

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



DLN: 93493230007134

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 By law, the IRS

generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		2013 cal applicable	endar year, or tax year beginning C Name of organization		31-2013	D Emplo	yer iden	tification number	
_		hange	PIONEER ELECTRIC COOPERATIVE IN	IC		48-04	93444		
Г№	me cha	ange	Doing Business As						
┌ Inr	tıal retı	um	Number and street (or P O box if ma	ail is not delivered to street address) Room/s	uite	E Telepho	ne numb	ner	
Гте	rmınate	ed	1850 W OKLAHOMA			L releptio	nic name)CI	
┌ Am	nended	return	City or town, state or province, coun	try, and ZIP or foreign postal code					
Гар	plicatio	n pending	Ulysses, KS 67880			G Gross re	eceıpts \$	108,065,936	
			F Name and address of prin	cıpal officer	H(a)	s this a group	return		
			Steve J Epperson		9	subordinates?		ΓYes Γ No	
					Н(b)	Are all subordi	nates	┌ Yes ┌ No	
		mnt status		(insert no) 4947(a)(1) or 527	7	ncluded?	- 1 /	(<u></u>	
		mpt status	501(c)(3) 501(c) (12)	(insert no) 4947(a)(1) or 527	-	ir No, attacn	a list ((see instructions)	
J W	ebsit	e: -			H(c)	Group exempt	ion num	nber ►	
			Corporation Trust Association	Other 🕨	L Year	of formation 19	44 M :	State of legal domicile KS	
Pa	rt I		mary						
			escribe the organization's missio F ELECTRICITY TO MEMBERS	n or most significant activities					
e e		SALE OI	F LLLCTRICITY TO MLMBLRS						
Governance									
2									
활	2	Check th	nis box 析 if the organization dis	continued its operations or disposed	of more th	nan 25% of its	net ass	sets	
ŝ							1 _ 1		
Activities &	1			ng body (Part VI, line 1a)			3	9	
ĕ				of the governing body (Part VI, line 1b			4	9	
톭				calendar year 2013 (Part V, line 2a)			5 6	74	
ď				ecessary)			- 1	0	
	1			ort VIII, column (C), line 12 om Form 990-T, line 34			7a 7b	0	
		Net unite	iated business taxable income ii	om r om 9 90-1, me 34		Prior Year	/	Current Year	
	8	Contri	butions and grants (Part VIII, lir	ne 1h)		Piloi feai	+	Current rear	
9	9		·	97,709,9	970	108,494,698			
Revenu	10		am service revenue (Part VIII, lir tment income (Part VIII, column		1,178,2		1,128,709		
Æ	11		revenue (Part VIII, column (A),	·	-1,266,6		-1,557,471		
	12		revenue—add lines 8 through 11	ne 💳					
						97,621,5		108,065,936	
	13			IX, column (A), lines 1-3)		108,8		115,639	
	14			X, column (A), line 4)		3,587,8	338	3,147,438	
χQ	15	Saları 5-10)		e benefits (Part IX, column (A), lines		6,670,8	366	7,257,868	
ě	16a	•		column (A), line 11e)		-,,-		0	
Expenses	Ь		indraising expenses (Part IX, column (D)		·				
Ω	17		- , , , , , , , , , , , , , , , , , , ,	ines 11a-11d, 11f-24e)	_	75,075,913 77,6			
	18			t equal Part IX, column (A), line 25)	·	85,443,5		88,198,921	
	19			18 from line 12		12,178,0		19,867,015	
<u>ም</u>					$\overline{}$	nning of Curre	-	End of Year	
9 gg						Year			
A.S.S.	20					158,831,9	-	189,406,953	
Not Assets or Fund Balances	21				•	76,145,5	 	83,354,758	
	22			ine 21 from line 20		82,686,4	133	106,052,195	
	rt II		ature Block						
my k	nowle	dge and		mined this return, including accompa plete Declaration of preparer (other					
		****	**			2014-08-18			
Sigr	1	I B	ature of officer			Date			
Her		STEV	/E EPPERSON CEO						
			or print name and title						
			Print/Type preparer's name Roger Schmidt Jr	Preparer's signature	Date 2014-08-18	Check I if	PTIN P01243	694	
Pai	d	_	Firm's name F Schmidt & Company LL	<u> </u>	ZVIT 00-10	self-employed Firm's EIN ►	1 01243	O J T	
Pre	pare	er							
Use	On	ılv 🏻 🖡	Firm's address 🟲 923 NE Woods Chapel F	Rd Suite 304		Phone no (888) 391-02	29	

