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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

Ā	For the	2013 cale	endar year, or tax year beginning January 01 , 2013, and ending D	ecember	31	, 20 13				
В	Check if	applicable	C Name of organization Ouachita Electric Cooperative Corporation	DE	mploy	er identification number				
	Address	ess change Doing Business As Ouachita Electric Cooperative Corporation 71-0133895								
	Name ch	nange Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number								
	Initial ret									
$\overline{\Box}$	Termina		City or town, state or province, country, and ZIP or foreign postal code							
$\overline{\Box}$	Amende		Camden, Arkansas 71711-0877	GG	iross re	ecerpts \$				
$\Box$		on pending				subordinates? Yes No				
_	Дриові	ion pending	1			s included? Yes No				
_	Toy ove	mat status.				i list. (see instructions)				
<u> </u>	Website	mpt status:								
<u>-</u>						number >				
_	art I				State	of legal domicile				
	_	Summ								
_	1	впепу а	escribe the organization's mission or most significant activities: Distribution Ele	ectnc Co	opera	ative				
Governance						••••				
Ē										
ĕ	2		his box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of more	than 25		its net assets.				
Ğ	3		of voting members of the governing body (Part VI, line 1a)		_3_	9				
Activities &	4		of independent voting members of the governing body (Part VI, line 1b)		4	9				
ij	5	Total nur	mber of individuals employed in calendar year 2013 (Part V, line 2a)	[	5	39				
₹	6	Total nur	mber of volunteers (estimate if necessary)	[	6	0				
ĕ	7a	Total uni	related business revenue from Part VIII, column (C), line 12	[	7a	0				
	b	Net unre	lated business taxable income from Form 990-T, line 34		7b	0				
			Pri	rior Year		Current Year				
Revenue	8	Contribu	tions and grants (Part VIII, line 1h)		0	0				
	9		service revenue (Part VIII, line,2g)	19,86		22,726,555				
Ş	10	_	ent income (Part VIII, column (A), lines-3_4, and-7d)							
æ	11		venue (Part VIII, column (A), lines 5, 60, 80, 90, 100, and 11e)		7,527	262,668				
	12		enue – add lines 8 through 11/(must equal Part VIII), column (A), line 12)		4,456	388,187				
_	13			21,179		23,377,410				
					0	0				
	14		paid to or for members (Part IX column (AF life 2014 . S)		4,943	2,656,983				
89	15		other compensation, employee benefits (Part IX, column (A) lines 5-10)	4,15	3,72 <u>9</u>	4,361,432				
Expenses	16a		onal fundraising fees (Part X, column A), tine 11e							
ā.	b		ndraising expenses (Part IX, column (D), Tirle 25),							
ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,25	0,397	16,358,995				
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	21,179	9,069	23,377,410				
	19	Revenue	e less expenses. Subtract line 18 from line 12		0	0				
t Assets or			Beginning	of Curren	t Year	End of Year				
Sets	20	Total ass	sets (Part X, line 16)	60,49	3,106	65,388,487				
\$2°	21	Total liab	pilities (Part X, line 26)	24,23	3,738	23,921,812				
2.5	22	Net asse	ets or fund balances. Subtract line 21 from line 20	36,25	9.368	41,466,675				
	art II	Signa	ture Block							
Ur	nder pena		ury, I declare that I have examined this return, including accompanying schedules and statements, an	nd to the b	est of	my knowledge and belief it is				
			plete Declaration) of preparer (other than officer) is based on all information of which preparer has any			, 5,				
		7	Mark (a.							
Sig	gn	Sigr	nature of officer	Date						
	ere	M/	ARK CAYCE, GENERAL MANAGER	5	-15	-2014				
			e or print name and title							
_		1/ /	ype preparer's name Preparer's signature Date			PTIN				
Pa	aid	' '''''''	, repeated a signal of		Check	□ 4				
Pr	epare			· T	elf-em	pioyeo				
Us	se On	ty Firm's	name •	Firm's E	IN ►					
14	Al **		address >	Phone n	10.					
Ma	y the II	HS discus	s this return with the preparer shown above? (see instructions)		, .	Yes No				
Fo	Papen	work Redu	action Act Notice, see the separate instructions. Cat. No 11282	Y.		Form <b>990</b> (2013)				

