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JUL 2 9 2016

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

20**13**

Open to Public Inspection

| AF | or th | e 201 | 3 cale | ndar year, or | tax year beg | inning | | 2013, | and endi | ng | | | , 20 | | |
|--------------------------------|-----------|------------|--|---------------------------------------|---------------------|---|-------------------------------------|-------------------|-----------------|----------------|-----------------------------------|---------------|----------------|----------|-----------------|
| | | | C Nam | e of organization | | | | | | | D Employer id | entific | ation numb | er | |
| Вс | heck if a | plicable | CL | ARKE ELEC | TRIC COOPE | RATIVE, I | NC. | | | l | 420243 | 366 | | | |
| | Addre | | Doing | Business As | | | | | ·-· | | | | | | |
| | 7 ` | change | Num | ber and street (d | or PO box if mail i | s not delivered to s | treet address) | R | Room/suite | | E Telephone r | umber | | | |
| | initial | return | P.(| D. BOX 16 | 1 | | | 1 | | | (641) 34 | 2 -2 | 173 | | |
| | Term | | City | or town, state or | province, country | , and ZIP or foreign | postal code | | | | | | | | |
| | Amer | ded | oso | CEOLA, IA | 50213-016 | 51 | | | | | G Gross receip | ots \$ | 12, | 681, | 422. |
| | Apple | cation | | e and address o | | | FREEMAN | | | - | H(a) Is this a gro | | | | X No |
| | _ pend | ing | P.(|). BOX 16 | 1 OSCEOLA. | IA 50213 | -0161 | | | | subordinate H(b) Are all subor | | cluded? | Yes | - No |
| $\overline{}$ | Tax-ex | empt st | | 501(c)(3) | | 12) ∢ (inser | | 7(a)(1) or | 52 | 7 | ' ' | | (see instructi | _ | |
| | | | | CECNET NE | | (11100) | , , , , , , , , , , , , , , , , , , | . (4)(1) 0. | | | H(c) Group exen | | • | | |
| | | of organ | | X Corporation | | Association | Other > | | L Year | of format | | | <u>-</u> _ | ncile | IA |
| _ | art I | | mmary | - | | | 1 5 | | 1 | | | | | | |
| _ | 1 | | | | ation's mission | or most significa | int activities TO | DIST | TRIBUTE | ELE | CTRICITY | TO M | EMBERS | | |
| ø | • | Dirent | , acson | be the organiz | 200113 1111331311 | or moor organica | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| Governance | 2 | Check | this ho | y b lift | ne organization | discontinued its | operations or i | disposed | of more th | an 25% | of its net asse | | | | |
| Š | 3 | | | | _ | g body (Part VI, | • | • | | | | 3 | | | 9. |
| | 4 | | | | | the governing t | | | | | | 4 | | | 9. |
| ies | 5 | | | | | lendar year 201 | | | | | | 5 | | | 28. |
| Activities & | 6 | | | | (estimate if nece | | | | | - | | 6 | | | |
| Act | 7a | | | | • | VIII, column (C), | line 12 | | | | | 7a | | 86,0 | 14. |
| | | | | | | n Form 990-T, lir | | - | | - | | 7b | - | | 0 |
| | | ivet ui | in clatec | Dusiness tax | able income non | 177 Om 555-1, III | 10 04 | | | † • | Prior Year | 1.0 | Curre | ent Yea | ar |
| | 8 | Contri | ibutions | and grants (P | art VIII line 1h) | _ | 100 | _ \ | | | | ol | | | |
| Ę | 9 | Progra | am ean | rce revenue (P | art VIII, line 2a) | | シドノアド | ~ ` !! | | | 11,199,81 | 1. | 12. | 21,3 | 356. |
| Revenue | 10 | Invest | ment ir | come (Part VI | il column (A) lu | nes 3, 4, and 7d | بسبدنسب | -100 | ٠٠٠٠ | <u> </u> | 435,49 | | | 133, | |
| æ | 11 | Other | revenu | e (Part VIII. co | olumn (A) lines ! | 5, 6d, 86, 9c, 10c | anti 1/1e) (0 \4 | \Si | <i>J.</i> | - | 287,79 | \rightarrow | | 126, | |
| | 12 | Total | revenue | e , add lines 8 | through 11 (mu | st equal Part VIII | Column (A)-lin | المراقلة | j_1,\dots,j_N | - | 11,923,05 | | | 581,4 | |
| | 13 | | | | | 11 () 11 | | | 1 | | | 0 | | | |
| | 14 | Renef | its naid | to or for mem | hers (Part IX col | lumn A) line 4 | GDEN | - | | <u> </u> | 241,60 | 1. | | 235, | 176. |
| " | 15 | Saları | enefits paid to or for members (Part IX, column (A), line DGDEN, | | | | | | | | 2,607,52 | - | 2,502,29 | | |
| ıse | | | , | · · · · · · · · · · · · · · · · · · · | , | nn (A), line 11e) | . ,,,,,,,,, | / • • | | | | <u> </u> | 1 | | |
| Expenses | | | | | (Part IX, column | | | | · · · · · · | <u> </u> | | | | | |
| ũ | | | | | · | 11a-11d, 11f-24e | | | | — | 8,673,53 | 37. | 8,9 | 920,9 | 947. |
| | 18 | | | | | al Part IX, colum | | | | - | 11,522,66 | | | 558,4 | |
| | 19 | | | | | om line 12 | • | | | - | 400,39 | - | | 023,0 | |
| or es | | 110101 | 100 1000 | OXPONEDO OC | iotrade into 10 inc | | · · · · · · · · · · · · | <u> </u> | · · · · · · | Begin | ning of Current | + | | of Year | |
| Net Assets or Fund Balances | 20 | Total: | assets (| Part X, line 16) | | | | | | | 31,155,08 | — | | 235,2 | |
| Ass | 21 | | | s (Part X, line 2 | | · · · · · · · · | | | | — | 19,991,78 | | | 015,0 | |
| F F | 22 | | | • | s Subtract line 2 | 21 from line 20 | | | | - | 11,163,30 | | | 220, | |
| Pa | rt II | | | e Block | 3 Cubildot III C 2 | 21 110111 11110 20. | | •••• | | | | | <u>·</u> | <u>_</u> | |
| Unc | ler per | nalties o | of perjury | , I declare that | | this return, includi | | | | | | f my k | nowledge a | and beli | ef, it is |
| true | , corre | ct, and | complet | e Declaration of | preparer (other th | an officer) is based | d on all information | n of which | h preparer h | as any ki | nowledge | | | | |
| מ | | | 7 | | 2 1.1. | R Th | | | | | 10-0 |) , | 2420 | 14 | |
| Sig | | | Signatu | re of officer | | • | 5 | | - | | ate | 7 | -/- | | |
| Hei | re | | FRA | MIK W | - RICHT | v Pr | LES DE | = JT | | | 0 | • | | | |
| | | ' | | print name and t | | | <u> </u> | | | | | | | | |
| | | Print/ | Type pre | parer's name | | Preparer's sign | at(f)e/) | | Date | | Check | If P | MIT | 4 4 4 | 2 |
| Paid | | | آمد | Ges | - | le | Tour | | 7-2 | 2-1 | self-emplo | yed | Pool | 77 (| 87 |
| - | arer | Firm's | s name | ►KIESLIN | G ASSOCIA | TES LLP | | | | | Firm's EIN | | | | |
| Use | Only | | | <u> </u> | | SUITE 184 WES | T DES MOINES | TA 5026 | 6-2337 | | | | 223-01 | 59 | |
| Mari | the I | | | | | wn shows? (see | | -A JUZE | | | 1 | | Y V- | | |

