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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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.

Open to Public

		iue Service		out Form 990 and its instructions is				inoposition.		
<u>A</u> _	For the	2013 cale	ndar year, or tax year beginn	ning , 2013 astern Electric Cooperative, Inc	, and endin			,20		
В	Check if	applicable	') Employ	er identification number					
	Address	change	Doing Business As					46-0454373		
	Name cl	hange	Number and street (or P O box	if mail is not delivered to street address)	Room/sui	te E	E Telephone number			
	Initial ref	turn	PO Box 388					605-648-3619		
	Termina	ted	City or town, state or province,	country, and ZIP or foreign postal code						
	Amende	ed return	Marion, SD 57043-0388				Gross re	eceipts \$ 55,028,853		
	Applicat	on pending:	F Name and address of principal of	officer Brad Schardin		H(a) Is this a grou	p return for	subordinates? Yes Vo		
_			(same as above)			1		s included? Yes No		
	Tax-exe	mpt status	☐ 501(c)(3)	(c) (12) ◀ (insert no) ☐ 4947(a)(1) o	r 🗌 527			a list (see instructions)		
J	Website		w.southeasternelectric.com			H(c) Group e	xemption	number ▶		
ĸ				ociation ☐ Other ► L	Year of format			of legal domicile SD		
_	art I	Summ				2000		<u> </u>		
	1			nission or most significant activitie						
ø	\ '	-	-	ately 13,000 member-consumers ar		rvice location				
JC.	1	FIOVIDING	Leiecu ic service to approxim	latery 13,000 member-consumers at	iu 13,730 Se	i vice location	3			
Activities & Governance	2	Chack th	us hov No ut the organizati	on discontinued its operations or	disposed o	of more than	25.0% of	ite not accote		
Š	3		-		uisposeu c	n more man z	1 1			
Ğ	1			overning body (Part VI, line 1a).		• •	3	10		
S	4		· · · · · · · · · · · · · · · · · · ·	bers of the governing body (Part	•		4	10		
ij	5			ed in calendar year 2013 (Part V, II	ne za)		5	60		
妄	6		nber of volunteers (estimate	<u> </u>		•	6			
⋖	7a			om Part VIII, column (C), line 12			7a			
	<u> b</u>	Net unre	ated business taxable inco	me from Form 990-T, line 34 .	· ·	<u> </u>	7b			
					L	Prior Yea	r	Current Year		
Revenue	8		tions and grants (Part VIII, I		·					
	9	-	service revenue (Part VIII, I	- -		48,4	174,251	53,595,346		
ě	10	Investme	ent income (Part VIII, columi	n (A), lines 3, 4, and 7d) .			281,587	293,806		
ш	11			lines 5, 6d, 8c, 9c, 10c, and 11e)			19,981	20,614		
	12	Total reve	enue—add lines 8 through 1	1 (must equal Part VIII, column (A),	line 12)	48,7	775,819	53,909,766		
	13	Grants a	nd similar amounts paid (Pa	art IX, column (A), lines 1-3)						
	14	Benefits	paid to or for members (Pa	rt IX, column (A), line 4) .		2,7	782,426	3,995,290		
Ś	15	Salaries,	other compensation, employ	ee benefits (Part IX, column (A), line	es 5–10)	3,€	604,991	4,021,685		
nse	16a	Profession	onal fundraising fees (Part I)	X, column (A), line 1 te)	. [
Expenses	b	Total fun	draising expenses (Part IX,	column (D), Nine 25))►	Γ					
ŵ	17	Other ex	penses (Part IX, column (A)	Vines Ma=110-114-240)2	· · · · · ·	42.3	888,402	45,892,791		
	18			ust equal Part IX, column(A), line	25) .		775,819	53,909,766		
	19		less expenses Subtract In		. [
-se			8		E	Beginning of Curr	ent Year	End of Year		
ets (20	Total ass	ets (Part X, line 16)	OGDEN, UT		114.2	275,606	123,998,583		
Ass	21		ulities (Part X, line 26) .	OGUEN, UT	🗅	_	056,406	81,097,441		
Net Assets or Fund Balances	22		ts or fund balances Subtra	ct line 21 from line 20	` ` 		219,200	42,901,142		
_	art II		ture Block		L	10,1	10,200	42,001,142		
				this return, including accompanying schedu	iles and stater	ments and to the	hest of r	ny knowledge and belief it is		
				than officer) is based on all information of v				ny movieuge and belief, it is		
			Jounts, Kens	meld			5	11/2014		
Sig	n	Sidon	ature of officer			Date		117019		
He	-		JOHN B. MUI	DANALD, CFO						
•••		Type	e or print name and title	, cro						
			pe preparer's name	Preparer's signature	Da	te		- PTIN		
Pa		1 1	po proporor o maillo	. Toparor o signature			Check	#		
Pr	epare						self-emp	noyea		
Us	se On						s EIN ▶			
	. Al 15		ddress ▶	rer shown above? (see instruction		Phone	e no	□ Vos □ No		
n/Io	N/THOIL	DISCUIS	e inie remirn with the hrehal		E-1			I I V co ! I N c		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