Lees Summit, MO 64064

 $\underline{\text{May the IRS discuss this return with the preparer shown above? (see instructions)}}$

✓ Yes ☐ No

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
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	Yes	
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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 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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	
		F	orm 99 0	(2013)

Par	Statements Regarding Other IRS Filings and Tax Compilance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 74		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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			
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	En.		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No
	· · · · · · · · · · · · · · · · · · ·	5b		110
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		No
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?	7a		
b	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	70		
d	file Form 8282?	7c		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?			
0		8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> 5</u> e	ection 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			
	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			
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	Yes	
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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	7b	Yes	
8	or persons other than the governing body?			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		100	No
- Se	ection B. Policies (This Section B requests information about policies not required by the Internal R		ie Cod	
	Tellon B. I oncles (This Section B requests information about poincles not required by the Internal N	CVCIIC	Yes	No.
		$\overline{}$		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Nο
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Vac	
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a		
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c	Yes Yes	
b 11a b 12a b c	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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	
b 11a b 12a c 13 14 15 a	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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	
b 11a b 12a c 13 14 15 a	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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participatine in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Chantry C Scott 1850 W O KLAHOMA Ulysses, KS 67880 (620) 356-4111

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) Alfred Alexander	4 00	Х						22,088	0	0	
Trustee	0 00							22,088	0	0	
(2) Fred Claasen	4 00	х						29,689	0	0	
Trustee (3) Don Dunn	0 00										
Trustee	0 00	х						22,403	0	0	
(4) Martie Floyd	3 00	V						20,000	0		
Trustee	0 00	X						20,888	0	0	
(5) Perry E Rubart	9 00	х						34,515	0	0	
Trustee	0 00										
(6) Ralph Stoddard	70	x						4,295	0	0	
Trustee (7) Melvin Winger	0 00				_						
		х						21,438	0	0	
Trustee (8) James Bell	0 00 7 00										
Trustee		х						28,513	0	0	
(9) John R Jury	0 00										
Trustee		х						24,400	0	0	
(10) Charles Milburn	0 00										
Trustee	0 00	×						18,190	0	0	
(11) Chantry C Scott	43 00										
CFO	0 00			Х				164,847	0	76,314	
(12) Steve J Epperson	43 00										
CEO	0 00			Х				339,886	0	167,380	
(13) Randall D Magnison	50 00				,,			240.267		101.000	
Executive VP Asst CEO	0 00				Х			218,267	0	101,888	
(14) George W Bushnell	41 00				Х			175,514	0	78,330	
VP of Oper & Engin	0 00				${\sqsubseteq}$			175,514	0	, 0, 330	
(15) Michael T Haney	40 00					x		139,564	0	150,012	
Mgr Oper & Engin	0 00				<u> </u>			133,304			
(16) Ross W Riley	44 00					x		119,351	0	91,831	
Operations Supervisor	0 00							,,,,,,			
(17) Clinton Meier	47 00					x		116,108	0	54,445	
Apparatus & Meter Coordinator	0 00	1						·		,	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (list any hours	more pers and	than on is a dii	one bot	not box h ar	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F Estim amount comper from	nated of other isation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organi and re organiz	lated
` '	Sherry Easton	46 00					х		123,689		0		48,690
	Accounting Anita L Wendt	0 00 45 00									+		
VP of	Energy Services	0 00					Х		133,938		0		83,109
											1		
											+		
											+		
											+		
											4		
											4		
1b	Sub-Total			<u> </u>	<u>. </u>		 						
c	Total from continuation sheets to Part	VII, Section A					►□						
d	Total (add lines 1b and 1c)		•				•		1,757,583	C)		851,999
2	Total number of individuals (including b \$100,000 of reportable compensation f				ed al	bove	e) who	rec	eived more than				
												Yes	No
3	Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>					iploy •	yee, o	r hıç	ghest compensate	d employee	3		No
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the	4	Yes	
5	Did any person listed on line 1a receive	or accrue com	ensat	ion f	rom	anv	- unrel	- ater	organization or i	ndividual for	4	res	
-	services rendered to the organization?										5		No
S	ection B. Independent Contracto												
1	Complete this table for your five highes compensation from the organization Re											tax vear	
		(A)					, , , , , ,			(B)	Ť	(C	