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For Paperwork Reduction Act Notice, see the separate instructions.

3

Form 990 (2013)

| For | m 990 (2013) | | | Page 2 |
|-----|---|---|---------------------------------------|---------------|
| P | art III Statement of Program Ser | vice Accomplishments | | |
| _ | | ns a response or note to any line in this Part | <u>III</u> | • • • • • • • |
| 1 | Briefly describe the organization's m | | | |
| | TO DISTRIBUTE ELECTRICITY | TO MEMBERS | | |
| | | | | |
| | | | | |
| _ | | | | |
| 2 | prior Form 990 or 990-EZ? | significant program services during the ye | | Yes X No |
| | If "Yes," describe these new services | | | |
| 3 | services? | ucting, or make significant changes in h | | Yes X No |
| 4 | expenses Section 501(c)(3) and 5 | Schedule O m service accomplishments for each of it 01(c)(4) organizations are required to rep ny, for each program service reported | | |
| 4a | (Code)(Expenses \$_DISTRIBUTE ELECTRICITY TO | 11,658,414 including grants of \$ |) (Revenue \$ | ,356) |
| | DISTRIBUTE ELECTRICITY TO | PEMBERS | | |
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| 4b | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4c | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4d | Other program services (Describe in | Schedule O) | | |
| | . • | ng grants of \$) (Revenue | · \$ | |
| 4e | Total program service expenses ▶ | 11,658,414. | | |
| | | | | |

| Par | Checklist of Required Schedules | | - | <u> </u> |
|------|--|---------------|-------|-------------|
| _ | | | Yes | No |
| ì | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | 1 | | |
| | complete Schedule A | 1 | | Х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 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 | | <u>X</u> |
| 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, | | i | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | _ | | х |
| 6 | Part III | 5 | | |
| U | 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 | | х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 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, Part VI | 11a | X | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | l l | | v |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| C | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | 444 | - 1 | Х |
| 4 | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | |
| u | 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 | |
| A | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | 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 | 11f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | | | |
| | complete Schedule D, Parts XI and XII | 12a | x | |
| 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 | | X |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | _ | i | ., |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | v |
| 47 | assistance to or for foreign individuals? 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 | 17 | | Х |
| 18 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | ,,, | | |
| . 3 | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u>x</u> |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | $\overline{}$ | aan / | |

| Part | © (2013) Checklist of Required Schedules (continued) | | | Page 4 |
|------------|--|-----------|---------------|---------------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government 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 or 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 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | Х | |
| 4 a | 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 | 24a | | Х |
| L | through 24d and complete Schedule K If "No," go to line 25a | 24b | | |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| - | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| _ | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part L | 25b | | |
| 6 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | ., |
| _ | disqualified persons? If so, complete Schedule L, Part II | 26 | | X |
| 7 | 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 | 27 | | х |
| 0 | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 21 | | |
| 8 | 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 | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | _ |
| - | Schedule L. Part IV. | 28b | | Х |
| 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 | | Х |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | Х |
| 2 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| _ | complete Schedule N, Part II | 32 | | Х |
| 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 4 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 24 | | Х |
| . . | or IV, and Part V, line 1 | 34 35a | | $\frac{X}{X}$ |
| 5a b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 354 | | |
| D | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 6 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 335 | - | |
| J | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 7 | 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 | | Х |
| 8 | 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 | Х | |
| | <u> </u> | | | (2013 |

| Par | tV Statements Regarding Other IRS Filings and Tax Compliance | | | |
|----------|--|-----|-----|--------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | \Box |
| • | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | j | | ĺ |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | ļ |
| • | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| Za | 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. | | | |
| 6 | the following that or within the job covered by the folding . | | X | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i> O | 3b | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 35 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | ì | | |
| | account)? | 4a | | х |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | ı |
| _ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7. | Í | |
| đ | If "Yes," indicate the number of Forms 8282 filed during the year | 7c | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | Ì | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | ļ | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | ł | |
| 11 | Section 501(c)(12) organizations. Enter | i | - 1 | |
| | Gross income from members or shareholders | | - 1 | |
| D | 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 | 120 | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 1 | } |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | 1 |
| _ | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | - 1 | |
| | the organization is licensed to issue qualified health plans | ļ | - 1 | |
| | Enter the amount of reserves on hand | _ } | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