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	0 (2013)			Page 2
Part				
		a response or note to any line in this P	art III	<u> </u>
1	Briefly describe the organization's mis		is a second to describe a second to the seco	
		e on a cooperative basis. The cooperative e through sound business practices, comm		
	leadership, today and in the future	e tillough soulid ousiness practices, comin	idilication, education and progress	ive
	•			
2		gnificant program services during the ye	ear which were not listed on the	
	prior Form 990 or 990-EZ? .			☐ Yes ☑ No
2	If "Yes," describe these new services			
3	services?	ting, or make significant changes in h	_	
	If "Yes," describe these changes on S			☐ Yes
4		service accomplishments for each of its	three largest program services	as measured by
	expenses. Section 501(c)(3) and 501(the total expenses, and revenue, if an	c)(4) organizations are required to repor	t the amount of grants and alloc	ations to others,
	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	, (and a line)			
		·		
	10			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			·	
			••••••	

) (Revenue \$

Other program services (Describe in Schedule O) (Expenses \$ including grants of \$

Total program service expenses ▶

4d

4e

Part	IV Checklist of Required Schedules			- uge c
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		/
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		√
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		√
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		1
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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
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	 	
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	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		T .

Part	Checklist of Required Schedules (continued)			
			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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24 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 through 24d and complete Schedule K If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		√
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		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√
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	28b 28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		· ·
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		\
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related expansions? If "Yes," complete Schedule R, Part V, line 2.	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
05	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
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	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 121			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0	. !		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ο-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 60			
b	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 e-file (see instructions)	2b	/	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		-
	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			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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?	<u> </u>		
		7a		✓
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
·	required to file Form 8282?	7c		1
ď	If "Yes," indicate the number of Forms 8282 filed during the year	1		•
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ť
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		L.,
10	Section 501(c)(7) organizations. Enter			
a	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 . [10b]			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from members or shareholders			
_	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			'
С	Enter the amount of reserves on hand	igsqcut		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	ions.
Casti	Check if Schedule O contains a response or note to any line in this Part VI		• •	. <u>V</u>
Secu	on A. Governing Body and Management		Yes	No
10	Enter the number of veting members of the governing body at the and of the tax year.		163	100
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	-	<i>y</i>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	→	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	· · ·		
8	stockholders, or persons other than the governing body?	7b	✓	
O	the year by the following:			
2	The governing body?	8a	1	
a b	Each committee with authority to act on behalf of the governing body?	8b	<u>v</u>	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.5		_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		7
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?	10a		•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	/	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	l la	•	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13	<u>,</u>	
14	Did the organization have a written document retention and destruction policy?	14	▼	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	17	<u> </u>	
а	The organization's CEO, Executive Director, or top management official	15a	√	
b	Other officers or key employees of the organization	15b	•	1
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-55		
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?	160		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	-	✓
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Conti	organization's exempt status with respect to such arrangements?	16b		
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year	af 4h -		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization John McDonald, 501 South Broadway Avenue, Marion, South Dakota, 605-648-3619	oi ine	:	