(A) Name and business address	(B) Description of services	(C) Compensation
Sunflower Electric Power Corp, PO Box 1020 Hays KS 67601	Contract Labor	303,162
J J Powerline Contr Inc, PO Box 861 Dodge City KS 67801	Contract Labor	1,010,392
Milton Moran Tomson, 111 N Main St Johnson KS 67855	Contract legal ser	172,477
Global Mapping Solutions LLC, PO Box 308 Chapin SC 29036	Contract Mapping	385,950
NISC, PO Box 1147 Mandan ND 58554	Contract Computer	278,846

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶9

50,924

1,091,089

Part \	/1111	Statement of F		nse or note to any lu	no in this Bart VIII			
		Check if Schedule	O contains a respo	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campai	ıgns 1a					
ants unt	Ь	Membership dues	1b					
Gr.	c	Fundraising event	s 1c					
ffs, ⊏A	d	Related organizati						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (c						
Sir	,	All other contributions,						-
liti Per	'	similar amounts not in	ncluded above					ļ
直	g	Noncash contributions 1a-1f \$	included in lines					
Con	h	Total. Add lines 1	a-1f	🕨				
				Business Code				
Program Service Revenue	2a	Sales of Electricity		221000	87,451,603	87,451,603		
Fe S	Ь	Capital Credits		900099	17,585,984	17,585,984		
<u>5</u> 6	С	Merchandising Revenu	ue	900099	5,424	5,424		
Ze.	d	Pole Rental Revenue		532000	50,924			50,924
Ē	е	Misc Service Rev		221000	3,400,763	3,400,763		
200	f	All other program	service revenue					
<u>~</u>	g	Total. Add lines 2	a-2f		108,494,698			
	3		ne (including dividen amounts)		1,091,089			1,091,089
	4		ent of tax-exempt bond					1
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	b	expenses Rental income						
	C .	or (loss)						
	d	Net rental income	(ı) Securities	► (II) O ther				<u> </u>
	7a	Gross amount from sales of assets other than inventory	(i) Securities	37,620				
	b	Less cost or other basis and						
		sales expenses Gain or (loss)		37,620				
	d				37,620	37,620		
	8a	Gross income from			,	ŕ		1
Other Revenue		events (not includ \$ of contributions re	ding _ eported on line 1c)					
ď		See Part IV, line 1	18 a					
her	ь	Less direct exper	nses b					
ŏ	c	Net income or (los	ss) from fundraising	events 🛌				
	9a	Gross income from See Part IV, line 1						
	Ь	Less direct expe	nses b					
	C		ss) from gamıng actı	vities				
	10a	Gross sales of inv returns and allowa						
	Ь	Less cost of good						
	C		ss) from sales of inv					
	11a	Miscellaneous R Nonutility operation		Business Code 900099	67,544	67,544		
	Ь	Incomeloss Eqty		900099	-1,625,015	-1,625,015		
	C	THEOMETOSS EQLY	111403		. ,	. ,		
	d	All other revenue						
	e	Total. Add lines 1	1a-11d	►	-1,557,471			
	12	Total revenue. Se	e Instructions .	🔎		106 022 022		0 1,142,013
					108,065,936	106,923,923		0 1,142,013