Part	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		1
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, 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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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		<b>√</b>
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	<b></b>	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\vdash$	1

Part	V 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	<b>✓</b>	<u> </u>
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		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		1
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>∀</b>
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<b>✓</b>
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	32		<b>▼</b>
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		<b>▼</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>▼</b>
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	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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,			
38	Part VI	37	_	✓
	19? Note. All Form 990 filers are required to complete Schedule O	38		
		For	m <b>990</b>	(2013)

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
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) with backup withholding rules for reportable payments to verdors and	4-		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		<del> </del>
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	<b></b>
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<del>                                     </del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
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			1
	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		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>-</b>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		1
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 file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ	L	L
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
0	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	1		
	organization, have excess business holdings at any time during the year?	8	ļ	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.		-	<del>                                     </del>
a	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	] '		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	├
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<del> </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		l
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	L	<u> </u>	<u>L</u> .
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	I	1

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		"No"
rait	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	<u> </u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent .    1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		<b>/</b>
J	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		7
6	Did the organization have members or stockholders?	6	✓	
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,		1	
_	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	1	
a b	Each committee with authority to act on behalf of the governing body?	8b	<b>V</b>	<del>                                     </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		-	$\vdash$
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	;
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<del>-</del> ,
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>
b 12a	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	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		<del> </del>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<b>-</b>	<del>                                     </del>
_	describe in Schedule O how this was done	12c	1	ŀ
13	Did the organization have a written whistleblower policy?	13	1	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	_	<b>├</b> —
b	Other officers or key employees of the organization	15b	✓	
16a	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			
IVa	with a taxable entity during the year?	16a		<b>1</b>
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	.00		
_	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?	16b		<b>✓</b>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Arkansas			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	л 501(	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)			<u>.</u>
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	.erest	bolic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	<b>.</b>	
	organization: ► W Perry Johnson, 700 Bradely Ferry Road, Camden, Arkansas 71701	O 1116	•	
	Tri City Jointon, 100 Diducty Felly Nodu, Callucti, Athalisas / 1101			

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

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

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

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

☐ Check this box if neither the organization	nor any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both ai officer and a director/trustee				ıs both	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Corbet J Lamkin										
Director	4.56	1						7,600		9,069
(2) Danny Adams								1,000		
Director/Chairman of Board	3.20	1		1				5,900		4,13
(3) Wanda Taylor					$\Box$			-,		
Director	3.39	1						7,150		6,27
(4) Walt Pigott				$\Box$	1			1		
Director	4.75	1			İ			5,400		3,69
(5) James Garner							İ			<u></u>
Director	2.78	✓				ļ		7,900		6.32
(6) Lisa Hendrix				Г			1			
Direcotr/Secetary-Treasurer of Board	3.21	✓						7,150		5,69
(7) Mike Hutchinson	İ			П						
Director	1.98	✓		i				6,300		4,11
(8) David McLeane							Ī			
Director	1.89	[ ✓						4,850		3,91
(9) Greg Goss	I									<del></del>
Director/Vice-Chairman of Board	1.47	1	1.	ļ				4,850		3,49
(10) Mark Cayce										
General Manager	50			1	✓	✓		122,739	30,940	60,25
(11) W Perry Johnson				Γ		ļ				
Manager of Finance & Accounting	50				✓			91,347	,	40,60
(12) Charles Armstrong										
Service Manager	50				✓			82,255		15,10
(13) David O'Hara										
Operations Manager	50		L		1		L	82,172	:	49,74
(14) Richard Baker							1			
Engineering Services Manager	50				<b>√</b>			84,112	2	45,46

