization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		nistorically important land area
	Protection of natural habitat	· —	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
	Number of conservation easements included in (c) acquired a		cture
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per		- of
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pa	TILL Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthe	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	oublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		S
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

rai	rt III Organizations Maintaining C	<u>ollections of A</u>	<u>rt, Hist</u>	<u>orical Tre</u>	easures, o	r Othe	<u>er Simil</u>	<u>ar Asset</u>	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	are a s	ignificant	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	c	ı 🗀 L	oan or exc	hange progra	ms				
ь	Scholarly research	•		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further ti	he organizatio	on's exe	mpt purp	ose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or othe	er sımıla	r assets		_	
	to be sold to raise funds rather than to be ma	intained as part of	the organ	ization's co	ollection?				Yes	No_
Pa	rt IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered "	Yes" to	Form 990), Part IV, li	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contribution	s or other as:	sets not	included		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:				·		
									Amount	
c	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 amount on Fo	orm 990, Part X, line	21?						Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	n has been	provided in F	Part XIII				
Pa	rt V Endowment Funds. Complete if	the organization ai	nswered	"Yes" to Fo	rm 990, Part	IV, line	10.		· · · · · · · · · · · · · · · · · · ·	
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	=		_						
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships				L		_			
е	Other expenditures for facilities				İ					
	and programs									
f	Administrative expenses									
g	End of year balance				İ			_	<u></u>	
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1	g, column (a	a)) held as:					
а			%							
b	Permanent endowment ▶	%								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held a	and administe	red for	the organ	ızatıon	_	
	by.								\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" to 3a(II), are the related organizations	s listed as required	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's end	owment '	funds.						
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	line 10.				· · · · · ·		
	Description of property	(a) Cost or basis (invest			t or other (other)		Accumula epreciatio	I	(d) Book	value
1a	Land									
b	Buildings									
c										
d										
	Other			34	16,554.		267,5	43.		,011.
	al. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line	10(c))				79	,011.

Schedule D (Form 990) 2012

300,000. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (b) Book value (a) Description of investment type (1) (2)(3) (4) (5) (6)(7)(8) (9) (10)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description		(b) Book value
(1) INVESTMENT IN TTI		<20,118.
(2) ASSETS HELD FOR RESALE		692,022.
(3) DEPOSITS ON BUILDING AND IMPROVEMENTS		220,000.
(4)		
(5)		
(6)		
(8)		
(9)		
(10)		001 004
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	<u> </u>	891,904.

Part X Other Liabilities. See Form 990, Part X, line 25.

, <u>, , , , , , , , , , , , , , , , , , </u>	(a) Description of liability	(b) Book value
(1) Federal ır	come taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	>

FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

(G) (H) (I)

•	. TENNESSEE ELECTRIC					
	dule D (Form 990) 2012 COOPERATIVE ASSOCIATION				0461397	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per R	eturr		
1	Total revenue, gains, and other support per audited financial statements			1	6,632,	349.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)	_2d				•
е	Add lines 2a through 2d			_2e	6 630	0.
3	Subtract line 2e from line 1			3	6,632,	349.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII)	4b				^
С	Add lines 4a and 4b			4c	6 622	240
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	V	Cat. F	5	6,632,	349.
	* XII Reconciliation of Expenses per Audited Financial Statem	ients v	vitn Expenses per		5,370,	260
1	Total expenses and losses per audited financial statements			1	3,370,	300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا				
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
C	Other losses	2c				
đ	Other (Describe in Part XIII.)	2d		2e		0.
	Add lines 2a through 2d			3	5,370,	
3	Subtract line 2e from line 1				3/3/0/	3001
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	142	i			
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	2.			
b	Other (Describe in Part XIII.) Add lines 4a and 4b	40		4c		2.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	5,370,	
	t XIII Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	III lines 1	Ia and 4: Part IV lines 1	b and	2b: Part V. line	4: Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				20,1 4.1 1,	.,
	RT X, LINE 2: THE ASSOCIATION ACCOUNTS FOR				NCOME	
	LAW UNDER FINANCIAL ACCOUNTING STANDARDS			COU	NTING	
STA	ANDARDS CODIFICATION (ASC) 740-10. ASC 740	-10	PRESCRIBES A	CO	MPREHENS	SIVE
	DEL FOR THE FINANCIAL STATEMENT RECOGNITION					
ANI	D DISCLOSURE OF UNCERTAIN TAX POSITIONS TA	KEN	OR EXPECTED	то	BE TAKE	N IN
	COME TAX RETURNS. ASC 740-10 REQUIRES THAT					
	RECOGNIZED ONLY IF IT IS "MORE-LIKELY-THA					
	VINC NUMBER OF THE REPORTING DATE I					