Form	990 (2013)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	l other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> Г</u>
	ot include amounts reported on lines 6b, o, 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	72,275	72,275		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	43,364	43,364		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	10,001	1.5123		
4	Benefits paid to or for members	3,147,438	3,147,438		
5	Compensation of current officers, directors, trustees, and				
	key employees	1,141,310	1,141,310		
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	Other salaries and wages	3,232,346	3,232,346		
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	246,728	246,728		
9	Other employee benefits	2,163,937	2,163,937		
10	Payroll taxes	473,547	473,547		
11	Fees for services (non-employees)				
а	Management	52,571	52,571		
b	Legal	148,547	148,547		
c	Accounting	20,793	20,793		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,204	2,204		
12	Advertising and promotion	59,889	59,889		
13	Office expenses	238,688	238,688		
14	Information technology	77,562	77,562		
15	Royalties	,			
16	Occupancy	278,167	278,167		
17	Travel	82,736	82,736		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	78,702	78,702		
20	Interest	3,631,164	3,631,164		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,181,181	4,181,181		
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)				
а	Purchased Power	67,065,004	67,065,004		
b					
c					
d					
e	All other expenses	1,760,768	1,760,768		
25	Total functional expenses. Add lines 1 through 24e	88,198,921	88,198,921	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Раг	•	Check if Schedule O contains a response or note to any line i	n this F	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			773,638	1	914,351
	2	Savings and temporary cash investments				2	_
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		-	8,795,592	4	8,258,234
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L	Part II	of		5	
Assets	6	Loans and other receivables from other disqualified persons ($4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	buting employers		6		
88	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			510,789	8	957,843
	9	Prepaid expenses and deferred charges			4.851.454	9	7.780,744
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,,,,,,,
	ь	Less accumulated depreciation	10b	27,139,334	101,318,332	10c	108,661,038
	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			42,582,154	13	62,834,743
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			158,831,959	16	189,406,953
	17	Accounts payable and accrued expenses			8,358,687	17	10,779,077
	18	Grants payable			3,223,233	18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Sc				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	ctors, t			21	
Liabiliti		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated third part			67,786,839	23	72,575,681
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to reand other liabilities not included on lines 17-24) Complete P	lated th	ird parties, f Schedule			
		D				25	
	26	Total liabilities. Add lines 17 through 25			76,145,526	26	83,354,758
ce s		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	an	d complete			
<u>la</u>	27	Unrestricted net assets				27	
<u>а</u>	28	Temporarily restricted net assets				28	
Fund Balance	29	Permanently restricted net assets				29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	▽ and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other	r funds		82,686,433	32	106,052,195
Š	33	Total net assets or fund balances			82,686,433	33	106,052,195
		Total liabilities and net assets/fund balances				-	

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		108,0	065,936
2	Total expenses (must equal Part IX, column (A), line 25)	2		88,	198,921
3	Revenue less expenses Subtract line 2 from line 1	3		19,8	367,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		82.6	586,433
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		3,4	198,747
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		106,0	052,195
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	۱		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493230007134

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Open to Public Inspection

lar	ne of the organization EER ELECTRIC COOPERATIVE INC		Emp	loyer identification number
IOI	EER ELECTRIC COOPERATIVE INC		48-0	0493444
a	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
	organization answered Tes to Form 990	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor advı	sed Yes No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the beneft conferring impermissible private benefit?			
a r	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a Preservation of a	certifie	d historic structure
	easement on the last day of the tax year			
	-		<u> </u>	Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified history	• •	2c	
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization during
	the tax year -			
	Number of states where property subject to conservati	ion easement is located ►		
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments c	luring the year
	<u> </u>			
	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easemen	ts during	g the year
	▶ \$			
	Does each conservation easement reported on line 2 (and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ι)
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		
7	Organizations Maintaining Collection Complete if the organization answered "Y		or Otl	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	arch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education	statem	ent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			▶ \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
	Revenues included in Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			▶ \$
				· +