rait	Section A. Officers, Directors, Trust	ees, key E	mpio	yees		10 F C)	ugnes	st C	ompensated E	mpioyees (con	iinueo,	<u>)                                    </u>		
					-	ر. ition								
	(A) Name and title		(do not check more than one						(D)	(E)	(F)			
	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation fro					
	week (list any				_		<u> </u>	from	related	"		ther		
		hours for related	호호	T SE	Officer	Key employee		Former	the	organizations		compe		חג
		organizations	60.0	뚩	ğ	<u> </u>	oye est	₹	organization (W-2/1099-MISC)	(W-2/1099-MISC	'		n the nzation	n
		below dotted	Q E	置	İ	ğ	° ⊆	l	(** - * * * * * * * * * * * * * * * * *			_	related	
		line)	Individual trustee or director	Institutional trustee	l	8	l ag					organ	ızatıon	S
			6	<b>1</b>			Highest compensated employee							
(15) Jir	n McCarty	<b></b>												
	Manager	40	ļ		<u> </u>	1		_	53,651		<del></del> -	_	;	<u>35,471</u>
	vid Morgan	<b></b>				,								
	Manager	40			_	<b>-</b>			48,986					<u>34,644</u>
	rma OʻNeal-Beaver	<b></b>				١,								
	ember Services	40			-	-	-	⊢	77,057		+			40,385
	byd Boyce Drake	T			Ì		1	l						
	etired General Manager Iliam H Bradshaw	N/A	<del> </del>	-	╁┈	╫	-	┢	N/A		+-			1,190
3	etired Manager of Operations	N/A	1				/	l	N/A					2 022
		IVA	<del> </del>	1	<del>                                     </del>	┢╌	<del>  `</del>	┢	N/A					2,933
	etired Vice-President	N/A	1	1			1		N/A					1,530
	U. Obsels - Darles	1	<del>                                     </del>	<del> </del>	<del>                                     </del>	$\vdash$	Ť	t	19/2		+			1,330
	etired Operations Manager	N/A	1	ŀ		ļ	1		N/A					2,995
(22) AI	en G Watson	İ												
R	etired District Manager	N/A	<u> </u>	_	_		✓		N/A					2,886
(23) Ha	rold Duncan	<u> </u>												
	tired District Manager	N/A	<u> </u>		<u> </u>		<b>✓</b>	_	N/A					2,126
(24)		ļ												
			<u> </u>	-	<u> </u>	-	<b></b> -	<u> </u>	<u> </u>					
(25)		ļ												
1b	Sub-total		٠	٠	٠			<u> </u>	179,694		+		1:	24,160
c	Total from continuation sheets to Part	VII, Section	n A					▶	519,725	30,94	10			57,883
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>					<b>&gt;</b>	699,419	30,94	10		3	82,043
2	Total number of individuals (including bureportable compensation from the organ			nose	e lis	ted	above	e) w	vho received m	ore than \$100,	000 of	f		
-		-											Yes	No
3	Did the organization list any former or									nest compensa	ited [			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3	✓	
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$	150	,000	)? [	f "Ye	s, "	complete Sch	nedule J for s	uch			
	individual			•		•		•				4	✓	<u> </u>
5	Did any person listed on line 1a receive		•				-	•	-	zation or indivi	laut	_		
C4	for services rendered to the organization	r II Tes, C	comp	iete	SCI	riedi	uie J	or .	such person	· · · · ·	ــــا	5		✓
Secure 1	on B. Independent Contractors	component	tod in	don		lont	0001		tom that many	ad mara than ¢	100.0	00 -6		
•	Complete this table for your five highest compensation from the organization. Re													-A-V
	year.	port compe	, iouti	0111	0		Alone		year criding wi	aror within the	orgai	iizatit	) I S (	a,
-	(A)							Т	(B)			(C)		
	Name and business add	dress							Description of s	services	Co	mpens	ation	
The Fi	shel Company, Department L-2478, Columbi	us, OH 4326	<u> </u>	5				Liı	ne Construction			_	584,	489.00
								1	ne Retirement					
	· · · · · · · · · · · · · · · · · · ·							Má	aintainence/Ope	rations				
								+						
2	Total number of independent contractor	ors (includi	na hi	ut r	not	limi	ted to	ı o ti	hose listed ab	ove) who		-		
_	received more than \$100,000 of compen								1					