| Form | 90 (2013) CLARKE ELECTRIC COOPERATIVE, INC. 4202433 | 366 | | Page 6 |
|-------------|--|--------|----------------|----------|
| Par | | and | for a | "No" |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O | See ır | struc | tions |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | ion 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 1a | | | |
| | 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 | 4 | | ŀ |
| 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 | ļ., | Х |
| 6 | Did the organization have members or stockholders? | 6 | Х | <u> </u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | İ | ۱ | |
| | one or more members of the governing body? | 7a | X | |
| þ | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | ۱., | 1 |
| | stockholders, or persons other than the governing body? | 7b | Х | ļ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 1 | | |
| | the year by the following | | _{1,7} | 1 |
| а | 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 | _ | l | x |
| Soot | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | <u> </u> |
| <u> Jec</u> | on b. Folicies (This Section b requests information about policies not required by the internal Nevenue | Cou | Yes | No |
| 40- | Did the assessment on the selection because the selection of the selection | 10a | 1.00 | X |
| | Did the organization have local chapters, branches, or affiliates? | IVa | | |
| 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 | | |
| 44. | | 11a | Х | |
| _ | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 114 | | |
| 122 | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| 12a | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | 124 | | |
| D | rise to conflicts? | 12b | X | |
| _ | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12.0 | | |
| С | describe in Schedule O how this was done | 12c | | x |
| 13 | Did the organization have a written whistleblower policy? | 13 | | x |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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 | Х | |
| ь | Other officers or key employees of the organization | 15b | | |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | ĺ |
| | with a taxable entity during the year? | 16a | | Х |
| ь | 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 | | | 1 |
| | organization's exempt status with respect to such arrangements? | 16b | | L |
| Sect | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \(\subseteq \text{IA}_{\text{.}} \) | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | | | only) |
| | available 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) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into | erest | policy | , and |

financial statements available to the public during the tax year

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII.............

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

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

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

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

| | <u>-</u> | | | | | _ • | | ·—— | · · · · · · · · · · · · · · · · · · · | |
|-----------------------|---|------|---------------|--|----------|--|------------|---|--|--|
| (A) Name and Title | (B) Average hours per Week (list any hours for related organizations below dotted line) | box, | unle er an | Pos heck ss pe | erson | e the both se Highest compensated employee | an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1)THOMAS CARSON | 2.27 | | | | | | | | | |
| VICE PRESIDENT | -+ - | X | | | | | | 4,075. | o | 0 |
| (2)RANDY GAUMER | 5.28 | | | | | | | | | |
| TREASURER | | Х | | | | | | 7,525. | 0 | C |
| (3)LARRY JACKSON | 4.64 | | | † | | | | | | |
| DIRECTOR | - | Х | } | | | | | 5,875. | 0 | C |
| (4)LYDDA YOUMANS | .44 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 1,050. | 0 | 0 |
| (5)KYLE KELSO | 3.15 | | | | | | | | | |
| SECRETARY | | Х | | | | <u> </u> | | 4,925. | 0 | 0 |
| | 4.10 | X | | | | | | 5,775. | 0 | C |
| (7)FRANK RILEY | 3.90 | | | | <u> </u> | | i | | | |
| PRESIDENT | | Х | | | | | | 5,875. | 0 | C |
| (8)WILLIAM WILLIS II | 2.63 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 4,075. | 0 | C |
| (9)ALDENE MORGAN | 3.56 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 4,200. | 0 | C |
| (10)RANDY ROUSE | 3.13 | | | | | | | | | |
| DIRECTOR | | Х | <u> </u> | L | <u> </u> | | L_ | 3,950. | 0 | C |
| (11)WILLIAM FREEMAN | 40.00 | | | | | | | | | |
| GENERAL MANAGER | | | | Х | <u> </u> | | _ | 118,786. | 0 | 33,468. |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | · |
| | | | | | | | _ | | | |

| Part VII Section A. Officers, Directors, Tru | 1 | y En | pic | | | and I | Higi | | | yees (c | continue | | |
|---|----------------------|--------------------------------|--|----------|---------------|------------------------------|-------------|---------------------------------|-----------------------|-----------|----------------|--------------------|----------|
| (A) | (B) | | | | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average hours per | (do i | not c | | sition mon | e than c | ne | Reportable compensation | Reporta compensati | | 1 | timated ount of | |
| | week (list any | box, | unle | ss pe | erson | ıs both | an | from | relate | | ı | other | |
| | hours for related | | r = | | 1 | or/trust | | the | organiza | | | pensation | ก |
| | organizations | d d | State | Officer | ey e | 필 | Former | organization (W-2/1099-MISC) | (W-2/1099 | -MISC) | | anization | 1 |
| | below dotted | ecto | Ì | 1 4 | 夏 | st c | 막 | (**-2/1033-10100) | | | 1 | related | |
| | line) | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | | 1 | | orga | nization | s |
| | | tee | uste | | " | ens | | | • | | | | |
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| 1h Sub-total | L | L | ــــــــــــــــــــــــــــــــــــــ | | <u> </u> | L | | 166,111. | | 0 | | 33,46 | 68. |
| 1b Sub-total | ection A | | • • | • • | • • | • • • | | 0 | | 0 | | | 0 |
| d Total (add lines 1b and 1c) | | | | | | | - | 166,111. | | 0 | ļ - · | 33,40 | 68. |
| 2 Total number of individuals (including but not | | | | | | | o re | | \$100.000 | of | | | |
| reportable compensation from the organizatio | | | 1 | | | , | | | • 7 | | | | |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office | er, directo | or, or | tri | uste | e, | kev e | emp | olovee, or highes | t compens | ated | | | |
| employee on line 1a? If "Yes," complete Sched | ule J for suc | ch ına | lıvıd | ual | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the | sum of ren | ortat | ole d | com | nper | nsatio | n ai | nd other compens | sation from | the | | | |
| organization and related organizations gr | | | | | | | | | | | | | |
| ındıvıdual | | | | | | | | | | | 4 | X | |
| 5 Did any person listed on line 1a receive or | | | | | | | | | | | | | |
| for services rendered to the organization? If "Y | es," comple | te Scl | hedu | ıle . | l for | such | per | rson | <u></u> | | 5_ | | <u>X</u> |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest com- compensation from the organization. Report of | | | | | | | | | | | | | |
| year | ompensau | 011 101 | LITE | - Ca | HEIN | Jai ye | :ai e | snaing with or with | iiii tile oiga | ariizatio | iiis lax | | |
| | _ | | | | | | | | | | | | |
| (A) Name and business add | fress | | | | | | 1 | (B) Description of se | ervices | · | (C) Compens | ation | |
| Traine and business add | | | | | | | + | | 111003 | | Jonipens | | |
| | | | | | | | +- | · | | | | | |
| | | | | | | | + | | | | | | |
| | | | | | | | + | · - | | - | | | |
| | | | | | | _ | + | | | | • | | |
| 2 Total number of independent contractors (iii | ncludina hi | ut no | t lin | nite | d tr | thos | se l | isted above) who | received | | | | |
| more than \$100,000 in compensation from the | e organizat | tion 🛊 | > | | | 0 | | | | | | | |