Par	TITLE Organizations Maintaining Co	Hections of Art	, HIS	tor	<u>cai i</u>	<u>reasu</u>	res, or c	Jtne	er Simila	r Asse	ts (co	<u>ntinuea)</u>
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, ch	neck	•		_		_	t use of	its	
а	Public exhibition		d	Γ	Loan	or excl	nange prog	ıramı	5			
b	Scholarly research		e	Γ	0 the	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	w the	y furth	er the o	rganızatıo	n's e	xempt purp	ose in		
5	During the year, did the organization solicit o								nılar	_		_
	assets to be sold to raise funds rather than t		•						/!! I- E-		Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						i answere	ea m	res" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other as	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing	table							
										Amou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expl	anati	on has	been p	rovided in	Part	XIII			Γ
Pa	rt V Endowment Funds. Complete											
		(a)Current year) Prior					Three years)Four ye	ears back
1a	Beginning of year balance											
b	Contributions							┸				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships							\top				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end balan	ce (lır	ne 1g	, colun	nn (a)) l	neld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment -											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiz	atıon	that	are hel	d and a	dmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			• •						3a(i)		
	(ii) related organizations	ns listed as require	d on S	che	dule R7					3a(ii) 3b		
4	Describe in Part XIII the intended uses of the							-! !-	F 00/	2 David	TV L.	
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		tne o	rgar	iizatio	n ansv	verea Ye	s to	Form 990	J, Part	IV, III	ie
	Description of property) Cost o	or other stment)	(b)Cost of other base (other)		(c) Accumula depreciation		(d) Boo	k value
	Land			+			(53161)	+				
	Buildings											
	Leasehold improvements							\dashv				
	Equipment							\dashv				
	0.44				135	,800,372			27,13	9,334	10	8,661,038
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			ımn i								8,661,038

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	lete if the organization a	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of va Cost or end-of-year	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Com	nplete if the organization	answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(1) INVEST IN ASSOC ORGS-PATRONAGE CAPI	40,959,195	C	market value
(2) INVEST IN ASSOC ORGS-OTHER GENERAL	1,667,864	C	
(3) INVESTMENT IN SUBSIDIARY	1,900,889	C	
(4) INVEST IN ASSOC ORGS-NONGENERAL	963,831	C	
(5) INVEST IN ECON DEVELOPMENT PROJECTS	773,938	C	
(6) OTHER INVESTMENTS	2,615,080	C	
(7) SPECIAL FUNDS	13,029,398	C	
(8) NON-UTILITY PROPERTY	924,548	C	
(O) NOTE OF LETTER TROPERTY	324,310		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	62,834,743		
Part IX Other Assets. Complete if the organization a		, Part IV, line 11d See	
(a) Descript	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.))		
Part X Other Liabilities. Complete if the organi			
Form 990, Part X, line 25.			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
+			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