Form	agan	/201	31

Part VII	Compensation of Officers, Directors	s, Trustees	, Key Employees,	Highest Compens	sated Employees,	and
	Independent Contractors					

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										r, or trustee
(C)										
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated		
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	유方	Б	Q.	6	9,5	J.	from the	related organizations	other compensation
	related	Individual trustee or director	it tu	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	없는	iona	`	良) e c	~	(W-2/1099-MISC)		organization and related
	line)	trus	al tro		yee	m m				organizations
		e e	Institutional trustee			Highest compensated employee				
			Ľ			<u>a</u>				
(1) Don Heeren	5									
President	† <u>-</u>	✓		1				7,679		
(2) Steve Holmberg	5							7,070		
Vice President		✓		✓				7,904		
(3) Pat Scheier	5									
Secretary	*******	1		√				8,779		
(4) Daryl Terveen	5							<u> </u>		
Treasurer		✓		✓				7,804		
(5) Harley Bruns	5									
Director		✓						8,504		
(6) Chris Hofer	3									
Director		1						7,304		
(7) Lynell Hofer	3									
Director		✓				L		5,029		
(8) Leslie Mehlhaff	10									
Director		✓						9,054		
(9) Richard Olsen	6									
Director		✓		_			_	9,137		
(10) John Ostraat	5	,		l						
Director	ļ	✓	_	<u> </u>	_		<u> </u>	8,304		
(11) Brad Schardin	45				,	,				
CEO/General Manager				1	✓	✓		172,748		136,249
(12) Tim Chance	42		'	ł		١,				
Operations Manager						/		106,132		34,483
(13) John McDonald	42			,		,				
CFO/Assistant Manager	 			✓	-	- ✓	-	101,329		36,002
(14)										
	L					L		L	L	

Par	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (co	ontinue	<u>d)</u>		
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation f		Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-Mis		comp fro orga and	ensation the nization related	n d
(15)														
(16)					-			-						
<u>(17)</u>														
(18)														
(19)													<u>.</u>	
(20)											_		•	
(21)														
(22)														
(23)														
(24)								-	1					
(25)											-			
1b	Sub-total							>	459,707				2	06,734
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)				•			▶	459,707			206,734		
2	Total number of individuals (including but reportable compensation from the organi	t not limited				ted a	above	e) w	no received m	ore than \$100),000 c	of		
													Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							emp	oloyee, or high 	est compens	sated	3		1
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual											4	✓	
	for services rendered to the organization											5		✓
Section 1	on B. Independent Contractors Complete this table for your five highest compensation from the organization Repyear.	-		-										ax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C)	ation	
Dave's	S Construction, Inc , 5104 Harvestore Rd , Sic		5710	7				Utı	lity construction					35,933
	r Meter Sales and Service, Inc , 401 Industria				3533	3			tering testing/c					37,577
		-			_	-	_					_		
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot I	lımıt	ed to	th	nose listed abo	ove) who				