232054 12-10-12

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)
CONSIDERED "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED, THEN NO BENEFITS OF THE
POSITION ARE TO BE RECOGNIZED. THE ASSOCIATION HAS NO UNRECOGNIZED TAX
BENEFITS FOR ANY OF THE PERIODS PRESENTED. TO THE EXTENT APPLICABLE IN THE
FUTURE, INTEREST AND PENALTIES RELATED TO INCOME TAX LIABILITIES WILL BE
INCLUDED IN PRE-TAX INCOME AS INTEREST EXPENSE AND TAX PENALTIES. AT JUNE
30, 2013, THE ASSOCIATION'S TAX RETURNS RELATED TO FISCAL YEARS ENDED JUNE
30, 2010 THROUGH JUNE 30, 2013 REMAIN OPEN TO EXAMINATION BY THE TAX
AUTHORITIES.
DADM VII IINE AD OMUED AD IUCMMENIO.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
ROUNDING 2.

2 Employer identification number 62-0461397 OMB No 1545-0047 Open to Public 2012 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section if applicable COOPERATIVE ASSOCIATION TENNESSEE ELECTRIC General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti Part #

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2012)

62-0461397

COOPERATIVE ASSOCIATION Schedule | (Form 990) (2012)
| Part III | Grants and Other

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

rail in oail or depicated in additional space is necess.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	8	5,000.	o		
CHARITABLE DONATIONS	н	.006	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, I	ine 2, Part III, colum	(b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: BOARD APPROVED SCHOLARSHIPS GIVEN TO QUALIFYING	APPROVED	SCHOLARSH	IPS GIVEN	TO QUALIFYING	
STUDENTS WHOSE FAMILIES ARE MEMBERS OF		THE COOPERATIVES.		OTHER GIFTS WERE	

THE COOKERMIT VES STUDENTS WHOSE FAMILIES ARE MEMBERS OF

FOR MONITORING NEED 9N THEREFORE ORGANIZATIONS, TO 501(C)(3)

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990.
TENNESSEE ELECTRIC

COOPERATIVE ASSOCIATION

Employer identification number 62-0461397

Pa	rt 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,			ĺ
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			İ
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			ĺ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		XXX
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		<u> </u>
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	Ì		
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.	,		T
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
-	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		L
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9	<u>L</u>	
LH4	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	J (For	m 990) 201

232111 12-10-12 62-0461397

COOPERATIVE ASSOCIATION

Schedule J (Form 990) 2012 COOPERATIVE AS

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/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(i)(B)	reported as deferred in prior Form 990
(1) DAVID CALLIC	0	177.320.	0	0	42,462.	0.	219,782.	0
- 7	€	L	0	0		0		0
(2) TOM PURKEY	9	101,21	0	0	6,75	0	107,97	0
FORMER EXECUTIVE DIRECTOR	€		0	0		0.	0	0.
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							Schedu	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012	COOPERATIVE ASSOCIATION 62-046139/
Part # Supplemental Information	uoi
Complete this part to provide the ir	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 to provide the information, explanation, or descriptions required for Part II, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part to provide the information, explanation, or descriptions required for Part II, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part to provide the information of the part III. Also complete this part to provide the information of the part II. Also complete this part II. Also complete this part to provide the information of the part III. Also complete this part II. Also complete this part II. Also complete this part II. Also complete this part III. Also complete this part
additional information.	

Page 3

Schedule J (Form 990) 2012 complete this part for any

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization TENNESSEE ELECTRIC COOPERATIVE ASSOCIATION	Employer identification number 62-0461397
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
SPONSOR ANNUAL CONFERENCES FOR APPROX 275 MEMBERS TO UPDA	ATE MEMBERS ON
ISSUES FACING ELECTRIC COOPERATIVES.	
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTION	CTORS IS ELECTED
BY THE MEMBER ORGANIZATIONS AT THE ANNUAL MEETING OF THE	
MEMBER COOPERATIVES.	
HERIEDER COOLEMANT VEC.	
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILI	NG DATE, THE FORM
990 WAS MADE AVAILABLE FOR REVIEW VIA E-MAIL OR DRAFT CO	PIES WERE DELIVERED
AT A BOARD MEETING. DAVID CALLIS(GENERAL MANAGER) OR AM	Y JORDAN
(CONTROLLER) ARE AVAILABLE FOR QUESTIONS OR COMMENTS THE	BOARD MEMBERS MAY
HAVE. ANY QUESTIONS OR COMMENTS ARE DOCUMENTED FOR REVI	EW WITH THE BOARD
CHAIRMAN.	
FORM 990, PART VI, SECTION B, LINE 12C: PERIODIC REVIEWS	SHALL, AT A
MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:	
A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE R	EASONABLE, BASED ON
COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LE	
B. WHETHER PARTNERSHIP, JOINT VENTURES, AND ARRANGEMENT	S WITH MANAGEMENT
ORGANIZATIONS CONFORM TO THE ASSOCIATION'S WRITTEN POLICE	IES, ARE PROPERLY
RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR	GOODS AND SERVICES,
FIRTHER NOT-FOR-PROFIT PURPOSES AND DO NOT RESULT IN INU	REMENT,

IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232211 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 9	<u>990-EZ) (2012)</u>		Page 2
Name of the organization	TENNESSEE ELECTRIC		Employer identification number
	COOPERATIVE ASSOCIAT	ION	62-0461397
THE USE OF AN	OUTSIDE CONSULTANT M	AY BE USED IF DEEMEL	NECESSARY.
FORM 990, PAR	T VI, SECTION B, LINE	15: THE COMPENSATION	ON ARRANGEMENT MUST
BE APPROVED B	Y AN IMPARTIAL APPROV	AL BODY. THE APPROV	AL BODY MUST RELY ON
COMPARABILITY	DATA THAT DEMONSTRAT	ES THE FAIR MARKET V	ALUE OF THE
COMPENSATED P	OSITION.		
FORM 990, PAR	T VI, SECTION C, LINE	19: THE ORGANIZATION	ONS GOVERNING
DOCUMENTS, CO	NFLICT OF INTEREST PO	LICY, AND FINANCIAL	STATEMENTS ARE MADE
AVAILABLE TO	THE PUBLIC UPON REQUE	ST AT THE ORGANZIAT	ONS NASHVILLE OFFICE.
THERE HAS NOT	BEEN ANY CHANGE IN T	HE OVERSIGHT PROCESS	S FROM THE PRIOR
		 	

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2012 2012 Open to Public Inspection Employer identification number 62-0461397 ŝ OMB No 1545-0047 entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total Income Related Organizations and Unrelated Partnerships Exempt Code section ন্ত Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Û Primary activity Primary activity COOPERATIVE ASSOCIATION For Paperwork Reduction Act Notice, see the Instructions for Form 990. ELECTRIC TENNESSEE Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II part #

232161 12-10-12 LHA

COOPERATIVE ASSOCIATION TENNESSEE ELECTRIC

62-0461397

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Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Share of total Share of total solutions and EIN Primary activity clearly country) Sections 512-514) Primary activity clearly country clearly clearly clearly clearly clearly clearly clearly clearly country country country. Sections 512-514) Sections 512-514 Se	(a)	(q)	(3)	Ð	(e)	ω	(6)	Ξ	0	9	æ
Sections 512-514) Sections 512-514) Sections 512-514	Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related,	Share of total income	Share of end-of-year	Disproportion- ate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
			foreign country)		excluded from tax under sections 512-514)		assets	ž	K-1 (Form 1065)	Yes No	
										-	
											ļ
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Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

							r	
(a)	(a)	9	©	(e)	E	(B)	ε	(
Name, address, and EIN of related organization	ctivity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entry?
		Country						res
TECA TELECOM, INC - 62-1366350	INACTIVE/DISCONTINUED				-			
PO BOX 100912	ORIGINAL OPERATIONS							
NASHVILLE TN 37224	WERE TO PROVIDE	IN	J	CCORP			100.008	×
	DISH/SATELLITE							-
	TELEVISION TO COOP							-
(TECA TELECOM INC CONTINUED)	MEMBERS							×
								 -
		***						_

Schedule R (Form 990) 2012

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62-0461397

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TENNESSEE ELECTRIC Schedule R (Form 990) 2012 COOPERATIVE ASSOCIATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	, N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	n Parts II-IV?		'	-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1p		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				P		×
e Loans or loan guarantees by related organization(s)				1e		×
					.,,	
f Dividends from related organization(s)			٠	=		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)				;		×
j Lease of facilities, equipment, or other assets to related organization(s)				1)		×
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			-		×
 Sharing of paid employees with related organization(s) 				10		×
					··	;
 Beimbursement paid to related organization(s) for expenses 				2	+	; ۲
 Reimbursement paid by related organization(s) for expenses 				19		×
r Other transfer of cash or property to related organization(s)						×
				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)				ı.		
(5)						
(4)						
(6)						
(9)						
232163 12-10-12	34		Schedule R (Form 990) 2012	R (Form 9	90) 20	12

62-0461397

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TENNESSEE ELECTRIC

Schedule R (Form 990) 2012 COOPERATIVE ASSOCIATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Dsproportonate amount in box 20 managing ownership
slications2 of Schedule K-1

Yes No (Form 1065) Yes No 3 6 $\boldsymbol{\epsilon}$ Ξ end-of-year Share of assets <u>6</u> Share of total Income Are all Partners sec 501(c)(3) orgs ? Predominant income parties of related, unrelated, solt(c)(3) excluded from tax under section 512-514) Ð (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity

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Schedule R (Form 990) 2012