Par		Revenue per Audited Financial States wered 'Yes' to Form 990, Part IV, line 12a		s with kevenue p	er R	eturn Complete if
1		er support per audited financial statements .			1	
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments	2a			
b	Donated services and use of	facilities	2b		1	
c	Recoveries of prior year gran	ts	2c		1	
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d	.			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b	.			4c	
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line 12	2).		5	
Part		xpenses per Audited Financial State		ts With Expenses	per	Return. Complete
		nswered 'Yes' to Form 990, Part IV, line 1			Τ.	Т
1		er audited financial statements			1	
2		ut not on Form 990, Part IX, line 25	a- 1			
a		· · · · · · · · · · · · · · · · · · ·	2a		-	
b			2b		-	
С .			2c		-	
d	Other (Describe in Part XIII		2d		┥	
e	ū		•		2e	
3			•		3	
4		90, Part IX, line 25, but not on line 1:	. 1			
a	•	luded on Form 990, Part VIII, line 7b	4a		-	
Ь) [4b		┥ _	
_ C					4c	
5 Dor		nd 4c. (This must equal Form 990, Part I, line 1	18)		5	
	Supplemental In	r Part II, lines 3, 5, and 9, Part III, lines 1a an	-d 4 D	art IV Junea 1 h and 2 h		
Part		;, lines 2d and 4b, and Part XII, lines 2d and 4b				de any additional
	Return Reference	Explanation				
	expenses included on Form Part XII, line 4b)	Benefits paid to members include the current of the Cooperative in the form of capital credi		margins that were allo	cated	back to the members

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 48-0493444

Name: PIONEER ELECTRIC COOPERATIVE INC

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVEST IN ASSOC ORGS-PATRONAGE CAPI	40,959,195	С
(2) INVEST IN ASSOC ORGS-OTHER GENERAL	1,667,864	С
(3) INVESTMENT IN SUBSIDIARY	1,900,889	С
(4) INVEST IN ASSOC ORGS-NONGENERAL	963,831	С
(5) INVEST IN ECON DEVELOPMENT PROJECTS	773,938	С
(6) OTHER INVESTMENTS	2,615,080	С
(7) SPECIAL FUNDS	13,029,398	С
(8) NON-UTILITY PROPERTY	924,548	С

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

PIONEER ELECTRIC COOPERATIVE INC

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

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

OMB No 1545-0047

Employer identification number

48-0493444

2013

DLN: 93493230007134

Open to Public Inspection

Part I General Inform	mation on Grants	and Assistance				•	
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	d to award the grants o	orassistance?		·			∀ Yes ⊢
Part II Grants and Otl Form 990, Part 1	her Assistance to IV, line 21, for any	Governments and receive	Organizations in ed more than \$5,000	the United States). Part II can be dup	s. Complete if the or dicated if additional	ganization answered space is needed.	"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 1834-USD 214- ULYSSES 111 S BAUGHMAN ST Ulysses,KS 67880	48-0699001		10,990	1,703		WATER BOCOSTTTLES FOR STUDENTS	charitable
(2) CITY OF ULYSSES 115 W GRANT Ulysses,KS 67880	48-6009871		9,264				charitable
(3) HERITAGE CHRISTIAN ACADEMY OF HUGOT PO Box 744 Hugoton,KS 67951	48-1200015		7,436				charitable

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

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

line 2)

(a)Type of grant or assistance

(b) Number of

time occurance and of a minimal dollar amount

(f)Description of non-cash assistance

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

(d)A mount of

additional dollars provided Youth Tour dollars are paid directly to the Youth Tour program, not to the individual Other assistance is typically a one-

(e)Method of valuation

(c)A mount of

	recipients	cash grant	non-cash assistance	(book, FMV, appraisal, other)					
See Addıtıonal Data Table									
Part IV Supplemental In	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Return Reference Explanation								
Monitoring procedures (Part I, Scholarships are provided for the first semester only and are paid directly to the students' choice of college or secondary education. There are no									

Software ID: Software Version:

EIN: 48-0493444

Name: PIONEER ELECTRIC COOPERATIVE INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
College Scholarships	17	15,000			
Youth Tours	4	7,620			
County Fairs donations to livestock sale	16	10,372			
Senior Citizens Meals	432	1,609			
Kıd Safety Fest	1000	3,214			
Other	8	1,611			
Youth Tour					
Other					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493230007134

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Compensation Information

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

Open to Public Inspection

Name of the organization PIONEER ELECTRIC COOPERATIVE INC **Employer identification number**

48-0493444

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in 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	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
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			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
-	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın 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		