received more than \$100,000 of compensation from the organization ▶

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a r	esponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns . 1	а		15151155		012 014
Contributions, Gifts, Grants and Other Similar Amounts	ь	· · · · —	b				
P. G	С		С				
ar A	d	-	d				
S, G	е		е	1			
ion	f	All other contributions, gifts, grants,					
The part			lf		j		
E O	g	Noncash contributions included in lines 1a-1f	\$				
Contributions, Gifts, and Other Similar Ar	h	Total. Add lines 1a-1f					
			Business Code				
en (en	2a	Sale of Electricity	2221000	51,376,881	51,376,881		
Æ	b	Other Electric Revenue	2221000	278,361	278,361	·	-
<u>.</u> 9	С	Cooperative Capital Credits	2221000	1,940,104	1,940,104		
eν	d			1,0.10,101	1,0 10,101		
E	е						
Program Service Revenue	f	All other program service revenue					
. G	g	Total. Add lines 2a-2f		53,595,346			<u> </u>
	3	Investment income (including dis					
		and other similar amounts)	▶	287,533			287,533
	4	Income from investment of tax-exemp	t bond proceeds ▶	,			207,000
	5	Royalties					
		(î) Real	(II) Personal				
	6a	Gross rents .					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	6,801	i			
	b	Less cost or other basis					
		and sales expenses .	528				
	С	Gain or (loss)	6,273				
	d	Net gain or (loss)	•	6,273			6,273
<u>o</u>	•				-		
venue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18	a				
ţ	h	Less. direct expenses	b				
0		Net income or (loss) from fundraisii	· · · · · · · · · · · · · · · · · · ·		}-		
		Gross income from gaming activities			-		<u> </u>
		See Part IV, line 19					
	ь	Less direct expenses	b				
	c	Net income or (loss) from gaming a					
		Gross sales of inventory, les		-			
		returns and allowances	a 114,191				
	ь	Less: cost of goods sold .	b 93,577				
	c	Net income or (loss) from sales of i		20 614	20 614		
		Miscellaneous Revenue	Business Code	20,614	20,614		
	11a						
	b		-	-			
	C		-				
	d	All other revenue	-				
		Total. Add lines 11a-11d .	•				
	12	Total revenue. See instructions.		53 909 766	53 615 960		293 806

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	3,995,290 459,707			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	1,847,501			
9 10	Other employee benefits	1,714,477			
11 a	Fees for services (non-employees)	6 117			
b	Management	6,117 32,155			
C	Accounting	13,451		<u> </u>	
d	Lobbying	13,431			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	170,514			
13	Office expenses	593,505			
14	Information technology				
15	Royalties				
16	Occupancy		<u> </u>		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	59,808			
20	Interest	2,452,042			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,274,145			
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Purchased power	37,284,504			
b	KWH tax	971,408			
С	Other deductions	1,035,142			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	53,909,766			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

33

34

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . 1 1 761,248 589,794 2 Savings and temporary cash investments . . . 1,800,000 2 1,200,000 3 Pledges and grants receivable, net 3 426,485 4 Accounts receivable, net 4 4,072,211 4,861,552 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Assets Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 2,648,569 3,666,128 Prepaid expenses and deferred charges 9 79,692 1,436,057 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation . 10b 25,958,647 82,730,690 10c 87,263,829 11 Investments—publicly traded securities . 11 . 12 Investments-other securities See Part IV, line 11 . . . 12 13 Investments-program-related See Part IV, line 11 . . . 18,783,957 13 20,462,248 14 14 15 Other assets See Part IV, line 11 15 3,399,439 4,092,490 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 114,275,606 123,998,583 17 Accounts payable and accrued expenses 17 4,566,296 5,201,312 18 Grants pavable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 65,470,222 23 72,136,339 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 4,019,888 25 3,759,790 26 Total liabilities. Add lines 17 through 25 69,490,110 26 81,097,441 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Net Assets 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 40,219,200 42,901,142

Total liabilities and net assets/fund balances

123,998,583 Form 990 (2013)