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	sponse or note to	any line in this l		<u> </u>	
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
at st	1a	Federated campaigns 1a					
ira Our	ь	Membership dues 1b					
ا څ کې	С	Fundraising events 1c		1			]
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
	е	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
		and similar amounts not included above 1f		1			
절	g	Noncash contributions included in lines 1a-1f: \$					1
Col	h	Total. Add lines 1a-1f					
- 9			Business Code				
en en	2a	Sale of Electricity	16	22,525,921			
Ş	ь	Member Forfeited Disount	40	116,332			
8	c	Carries Obsesses	40	81,622			
2	ď	Mutual Aid Rendered		2,680			
SE			1 1	2,000			
ē	f	All other program service revenue.					
Program Service Revenue	g	Total. Add lines 2a–2f		22,726,555	<u>-</u>		<u>.</u>
	3	Investment income (including divi	dends, interest,				
		and other similar amounts)		262,668			
	4	Income from investment of tax-exempt	<u>,</u>		· -	-	<b>†</b>
	5	Royalties	· .				
	Ī	(i) Real	(ii) Personal				
	6a	Gross rents					
	Ь	Less: rental expenses					
	C	Rental income or (loss)					
	d	• • • • • • • • • • • • • • • • • • • •				1	
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory				1	
	Ь	Less: cost or other basis				1	
	i	and sales expenses .				1	
	C	Gain or (loss)				]	ľ
	d		•				
enue	8a	Gross income from fundraising					
Other Reve		events (not including \$ of contributions reported on line 1c).					
ē		See Part IV, line 18	a			1	
<del></del>	b	Less: direct expenses	b				
	C	Net income or (loss) from fundraisin					
	9a						
	1	See Part IV, line 19	a				
	ь	Less: direct expenses	b				
	С	Net income or (loss) from gaming ac				ļ <u>.</u>	
	10a	•	• <b> </b>				
	1	returns and allowances	a 401,101				}
	b		b 355,761				
	С	Net income or (loss) from sales of in	ventory >	45,340			
		Miscellaneous Revenue	Business Code				
	11a	Discount GD Bldg	16	4,052			
	Ь	G&T Capital Credits		169,794			
	С	Discount Sales Tax		17,949			
	d	All other revenue	16	151,052			
	е	Total. Add lines 11a-11d		650,855			
	142	Total revenue See instructions	_	00.077.440		I -	

Section	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizatioi	ns must complete col	lumn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX		🗀
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , 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		<u> </u>		
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				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,656,983 699,419			
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	1,942,014 844,884			
9	Other employee benefits	677,437			
10	Payroll taxes	197,678			
11	Fees for services (non-employees):				
а	Management				
b	Legal	8,351	<del></del>		
C	Accounting	30,695			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				·
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	28,162			
13	Office expenses	147,244			
14	Information technology	192,361			
15	Royalties				
16	Occupancy				
17	Travel	18,402			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	36,365			
20	Interest	1,248,867			
21	Payments to affiliates	12,505,200			<u> </u>
22	Depreciation, depletion, and amortization .	1,840,480	· · · · · · · · · · · · · · · · · · ·	<u></u> .	
23	Insurance	146,444			
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					
b					
c					
d					
е	All other expenses	156,424			
25	Total functional expenses. Add lines 1 through 24e	23,377,410			
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 2		<del></del>		
	Check if Schedule O contains a response or note to any line in this Par		· · ·	<u> </u>
•		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	3,191,064	1	4,700,36
2	Savings and temporary cash investments	2,833,152	2	680,54
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,154,692	4	2,531,39
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			, .
ı	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		l <b>l</b>	
3	organizations (see instructions). Complete Part II of Schedule L		6	
7 8	Notes and loans receivable, net		7	
8   8	Inventories for sale or use	915,482	8	1,338,07
9	Prepaid expenses and deferred charges	2,652,238	9	2,418,33
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 62,610,417			
1	Less: accumulated depreciation 10b 25,385,925	36,259,368	10c	37,224.49
11	Investments—publicly traded securities		11	
12	Investments – other securities. See Part IV, line 11	16,604,515	12	16,345,2
13	Investments—program-related. See Part IV, line 11	10/00 1/0 10	13	.0,0 10,2
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	150,000		150,00
16	Total assets. Add lines 1 through 15 (must equal line 34)	64,760,511		65,388,4
17	Accounts payable and accrued expenses	1,112,088	17	1,310,86
18	Grants payable	.,,	18	.,,,,,,,
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
2 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
5	disqualified persons. Complete Part II of Schedule L		22	
ž   23	Secured mortgages and notes payable to unrelated third parties	22,934,554	23	21,538,9
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,133,453	25	970,77
26	Total liabilities. Add lines 17 through 25	25,180,095		23,820,55
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
8	complete lines 27 through 29, and lines 33 and 34.			
Ĕ   27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and ☐			
<u> </u>	complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	· · · · · · · · · · · · · · · · · · ·
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32		38,346,864		40,680,16
27 28 29 30 31 32 33 33	Total net assets or fund balances	1,233,552		887,77
34	<b>;</b>	64,760,511		65,388,48
		01,000,011	:_	Form <b>990</b> (201