| Pa | rt VII | Check if Schedule O contains a res | ponse or note to an | y line in this Part V | 111 | | |
|--|--------------|--|---------------------|-----------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| fts, Grants | 1a b c | Federated campaigns 1a Membership dues 1b Fundraising events 1c | , | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | d e f | Related organizations | | | | | |
| Contrand C | g | Noncash contributions included in lines 1a-1f \$ | | 0 | | | |
| nue | | | Business Code | | | | |
| Program Service Revenue | 2a b | DISTRIBUTE ELECTRICITY TO MEMBERS | 221000 | 12,121,356. | 12,121,356 | | |
| am Sen | d | | | | | | |
| Progra | f g | All other program service revenue Total. Add lines 2a-2f | i i | 12,121,356 | | | |
| | 3 | Investment income (including dividends, in other similar amounts). ATTACHMENT | terest, and .1▶ | 433,808 | | | 433,808. |
| | 4 | Income from investment of tax-exempt bor | · | 0 | | | |
| | 5 | Royalties · · · · · · · · · · · · · · · · · · · | (II) Personal | 0 | | | |
| | 6a b | Gross rents | | | | | |
| | c d | Rental income or (loss) | | 0 | | | |
| | 7a | Gross amount from sales of assets other than inventory | (ii) Other | | | | |
| | ь | Less cost or other basis and sales expenses Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | 0 | | | |
| venue | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c) | | | | | |
| Other Reve | ь | See Part IV, line 18 | | | | | |
| ō | c 9a | Net income or (loss) from fundraising event Gross income from gaming activities | s | 0 | | | |
| | b | See Part IV, line 19 | 1 1 | | | | |
| | c | Net income or (loss) from gaming activities | | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| | b c | Less cost of goods sold | b ▶ Business Code | 0 | | | |
| | 11a | HVAC/RESALE/SECURITY/OTHER NON-UTILITY | | 126,258. | 40,244 | 86,014 | |
| | b | The state of the s | | 120,230. | 70,277 | 00,014 | |
| | C | All other revenue | - | | - | | |
| | d e | All other revenue | | 126,258. | | | |
| | 12 | Total revenue. See instructions | | 12,681,422. | 12,161,600 | 86,014. | 433,808. |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

| | Check if Schedule O contains a resp | onse or note to any lin | e in this Part IX | | |
|----------|--|-------------------------|------------------------------|---|--------------------------------|
| | not include amounts reported on lines 6b, 7b, 9b, 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 . | 9 | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| _ | the United States See Part IV, line 22 | o | | | |
| 3 | Grants and other assistance to governments, | | | | |
| • | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | o | | | |
| 4 | Benefits paid to or for members ATCH 2 | 235,176. | 235,176. | · | |
| | Compensation of current officers, directors, | | | | |
| · | trustees, and key employees | 166,111. | 166,111. | | |
| 6 | Compensation not included above, to disqualified | | | | |
| • | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | o | | | |
| 7 | Other salaries and wages | 1,387,368. | 1,387,368. | | |
| | | | | | |
| 0 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 282,230. | 282,230. | | |
| ٥ | Other employee benefits | 549,085. | 549,085. | | |
| 9 | | 117,497. | 117,497. | | |
| 10 | Payroll taxes | , | · · · · · · | | |
| | Fees for services (non-employees) | d | | | , |
| | Management | 4,874. | 4,874. | | |
| | Legal | 16,674. | 16,674. | | |
| | Accounting | 0 | | - | <u> </u> |
| | Lobbying San Bat N/ km 17 | 0 | | | |
| | Professional fundraising services See Part IV, line 17. | 0 | | | |
| | Investment management fees | | | | |
| ç | Other (If line 11g amount exceeds 10% of line 25, column | o | | | |
| 42 | (A) amount, list line 11g expenses on Schedule O) | 13,675. | 13,675. | | - |
| 13 | Advertising and promotion | 51,330. | 51,330. | | |
| | · ' | 0 | | | |
| 14 | Information technology | 0 | | | |
| 15 16 | Royalties | 0 | | | |
| 17 | Occupancy | 0 | | | |
| | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | o | | | |
| 10 | Conferences, conventions, and meetings | 0 | | | |
| | Interest | 666,180. | 666,180. | | |
| | | 0 | | | · |
| | Payments to affiliates | 911,711. | 911,711. | | |
| | Insurance ATCH 6 | 0 | | | |
| _ | Other expenses Itemize expenses not covered | | | | |
| 24 | above (List miscellaneous expenses in line 24e If | | | | 1 |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| _ | PURCHASED POWER | 6,700,407. | 6,700,407. | | |
| _ | REPAIRS AND MAINTENANCE | 459,399. | 459,399. | | |
| _ | OPERATING EXPENSE | 406,325. | 406,325. | | |
| _ | CAPITALIZED LABOR & BENEFITS | -761,503. | -761,503. | | |
| | | 451,875. | 451,875. | | - |
| | All other expenses Add lines 1 through 24e | 11,658,414. | 11,658,414. | · · · · · · · · · · · · · · · · · · · | - |
| | Total functional expenses Add lines 1 through 24e 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 | | | | |
| | fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | ام | | | |
| | | | | | <u> </u> |