42,901,142

33

34

40,219,200

114,275,606

					3
Par					
	Check if Schedule O contains a response or note to any line in this Part XI		· •		<u>. 🗅</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		53,9	09,766
2	Total expenses (must equal Part IX, column (A), line 25)	2		53,9	09,766
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		40,2	19,200
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,6	B1,942
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		42,9	01,142
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			· · ·	<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		_ :		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O	plain i	n	i	
_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both.	piled o	r		ŀ
	·		ł		
	Separate basis Consolidated basis Both consolidated and separate basis				
D	Were the organization's financial statements audited by an independent accountant?		. 2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both	ea on a	a		
	·				
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		. =		
С	of the audit, review, or compilation of its financial statements and selection of an independent account			١,	
	If the organization changed either its oversight process or selection process during the tax year, ex			✓	
	Schedule O.	фіаіп іі	'	j	
3-2	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth "			
34	the Single Audit Act and OMB Circular A-133?	iorai li		,	l
.	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran th	3a	✓	├
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
	The state of the s			QQO	(2013)
			For	ニュコロ	, (CU (J)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the or	ganization		Employer identification number
South	easterr	Electric Cooperative, Inc.		46-0454373
	rt I	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu ered "Yes" to Form 990, Part IV, line 6	inds or Accounts.
		Complete it the organization and	(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)		
3		egate grants from (during year) .		
4	Aggre	egate value at end of year .		
5	Did t	he organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds	are the organization's property, subjec	t to the organization's exclusive legal cont	rol? 🗌 Yes 🗌 No
6	only i		ors, and donor advisors in writing that gr benefit of the donor or donor advisor, or	for any other purpose
Par	t II	Conservation Easements.		
-		Complete if the organization answer	ered "Yes" to Form 990, Part IV, line 7	
1	Purpo		by the organization (check all that apply).	
			ecreation or education) Preservation	of an historically important land area
	□ P	rotection of natural habitat	☐ Preservation	of a certified historic structure
		reservation of open space		
2			tion held a qualified conservation contribut	tion in the form of a conservation
		nent on the last day of the tax year		Held at the End of the Tax Year
а		number of conservation easements		2a
b		acreage restricted by conservation easi		. 2b
C.		per of conservation easements on a cert		2c
ď			ed in (c) acquired after 8/17/06, and no	
3		ric structure listed in the National Regist	er	· [2d]
3	tax ye		, transferred, released, extinguished, or te	minated by the organization during the
4	•	per of states where property subject to o	conservation easement is located	
5			cy regarding the periodic monitoring, in	espection handling of
•		ions, and enforcement of the conservati		· · · · · · · Yes · No
6			ring, inspecting, and enforcing conservatio	
	•		3, -pg,	
7	Amou	 int of expenses incurred in monitoring, i	nspecting, and enforcing conservation eas	sements during the year
	▶\$			ű ,
8	Does	each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
	(i) and	d section 170(h)(4)(B)(ii)?		· · · 🔲 Yes 🗌 No
9	In Pa	rt XIII, describe how the organization rep	ports conservation easements in its revenu	ie and expense statement, and
		• • • • • • • • • • • • • • • • • • • •	text of the footnote to the organization's f	inancial statements that describes the
		ization's accounting for conservation ea		
Par	t III		ctions of Art, Historical Treasures, o	
	10.11		ered "Yes" to Form 990, Part IV, line 8	
1a			er SFAS 116 (ASC 958), not to report in i	
			similar assets held for public exhibition, ϵ f the footnote to its financial statements th	
_				
Ь	works		der SFAS 116 (ASC 958), to report in its similar assets held for public exhibition, es relating to these items.	
	(i) Re	evenues included in Form 990, Part VIII,	line 1	. ▶ \$
2			of art, historical treasures, or other similar	
			nder SFAS 116 (ASC 958) relating to these	
a				\$
<u>b</u> _	Asset	s included in Form 990, Part X .	<u> </u>	▶ \$