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		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)Chantry C Scott CFO	(i) (ii)	159,500	200	5,147	54,336	21,978	241,161	
(2)Randall D Magnison Executive VP Asst CEO	(i) (ii)	204,151	5,200	8,916	85,011	16,877	320,155	
(3)George W Bushnell VP of Oper & Engin	(i) (ii)	155,723	200	19,591	62,153	16,177	253,844	
(4)Michael T Haney Mgr Oper & Engin	(i) (ii)	137,075	200	2,289	128,154	21,858	289,576	
(5)Steve J Epperson CEO	(i) (ii)	330,243	200	9,443	144,370	23,010	507,266	
(6)Ross W Riley Operations Supervisor	(i) (ii)	116,221	200	2,930	67,953	23,878	211,182	
(7)Clinton Meier Apparatus & Meter Coordinator	(i) (ii)	115,641	200	267	33,067	21,378	170,553	
(8)Sherry Easton Mgr Accounting	(i) (ii)	123,085	200	404	26,712	21,978	172,379	
(9)Anita L Wendt VP of Energy Services	(i) (ii)	131,904	200	1,834	69,410	13,699	217,047	

Schedule J (Form 990) 2013

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

Return Reference **Explanation**

Schedule J (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 48-0493444

Name: PIONEER ELECTRIC COOPERATIVE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown c	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Chantry C Scott CFO	(I) (II)	· I	200	5,147	54,336	21,978	241,161	
Randall D Magnison Executive VP Asst CEO	(I) (II)		5,200	8,916	85,011	16,877	320,155	
George W Bushnell VP of Oper & Engin	(I) (II)		200	19,591	62,153	16,177	253,844	
Mıchael T Haney Mgr Oper & Engın	(I) (II)		200	2,289	128,154	21,858	289,576	
Steve J Epperson CEO	(I) (II)		200	9,443	144,370	23,010	507,266	
Ross W Riley Operations Supervisor	(I) (II)		200	2,930	67,953	23,878	211,182	
Clinton Meier Apparatus & Meter Coordinator	(I) (II)		200	267	33,067	21,378	170,553	
Sherry Easton Mgr Accounting	(I) (II)		200	404	26,712	21,978	172,379	
Anita L Wendt VP of Energy Services	(I) (II)		200	1,834	69,410	13,699	217,047	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493230007134

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ 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.

Name of the organization PIONEER ELECTRIC COOPERATIVE INC Employer identification number

48-0493444

990 Schedule O, Supplemental Information

Return Reference	Explanation
Officer directors etc family relationship Part VI line 2	All Trustees, Officers, and Key Employees have a business relationship with other Trustees, Officers and key employees due to their position either as a Director, Officer or Key Employee for Southern Pioneer Electric Company, a related organization
Members or stockholder classes and rights Part VI line 6	Poneer Electric Cooperative, Inc. is a member owned cooperative. The President of the Board of Trustees appoints a nominating committee formed from Pioneer Electric's member owners. The nominating committee presents their nominations for Trustee positions to the member owners at the annual meeting. The member owners cast their ballots to elect the Board of Trustees for a three year term at the Annual Membership Meeting.
Member election for additional members Part VI line 7a	See above paragraph
Governing body decisions Part VI line 7b	The following decisions must be approved by the members. Changes to the By Laws, sale of a significant portion of assets, liquidation, changes to the articles of incorporation.
Form 990 governing body review Part VI line 11	The Form 990 is provided to the Board of Trustees for any discussion or comment
Conflict of interest policy compliance Part VI line 12c	Poneer Electric Cooperative, Inc. requests that each Trustee, Officer, Key Employee and the 5 highest compensated employees complete a Form 990 Questionnaire annually. Conflicts of interest can be identified as part of this questionnaire review.
CEO executive director top management comp Part VI line 15a	The Board of Trustees, in its entirety, approves the CEO (Officer) and Executive VP-Assistant CEO's (key employee) salary. The NRECA Compensation Survey is used to provide comparable data. The Board discusses the salaries, as proposed, without the two employees present. The Board's approval of the employee's compensation is recorded in the minutes of the meeting.
Other officer or key employee compensation Part VI line 15b	The wages of all other employees, including the CFO, is based upon a review of the NRECA Compensation Survey with approval by the CEO. The Board of Trustees approves the overall wage increase
Governing documents etc available to public Part VI line 19	The governing documents and financial statements of Pioneer Electric Cooperative, Inc are available upon request at the company headquarters at 1850 West Oklahoma, Ulysses, Kansas 67880 during normal business hours
Explanation of other changes in net assets or fund balances Part XI line 9	Other changes include changes to donated capital, capital credits gain, and patronage capital credits during the year
General explanation attachment	Voting members are not independent (Part VI, Line 1b) None of the Organization's Trustees are independent in that they are also Directors for Southern Pioneer Electric Company, a related organization