| orm ! | 990. (2 | CLARKE ELECTRIC COOPERATIVE, INC. | | 420 | 243366 Page 1 1 |
|-------------------------|---------|--|-------------------|------|---------------------------|
| _ | t X | Balance Sheet | | | 1 295 1 |
| | | Check if Schedule O contains a response or note to any line in this Pa | rt X | | |
| | | | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | | Cash - non-interest-bearing | 17,083. | 1 | 19,096 |
| | 2 | Savings and temporary cash investments. | 506,803. | 2 | 636,175 |
| | 3 | Pledges and grants receivable, net | C | 3 | |
| | 4 | Accounts receivable, net | 1,883,072. | 4 | 1,242,728 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees | | | |
| Ì | | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section | d | 5 | |
| - | 6 | Loans and other receivables from other disqualified persons (as defined under section | <u></u> - | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| _ | | organizations (see instructions) Complete Part II of Schedule L | C | 6 | |
| ssets | 7 | Notes and loans receivable, net ATCH 3 | 603,469. | 7 | 441,655 |
| SS | | Inventories for sale or use | 219,040. | 8 | 209,599 |
| ٠ | 9 | Prepaid expenses and deferred charges | 120,499. | 9 | 128,329 |
| 1 | | Land, buildings, and equipment cost or | | | |
| | | other basis Complete Part VI of Schedule D 35, 974, 552. | | | |
| | b | Less accumulated depreciation | 21,598,942. | 10c | 25,791,134 |
| 1 | 11 | Investments - publicly traded securities | 0 | 11 | |
| 1 | 12 | Investments - other securities See Part IV, line 11 | 539,563. | 12 | 521,831 |
| 1 | | Investments - program-related See Part IV, line 11 | C | 13 | |
| 1 | | Intangible assets | 99. | 14 | 99 |
| 1 | 15 | Other assets See Part IV, line 11 | 5,666,517. | 15 | 3,244,588 |
| 1 | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 31,155,087. | 16 | 32,235,234 |
| 1 | 17 | Accounts payable and accrued expenses | 1,056,818. | 17 | 2,638,461 |
| 1 | | Grants payable | C | 18 | |
| 1 | | Deferred revenue | 0 | 19 | |
| | | Tax-exempt bond liabilities | 0 | 20 | |
| က္က 2 | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, | | | |
| <u>ā</u> | | trustees, key employees, highest compensated employees, and | | ľ | |
| ۱ِڐ | | disqualified persons Complete Part II of Schedule L | d | 22 | |
| 2 | | Secured mortgages and notes payable to unrelated third parties ATCH 4 | 16,640,982. | 23 | 14,399,583 |
| 2 | | Unsecured notes and loans payable to unrelated third parties | q | 24 | |
| 2 | | Other liabilities (including federal income tax, payables to related third | | | |
| - | | parties, and other liabilities not included on lines 17-24) Complete Part X | | | |
| | | of Schedule D | 2,293,981. | 25 | 2,977,039 |
| 12 | 26 | Total liabilities. Add lines 17 through 25 | 19,991,781. | 26 | 20,015,083 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ | | | |
| S | | complete lines 27 through 29, and lines 33 and 34. | | | |
| ≝ 2 | | Unrestricted net assets | | 27 | |
| 2 | 28 | Temporarily restricted net assets | | 28 | |
| 2 2 | 29 | Permanently restricted net assets | | 29 | |
| Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34 | | | |
| g 3 | 30 | Capital stock or trust principal, or current funds | d | 30 | |
| 2 3 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | d | 31 | |
| ۲ ع | 32 | Retained earnings, endowment, accumulated income, or other funds ATCH 5 | 11,163,306. | 32 | 12,220,151 |
| | | Total net assets or fund balances | 11,163,306. | 33 | 12,220,151 |
| ğ 3 | 33 | 10(a) fiet assets of furid balances | 11,100,000. | JJ 1 | |

Form **990** (2013)

| Form 99 | 0 (2013) | | | | Pa | ge 12 |
|---------|--|-------|---------|-------|------|--------------|
| Part | XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | • | 12,6 | 81,4 | 122. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 11,6 | 58,4 | 114. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 1,0 | 23,0 | 008. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 11,1 | 63,3 | 306. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | 0 |
| 6 | Donated services and use of facilities | 6 | | | | 0 |
| 7 | Investment expenses | 7 | | | | 0 |
| 8 | Prior period adjustments | 8 | | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 33,8 | 837. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | 10 | | 12,2 | 20,1 | 151. |
| Part | | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | • • • | • • • • | • • • | | Ш |
| | A | | | | 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," ex Schedule O | plaır | ın | | | |
| 2- | | | | _ | | ,, |
| 24 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both | pilea | or | | | |
| | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | x | |
| D | Were the organization's financial statements audited by an independent accountant? | | | 2b | | \vdash |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both | ea o | n a | | | |
| | 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 overs of the audit, review, or compilation of its financial statements and selection of an independent account | - | | 2c | х | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | | |
| | Schedule O | hiaii | 1 1[] | | | |
| 32 | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth | ın | | | |
| Ja | the Single Audit Act and OMB Circular A-133? | | 1 111 | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | the | | | |
| _ | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud | | | 3b | Х | |