Part	III Organizations Maintaining Co	ollections of Art, His	storical Treasures	, or Other Similar A	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ession, and other reco	ords, check any of th	ne following that are a	significant use of its
а	☐ Public exhibition	d	☐ Loan or exchang	ge programs	
b	☐ Scholarly research	е	☐ Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization XIII	's collections and exp	ain how they further	the organization's exe	empt purpose in Part
5	During the year, did the organization soli assets to be sold to raise funds rather that				ılar 🗌 Yes 🗌 No
Part	V Escrow and Custodial Arrang	ements.			
	Complete if the organization an 990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?			tions or other assets i	
b	If "Yes," explain the arrangement in Part >	Kill and complete the for	ollowing table:		Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Code a boloma			1f	
2a	Did the organization include an amount or	n Form 990, Part X, lin	e 21? .		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part >			provided in Part XIII	
Par			•	•	
	Complete if the organization and	swered "Yes" to For	m 990, Part IV, line	10.	
_	(a	a) Current year (b) Pr	or year (c) Two year	rs back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and				
	programs				
f	Administrative expenses .				
g	End of year balance				
2	Provide the estimated percentage of the co	current vear end haland	ce (line 1g. column (a		
a	Board designated or quasi-endowment	-	se (iiiie 19, coluiiii (a	iji nelu as	
b	•	// //			
	Temporarily restricted endowment ▶	%			
·	The percentages in lines 2a, 2b, and 2c sl				
За	Are there endowment funds not in the po		zation that are held	and administered for t	the
ou	organization by.	socoolon or the organ	ization that are nea	and administered for t	Yes No
	(i) unrelated organizations				
	(ii) related organizations		•		3a(i)
L	If "Yes" to 3a(ii), are the related organizati				3a(ii)
b 4	Describe in Part XIII the intended uses of	<u> </u>			3b
Part			Owinent funds.		
raru			m 000 Dort IV line	. 11a Cas Form 000	Dort V. Ivaa 10
	Complete if the organization and			T T	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		462,988		462,988
b	Buildings		3,745,482	972,892	2,772,590
С	Leasehold improvements				
d	Equipment		6,242,662	3,610,537	2,632,125
е	Other		102,771,344	21,375,218	81,396,126
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X. column (B), line 10)(c)) . ►	87.263.829

Part VII	Investments - Other Securities	•						
	Complete if the organization ansi	wered "Yes" to For	m 990), Part IV, line	11b.	See Forn	n 990, Part X, line	12.
	(a) Description of security or category (including name of security)	,	(b) Book value	_		ethod of valuation nd-of-year market value	
(1) Financial	derivatives							
(2) Closely-h	eld equity interests							
(3) Other	•							
(A)								
(B)								
(C)								
(D)						-	-	
(E)							·	
(F)								
(G)								
(H)							-	
Total. (Column (b	n) must equal Form 990, Part X, col (B) line 12)							
Part VIII	Investments - Program Related	i.						
	Complete if the organization answ	wered "Yes" to For	m 990), Part IV, line	11c.	See Form	n 990, Part X, line	13.
	(a) Description of investment		(b) Book value			ethod of valuation id-of-year market value	
(1) Patronao	ge capital in associated orgs			18,958,948	Cost			
	erm certificates - NRUCFC			729,329				
	capital securities - NRUCFC			285,000				
	ents in economic development			101,600				
	ships in associated orgs			10,500			·	
	vestments	• •	-	376,871				
(7)				0.0,0,.	-			
(8)								
(9)								
) must equal Form 990, Part X, col (B) line 13)			20,462,248			<u> </u>	
Part IX	Other Assets.			,,			-	
	Complete if the organization answ	wered "Yes" to For	m 990), Part IV, line	11d.	See Form	n 990, Part X, line	15.
) Description	-	·			(b) Book value	
(1)								
(2)								
(3)								.=
(4)								
(5)							· -	
(6)					-			
(7)				•				
(8)								-
(9)								
	nn (b) must equal Form 990, Part X, co	ol (B) line 15.) .		•	•	>	<u> </u>	
Part X	Other Liabilities. Complete if the organization answline 25.	wered "Yes" to For	m 990), Part IV, line	11e d		e Form 990, Part 2	Κ,
1.	(a) Description of liability	(b) Book value					·	
(1) Federal in	come taxes							
	operating provisions	A/	11,593					
(3) Consum			52,298					
(4)	maturities on long term debt		00,000					
(5) Deferred			55,899					
(6)			20,000					
(7)								
(8)			\dashv					
(9)		<u> </u>						
) must equal Form 990, Part X, col (B) line 25)	275	9,790					
	uncertain tax positions. In Part XIII, provide			the organization	's finar	ncial statem	ents that reports the	
	liability for uncertain tax positions under							_