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

DLN: 93493230007134

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number

48-0493444

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization PIONEER ELECTRIC COOPERATIVE INC

(Form 990)

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

Part I Identification of Disregarded Entities Complete	ıf the organızatıon a	answered "Yes" or	ı Form 990, Pa	art IV, line 33.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	D	(f) irect controlling entity		
Part II Identification of Related Tax-Exempt Organizat or more related tax-exempt organizations during the	cions Complete ıf t tax year.	he organization ar	nswered "Yes"	on Form 990, P	art IV,	line 34 because it	had on	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	tion Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	9) 512(b ontrolle city?
							Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (Forn	n 990) 2º	013

Part III Identification of Related because it had one or more							ition ai	nswered "Yo	es" on	Form	990, Part	IV, lı	ne 34		
(a) Name, address, and related organizati	EIN of ion	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predo Income unro exclud tax section	(e) cominant e(related, elated, ded from under cons 512-	(f) Share o total inco	of Share of me end-of-yea assets		ortionate	(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k Percen owner	ntage
									Yes	No		Yes	No		
					<u> </u>										
Part IV Identification of Related line 34 because it had one									swered	d "Yes	" on Form	990,	Part 1	[V,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or fore country)		Direct co ent	ntrolling	(e) Type of e (C corp, S or trus	corp,	(f) Share of total Income	Share ((g) of end-c year ssets	of- Percer owne	ıtage	c	(i) ection 5 (b)(13 controlle entity	512 3) led
													Y		No
(1) Southern Pioneer Electric Co 1850 West Oklahoma Ulysses, KS 67880 20-3898147	Sale of electricity	KS		Pioneer E Coop	lectric	C Corp		1,625,015	11	18,603,6	37 100 0	00 %			No
														+	
														\dashv	

Part V	Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	n 990, Part IV, line	34, 35b, or 36.							
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 During	the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?								
a Red	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a						
b Gif	, grant, or capital contribution to related organization(s)				1b						
c Gıft											
d Loa	d Loans or loan guarantees to or for related organization(s)										
e Loa	e Loans or loan guarantees by related organization(s)										
f Div	idends from related organization(s)				1f						
g Sal	e of assets to related organization(s)				1g						
h Pur	h Purchase of assets from related organization(s)										
i Exc	i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)											
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k						
I Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n						
o Sha	ring of paid employees with related organization(s)				1o						
p Rei	mbursement paid to related organization(s) for expenses				1 p						
q Rei	mbursement paid by related organization(s) for expenses				1q						
r Oth	er transfer of cash or property to related organization(s)				1r						
s Oth	er transfer of cash or property from related organization(s)				1s						
	ne answer to any of the above is "Yes," see the instructions for information on who must complete	T									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	unt inv	volved					

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(i) (j) Code V?UBI General or managing box 20 of Schedule K-1 (Form 1065)		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No		
												1		
													_	
			<u> </u>				l					<u> </u>		

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013