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

| | of the organization | | Employer identification number |
|-----|---|---|---|
| CLF | RKE ELECTRIC COOPERATIVE, INC. | | 420243366 |
| Pa | Organizations Maintaining Donor Advis Complete if the organization answered " | sed Funds or Other Similar Funds or 'Yes" to Form 990, Part IV, line 6 | Accounts. |
| | | (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 writing that the assets held | in donor advised |
| | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, a | | |
| | only for charitable purposes and not for the benef | | |
| | conferring impermissible private benefit? | | |
| Pa | t II Conservation Easements. Complete if t | the organization answered "Yes" to Fe | orm 990, Part IV, line 7 |
| 1 | Purpose(s) of conservation easements held by the | | |
| | Preservation of land for public use (e.g., recr | reation or education) Preservation | of an historically important land area |
| | Protection of natural habitat | · [] | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization h | neld a qualified conservation contribution | in the form of a conservation |
| | easement on the last day of the tax year | 4 | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easement | | |
| С | Number of conservation easements on a certified | | 1 1 |
| d | Number of conservation easements included in (c | acquired after 8/17/06, and not on a | |
| | historic structure listed in the National Register | | _ 2d |
| 3 | Number of conservation easements modified, tran | | |
| | tax year ▶ | | , , |
| 4 | Number of states where property subject to conse | ervation easement is located > | |
| 5 | Does the organization have a written policy regard | | |
| | violations, and enforcement of the conservation ea | asements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, i | | |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspe- | cting, and enforcing conservation easem | ents during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on lin | ne 2(d) above satisfy the requirements of | section 170(h)(4)(B) |
| | (ı) and section 170(h)(4)(B)(ıı)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports | conservation easements in its revenue a | nd expense statement, and |
| | balance sheet, and include, if applicable, the text | of the footnote to the organization's finar | ncial statements that describes the |
| | organization's accounting for conservation easeme | | |
| Pai | till Organizations Maintaining Collections Complete if the organization answered | | er Similar Assets. |
| 1a | If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f | FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, ed cootnote to its financial statements that de | s revenue statement and balance shee ducation, or research in furtherance of escribes these items |
| b | If the organization elected, as permitted under works of art, historical treasures, or other simil public service, provide the following amounts relati | SFAS 116 (ASC 958), to report in its ar assets held for public exhibition, ed | revenue statement and balance sheet |
| | (i) Revenues included in Form 990, Part VIII, line | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of a | | |
| - | following amounts required to be reported under S | | |
| а | Revenues included in Form 990, Part VIII, line 1. | | |
| _b | Assets included in Form 990, Part X | <u> </u> | <u></u> ▶ \$ |
| | aperwork Reduction Act Notice, see the Instructions fo | | Schedule D (Form 990) 2013 |
| JSA | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ▶

25,791,134.

| Part VII | Complete if the organization answere | ed "Yes" to Form 990 | . Part IV. line 11b. See Form 990. | Part X. line 12 |
|-------------------|--|---------------------------------------|--|-----------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuati Cost or end-of-year marke | on |
| (1) Financia | al derivatives | | | |
| | -held equity interests | | | |
| (3) Other_ | | - | | |
| (A) | | - | | |
| (D) | | | | |
| (_) | | | | |
| <u>(D)</u> | | - | | |
| (E) | | - | | |
| (F) | | | | |
| <u>(G)</u> (H) | | - | | |
| | n (b) must equal Form 990, Part X, col (B) line 12) | | | |
| | Investments - Program Related. | <u> </u> | <u> </u> | |
| i are viii | Complete if the organization answere | ed "Yes" to Form 990 | Part IV, line 11c See Form 990. | Part X, line 13 |
| | (a) Description of investment | (b) Book value | (c) Method of valuate Cost or end-of-year marke | on |
| (1) | | | | |
| (2) | | | | |
| _(3) | | | | |
| (4) | | | | |
| _(5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | · |
| | n (b) must equal Form 990, Part X, col (B) line 13) | <u> </u> | | |
| Part IX | Other Assets. Complete if the organization answere | ed "Yes" to Form 990 | , Part IV, line 11d See Form 990, | Part X, line 15 |
| | (| a) Description | | (b) Book value |
| (1) CONS | TRUCTION WORK IN PROGRESS | | | 743,694 |
| | STMENT- PROPERTY | | | 55,468 |
| (3) PATR | ONAGE CAPITAL ALLOCATIONS | | | 2,179,380 |
| | RICTED CASH | | | 216,714 |
| | REMENT WORK IN PROCESS | | | 49,332 |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | (1) |) (m. 45.) | | 2 244 500 |
| | umn (b) must equal Form 990, Part X, col (B Other Liabilities. |) line 15) | · · · · · · · · · · · · · · · · · · · | 3,244,588 |
| Part X | Complete if the organization answer | ed "Ves" to Form 990 | Part IV line 11e or 11f See Form | n 000 Part X |
| | line 25 | | | 1 550, T alt A, |
| 1. | (a) Description of liability | (b) Book valu | ie | |
| | ral income taxes | 2 605 | 002 | |
| | STORM LINE OF CREDIT | 2,605, | | |
| | RRED CREDITS | | 199. 876. | |
| | OMER DEPOSITS ADVANCES | · · · · · · · · · · · · · · · · · · · | 319. | |
| | UED VACATION & PAYROLL | 170, | | |
| | R LIABILITIES | | 865. | |
| (7) 0111E | | | | |

2. Liability for uncertain tax positions. 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.

2,977,039.

JSA 3E1270 1 000

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

(9)

Schedule D (Form 990) 2013 CLARKE ELECTRIC COOPERATIVE, INC.

Part XIII Supplemental Information (continued)

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. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLARKE ELECTRIC COOPERATIVE, INC.