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	53,909,766
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			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	53,909,766
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a]	
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	53,909,766
Part	· · · · · · · · · · · · · · · · · · ·		•	r Return	i.
	Complete if the organization answered "Yes" to Form 990,	Part I\	/, line 12a		
1	Total expenses and losses per audited financial statements .			1	49,914,476
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b			
С	Other losses	2c]	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		· · ·	3	49,914,476
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b	3,995,290		
С	Add lines 4a and 4b			4c	3,995,290
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	53,909,766
Part					
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part				
Part X	line 2 - The cooperative adopted the provisions of Financial Accounting Stan	dards I	Board Accounting Stan	dards Cod	ification Topics
ASC 7	40-10 (previously Financial Interpretation No 48, Accounting for Uncertainty i	n Incon	ne Taxes), on January 1	1, 2009 Th	ie
implen	nentation of this standard had no impact on the financial statements As of bo	th the	date of adoption, and a	is of Decer	nber 31, 2013,
there v	vas no recognized tax accrual. The cooperative would recognize future accru	ed inte	rest and penalties relat	ed to unre	cognized
tax be	nefits in income tax expense if incurred. Generally, the cooperative is no long	er subj	ect to Federal tax exan	ninations b	y tax
author	ities for years before 2009.				
Part X	I, line 4b, Other - GAAP doesn't recognize book vs. tax and the net margin of	3,995,	290 is the amount alloc	ated as pa	tronage
capital	credits for 2013 which was reported as "benefits paid to or for members" on	Form 9	90, Part IX, line 4 in the	Statemen	t of Functional
Expen	Ses.		***************************************		
					
			•••••		

Schedule D (Foi	rm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
-		
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		······
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SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on 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.

Name of the organization

Employer identification number

	theastern Electric Cooperative, Inc	46-0454373	<u> </u>		
Part	Questions Regarding Compensation			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regard			Tes	NO
	 ✓ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence ☐ Payments for business use of p ☐ Health or social club dues or in ☐ Personal services (e.g., maid, c.g.) 	personal residence			
b	If any of the boxes on line 1a are checked, did the organization follow a written po or reimbursement or provision of all of the expenses described above? If "No, explain	" complete Part III to	1b	√	
		· · · ·	ID	•	
2	Did the organization require substantiation prior to reimbursing or allowing expedirectors, trustees, and officers, including the CEO/Executive Director, regarding the 1a?	e items checked in line	2	✓	
3	Indicate which, if any, of the following the filing organization used to establish the comorganization's CEO/Executive Director. Check all that apply. Do not check any boxes related organization to establish compensation of the CEO/Executive Director, but exp Compensation committee Written employment contract Independent compensation consultant Compensation survey or study	for methods used by a			
	Form 990 of other organizations Approval by the board or comp	ensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with resorganization or a related organization:	pect to the filing			
а		<u> </u>	4a		✓
þ		-	4b		√
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each of the second se		4c		1
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or compensation contingent on the revenues of	accrue any		1	
а	a The organization?		5a		
b	Any related organization?		5b		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or compensation contingent on the net earnings of	accrue any		!	
а	The organization?		6a		
b	Any related organization?		6b		
7	, , , , , , , , , , , , , , , , , , , ,	•	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contrito the initial contract exception described in Regulations section 53 4958-4(a)(act that was subject 3)? If "Yes," describe			
	ın Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption p Regulations section 53 4958-6(c)?		9		

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.