Employer identification number

420243366

| Par | 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 |] [| | ĺ |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | l |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | [| | İ |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | 1 |
| þ | 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 | explain | | | |
| | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line | | | ł |
| | 1a? | 2 | [| Į |
| 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 | 1 | Ì | ĺ |
| | Independent compensation consultant Compensation survey or study | | | 1 |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | 1 |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | 1 1 | | İ |
| | compensation contingent on the revenues of | | ļ | |
| а | The organization? | 5a | | <u> </u> |
| þ | Any related organization? | 5b | | |
| _ | If "Yes" to line 5a or 5b, describe in Part III | | | į |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | 1 |
| | compensation contingent on the net earnings of | | | |
| a | The organization? | 6a | | |
| ь | Any related organization? | 6b | | |
| 7 | If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | | | |
| • | payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | ļ | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject | ' | | ļ — — |
| U | to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | 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 | | |

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Page 2

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

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

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

| | Γ | o amobitored (a) | Selection College Aller | | | | | |
|--------------------|------------|---|---|---|--------------------|---|---|---|
| į | | monvesio (a) | | Confiperisation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denents | | reported as deferred in prior Form 990 |
| WILLIAM FREEMAN | Ξ | 118,786. | 0 | 0 | | 33,468. | 152,254. | 0 |
| 1 GENERAL MANAGER | (E) | | | | 0 | 0 | | 0 |
| | € | 1 | | | | | | |
| 2 | Ξ | | | 1 | | | | |
| | € | | | | | | | |
| 3 | Œ | | | | 1 | | | |
| | (1) | | | | | | | |
| 4 | Ξ | | | | | | | |
| LO. | € 3 | | | | | | | |
| | ε | | | | | | | |
| 9 | : (E) | | | | | | | 1 |
| | Ξ | 1 | | | | | | |
| 7 | Ξ | | | | | | | |
| | € | 1 | | | | | | |
| 8 | 3 | | | | | | | |
| | Ξ | 1 | | | | | | |
| 6 | € | | | | | - 1 | | |
| | ε | 1 | 1 | 1 | | | | |
| 10 | ⋾ | | | | | | | |
| | Ξ | | | | 1 | | | |
| 11 | Ξ | | | | | | | |
| | Ξ | 1 | 1 | 1 | | | | |
| 12 | | | | | | | | |
| | ε | | | 1 | | 1 | 1 | |
| 13 | € | | | | | | | |
| | Ξ | 1 | | 1 | | | | |
| 14 | ▣ | | | | | | | |
| | ε | | | 1 | | 1 | | |
| 15 | | | | | | | | |
| | ε | 1 | | 1 | | 1 | 1 | |
| 16 | ₫ | | | | | | | |

Schedule J (Form 990) 2013

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2013

CLARKE

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.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CLARKE ELECTRIC COOPERATIVE, INC.

Employer identification number

420243366

MEMBERS

PART VI, SECTION A LINE 6

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

ELECTION OF DIRECTORS

PART VI, SECTION A LINE 7A

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

REVIEW OF 990

PART VI, SECTION A LINE 11B

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

CEO COMPENSATION

PART VI, SECTION B LINE 15A

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

Name of the organization
CLARKE ELECTRIC COOPERATIVE, INC.

Employer identification number 420243366

STATEMENT AVAILABILITY

PART VI, SECTION C LINE 19

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

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

APPROVAL OF BOARD DECISIONS

SECTION VI, PART A LINE 7B

THE COOPERATIVE CANNOT SELL OR LIQUIDATE MAJOR PORTIONS OF BUSINESS

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

MEMBERS.

RECONCILLIATION OF NET ASSETS

PART XI LINE 5

ALLOCATION OF MARGINS 235,176

CAPITAL CREDITS RETIRED (208,069)

OTHER, NET

6,730

TOTAL NET CHANGES

33,837

| FORM | 990 | PART | VITI | _ | INVESTMENT | TNCOME |
|--------|------|-------|------------|---|------------|----------|
| T OIGI | JJU, | LUILI | v <u> </u> | | THATTOTAL | TIACOLIE |

| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|-----------------------------|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| INTEREST | 24,51 | 4. | | 24,514. |
| CAPITAL CREDITS ALLOCATIONS | 409,29 | 4. | | 409,294. |
| TOTALS | 433,80 | 8. | | 433,808. |

ATTACHMENT 1

Name of the organization CLARKE ELECTRIC COOPERATIVE, INC.

Employer identification number

420243366

ATTACHMENT 2

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

PATRONAGE ALLOCATION

235,176.

TOTALS

235,176.

ATTACHMENT 3

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:

SOUTHWESTERN COMM COLLEGE

ORIGINAL AMOUNT:

740,000.

DATE OF NOTE: MATURITY DATE: 08/01/2007 07/01/2016

REPAYMENT TERMS:

6,852 PER MONTH

BEGINNING BALANCE DUE

ENDING BALANCE DUE

294,629.

212,407.

BORROWER:

CITY OF SEYMOUR

ORIGINAL AMOUNT:

85,000.

DATE OF NOTE:

07/01/2000

MATURITY DATE:

06/01/2009

REPAYMENT TERMS:

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

BEGINNING BALANCE DUE

27,625.

ENDING BALANCE DUE

19,125.

Name of the organization

CLARKE ELECTRIC COOPERATIVE, INC.

Employer identification number

420243366 ATTACHMENT 3 (CONT'D)

BORROWER:

CITY OF SEYMOUR

ORIGINAL AMOUNT:

100,000.

DATE OF NOTE:

MATURITY DATE:

09/22/2008

10/01/2018

REPAYMENT TERMS:

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

BEGINNING BALANCE DUE

90,365.

ENDING BALANCE DUE

79,938.

BORROWER:

SOUTHWESTERN COMM COLLEGE

ORIGINAL AMOUNT:

200,000.

DATE OF NOTE:

08/01/2007

MATURITY DATE:

08/01/2016

REPAYMENT TERMS:

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

BEGINNING BALANCE DUE

80,000.

ENDING BALANCE DUE

60,000.

| lame of the organization | | Employer identification number |
|---|---|--------------------------------|
| CLARKE ELECTRIC COOPERA | ATIVE, INC. | 420243366 |
| | | ATTACHMENT 3 (CONT'D) |
| BORROWER: | STEVE & THELMA JEAN SAXTON | |
| ORIGINAL AMOUNT: | 29,600. | |
| INTEREST RATE: | 3.000000 | |
| DATE OF NOTE: | 02/07/2009 | |
| MATURITY DATE: | 02/10/2014 | |
| REPAYMENT TERMS: | 532 PER MONTH | |
| BEGINNING BALANCE DUE . | | 7,296. |
| | | 996. |
| | | |
| | | |
| | NICK & CALLISAT WILKEY | |
| BORROWER: | | |
| BORROWER: ORIGINAL AMOUNT: | NICK & CALLISAT WILKEY | |
| BORROWER: ORIGINAL AMOUNT: INTEREST RATE: DATE OF NOTE: | NICK & CALLISAT WILKEY 20,000. | |
| BORROWER: ORIGINAL AMOUNT: INTEREST RATE: | NICK & CALLISAT WILKEY 20,000. 3.000000 | |
| BORROWER: ORIGINAL AMOUNT: INTEREST RATE: DATE OF NOTE: MATURITY DATE: | NICK & CALLISAT WILKEY 20,000. 3.000000 08/19/2010 | |
| BORROWER: ORIGINAL AMOUNT: INTEREST RATE: DATE OF NOTE: MATURITY DATE: REPAYMENT TERMS: | NICK & CALLISAT WILKEY 20,000. 3.000000 08/19/2010 09/10/2015 | 10,934. |

| Name of the organization | | Employer identification number |
|--|---------------------------------------|--------------------------------|
| CLARKE ELECTRIC COOPER | ATIVE, INC. | 420243366 |
| | | ATTACHMENT 3 (CONT'D) |
| BORROWER: | LEIGH ANN & SCOTT COFFEY | |
| ORIGINAL AMOUNT: | 61,000. | |
| BEGINNING BALANCE DUE | | 55,834. |
| ENDING BALANCE DUE | | 50,451. |
| | | |
| | | |
| BORROWER: | STEVE & THELMA JEAN SAXTON | |
| | STEVE & THELMA JEAN SAXTON 17,000. | |
| ORIGINAL AMOUNT: | | |
| BORROWER: ORIGINAL AMOUNT: INTEREST RATE: DATE OF NOTE: | 17,000. | |
| ORIGINAL AMOUNT: INTEREST RATE: | 17,000. 4.250000 | |
| ORIGINAL AMOUNT: INTEREST RATE: DATE OF NOTE: MATURITY DATE: | 17,000. 4.250000 01/19/2011 | 14,565. |

| Schedule O (Form 990 or 990-EZ) 2013 | 3 | Page |
|---|---|--------------------------------|
| Name of the organization | | Employer identification number |
| CLARKE ELECTRIC COOPE | RATIVE, INC. | 420243366 |
| - | | ATTACHMENT 3 (CONT'D) |
| BORROWER: | WAYNE COUNTY HOSPITAL | |
| ORIGINAL AMOUNT: | 200,000. | |
| DATE OF NOTE: | 08/01/2007 | |
| MATURITY DATE: | 07/01/2016 | |
| REPAYMENT TERMS: | 1,852 PER MONTH | |
| BEGINNING BALANCE DUE | | 22,221. |
| TOTAL BEGINNING NOTES | AND LOANS RECEIVABLE | 603,469. |
| TOTAL ENDING NOTES AN | D LOANS RECEIVABLES | 441,655. |
| | | ATTACHMENT A |
| LENDER: RURAL UTILI | CURED MORTGAGES AND NOTES PAYABLE ITIES SERVICE 19,145,690. | ATTACHMENT 4 |
| LENDER: RURAL UTILI ORIGINAL AMOUNT: | | ATTACHMENT 4 5,781,189. |
| LENDER: RURAL UTILI ORIGINAL AMOUNT: BEGINNING BALANCE DUE LENDER: SWCC-BLD. A | TITIES SERVICE 19,145,690. | |
| LENDER: RURAL UTILI ORIGINAL AMOUNT: BEGINNING BALANCE DUE | TITIES SERVICE 19,145,690. | |
| LENDER: RURAL UTILI ORIGINAL AMOUNT: BEGINNING BALANCE DUE LENDER: SWCC-BLD. A ORIGINAL AMOUNT: | TITIES SERVICE 19,145,690. | |

| Name of the organization | Employer identification number |
|-----------------------------------|--------------------------------|
| CLARKE ELECTRIC COOPERATIVE, INC. | 420243366 |
| | ATTACHMENT 4 (CONT'D) |
| LENDER: WAYNE CO. HOSPITAL | |
| ORIGINAL AMOUNT: 200,000. | |
| BEGINNING BALANCE DUE | 200,000. |
| ENDING BALANCE DUE | 200,000. |
| LENDER: SWCC- NEW DORM- CRESTON | |
| ORIGINAL AMOUNT: 740,000. | |
| BEGINNING BALANCE DUE | 294,629. |
| ENDING BALANCE DUE | 212,407. |

DESCRIPTION ENDING
BOOK VALUE

MEMBERSHIPS 21,995.

TOTALS 21,995.

2013

852,857 58,854

Current-year depreciation

Current-year 179 expense

420243366

2(

CLARKE ELECTRIC COOPERATIVE, INC

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

ACRS CRS class class 35 000 25 000 Lıfe Beginning Ending Accumulated Medepreciation depreciation thod Conv Ę Accumulated Accumulated amortization amortization Code SLSL 3,040,361 7,143,057. 10183418 10183418 7,484,158 3,157,876 10642034 10642034 Basis for depreciation 3,705,544. 32053173 35758717 35758717 Basis Reduction 179 exp reduction in basis 100 000 100 000 100.000 Bus % Unadjusted Cost or basis 215,835 01/01/1992 3,705,544 32053173 35974552 35974552 Cost or basis Date placed in service 01/01/1939 01/01/1998 Date placed in service Less Retired Assets Subtotals Subtotals.....Listed Property Asset description Asset description TOTALS..... LAND & LAND RIGHTS **AMORTIZATION** Less Retired Assets ELECTRIC PLANT GENERAL PLANT TOTALS, . .

911,711

911,711

Current-year amortization

CLARKE

*Assets Retired JSA 3X8024 1 000