(A) Name and Title			f W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
-	(i)	172,748	0	0	113,831	22,418	308,997	
1 Brad Schardin, CEO/GM	(11)	0	0			0	0	r
	(1)							
2	(11)							
	(i)							
3	(n)							
	(i)							
4	(ii)						· · · · · · · · · · · · · · · · · · ·	
	(i)							
5	(11)			[
	(i)							
6	(u)		***************************************					
	(i)		-				-	
7	(11)			***************************************		***************************************	•	*******
· · ·	(i)						_	
8	(11)	***************************************		***************************************				•••••
	(i)							
9	(n)							
	(i)				- · · · · · · · · · · · · · · · · · · ·			
10	(n)		***************************************				***************************************	
	(i)		_		-			
11	(ii)					••••••		
	(1)	·						
12	(11)							
-	(1)							
13	(n)					***		
 	(i)							
14	(11)							
	(i)							
15	(n)							
15	(0)		-					
46	(0)					***************************************		
16				L				L

Schedule J (Form 990) 2013 Page 3
Part III Supplemental Information
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.
Part 1, line 1a - The cooperative occasionally provides charter travel for directors, officers and key employees to attend meetings of associated organizations when it is more
ost effective and expedient than ground transportation or commercial travel
Schedule J (Form 990) 2013

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Southeastern Electric Cooperative, Inc. 46-0454373 Form 990, Part VI, Section A, line 6 - Every consumer becomes a member of the cooperative upon receipt of electric service Form 990, Part VI, Section A, line 7a - Each member has one vote Form 990, Part VI, Section A, line 7b - Members must approve any bylaw amendments, the substantial disposition of cooperative property, any mergers or consolidations, and the removal of any directors. Form 990, Part VI, Section A, line 8b - There are no committees with authority to act on behalf of the governing body Form 990, Part VI, Section B, line 11 - The Form 990 will be provided to, and reviewed with, all members of the board of directors by the management staff at a meeting of the board held prior to filing Form 990, Part VI, Section B, line 12c - To monitor and enforce compliance of the conflict of interest policy, board members complete a disclosure form upon election or appointment to the board and then annually during their tenure on the board. Any conflicts of interest are disclosed to the board at the next board meeting Form 990, Part VI, Section B, line 15 - The compensation of the CEO/General Manager is determined by the board of directors taking into consideration the results of a state, regional and national compensation survey. The board also applies the cooperative's policy on wage and salary administration in their decision making process. The most recent adjustment to the compensation of the CEO/General Manager was effective November 2013 Form 990, Part VI, Section B, line 15b - The CEO/General Manager is responsible for proposing an aggregate wage and salary package to the board of directors for their approval. Individual compensation levels are determined by the CEO/General Manager in compliance with the cooperative's wage and salary administration policy which utilizes a state, regional and national compensation survey.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
Southeastern Electric Cooperative, Inc	46-0454373
Form 990, Part VI, Section C, line 19 - The cooperative's governing documents, conflict of interest policy ar	nd financial statements are
available to the cooperative's members but not the general public. Bylaws and financial statements are room	utinely provided to the
members. The conflict of interest policy would be provided to a member upon request.	
Form 990, Part IX, line 4 - Although technically not an expense, we have included the capital credit allocation	on as "benefits paid
to or for members" because within the Non-Profit Operation section of our bylaws, it states "All such amou	unts credited to the capital
account of any patron shall have the same status as though they had been paid to the patron in cash in pu	rsuance of a legal obligation
to do so and the patron had then furnished the Cooperative corresponding amounts for capital "	
Form 990, Part XI, line 9 - The increase in net assets results from the allocation of \$3,995,290 in patronage of	capital credits, the retirement
(refund) of \$1,391,604 in patronage capital credits and an increase in other equities of \$78,256 for a total of	\$2,681,942.
Form 990, Part VII, Column F, Other Compensation - Included in Other Compensation is the estimated curre	ent year increase or decrease
in the actuarial values of the defined benefit plan as calculated by the Administrator. The current year inci	rease or decrease does not
represent current year contributions to the plan.	
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