_	4	4
Pane	1	7
. 490	•	

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						<del></del>
1 Total revenue (must equal Part VIII, column (A), line 12)	Part					
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses en charge in revenue less expenses. Subtract line 3 Revenue less expenses. Subtract line 3 Revenue less expenses en charge in revenue less expenses. Subtract line 3 Revenue les expenses en charge in revenue less expenses. Subtract line 3 Revenue les expenses. Subtract line 3 Revenue les expenses en charge in revenue les expenses en conte to any line in this Part XII. Subtract line 3 Revenue les expenses en charge in revenue line 1 Revenue les expenses en content line 3 Revenue les expenses en charge in revenue line 3 Revenue les expenses en content line 3 Revenue les expenses en charge in revenue line 3 Revenue les expenses en charge in revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les expenses en content line 3 Revenue les ex				<u> </u>	<u>.</u>	
Revenue less expenses. Subtract line 2 from line 1 3 0  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,233,552  Net unrealized gains (losses) on investments 5  Net unrealized gains (losses) on investments 5  Donated services and use of facilities 6  Investment expenses 7  Prior period adjustments 8  Other changes in net assets or fund balances (explain in Schedule O) 9 345,781  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 887,771  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	1	Total revenue (must equal Part VIII, column (A), line 12)	<b>─</b>		23,37	77,410
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2		23,37	<u>77,410</u>
S Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1	3			0
6 Donated services and use of facilities	4		$\rightarrow$		1,23	33,552
7 Investment expenses	5	Net unrealized gains (losses) on investments	$\rightarrow$			
8 Prior period adjustments	6	Donated services and use of facilities	<u> </u>			
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	<u> </u>			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8		<u> </u>			
Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Schedule O contains a response or note to any line in this Part XII   Schedule O contains a response or note to any line in this Part XII   Schedule O check if Schedule O contains a response or note to any line in this Part XII   Schedule O check if Schedule O check if Schedule O check if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.    Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Ye	-		9		34	45,781
Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII			10		88	<u> 37,771</u>
1 Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part					_
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," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Check if Schedule O contains a response or note to any line in this Part XII	• •	<u></u>	1	<u>,                                    </u>
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  □ Separate basis □ Consolidated basis □ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?	1			-	}	
Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			cpiain	ın	1	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				<u> </u>	<del> </del>	<b>-</b>
reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2a				<b>↓</b> ✓	ļ
Description Separate basis Description Consolidated basis Description Separate basis Description Sepa			ipilea (	or	1	
b Were the organization's financial statements audited by an independent accountant?		•			l	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_	<del></del>		-	<del>                                     </del>	<b>├</b>
separate basis, consolidated basis, or both:  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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Ь				<del>                                     </del>	ļ
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·	ea on	a		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·			1	
of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			womia	h.	┼	لــــا
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С				1	
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					<del> </del>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			Apiaiii	"'	1	
the Single Audit Act and OMB Circular A-133?	0-		forth	in 📙	<del> </del>	┞─┘
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	38		ioiai	i i	1	/
	L		oran th		+-	+ <b>~</b>
required audit or audits, evolain why in Schedule O and describe any steps taken to undergo such audits.	D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such				
Form 990 (2013)		required addit of addits, explain with in ochequie of and describe any steps taken to didelyo such	auulla.		. 004	1 4

### 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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

Ouachi	a Electric Cooperative Corporation		71-0133895
Par		or Advised Funds or Other Similar Fu	
	Complete if the organization answ	wered "Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3 4	Aggregate grants from (during year) Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
Ū	funds are the organization's property, subje		
6	Did the organization inform all grantees, do	-	
_	only for charitable purposes and not for th	e benefit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?		· · · · · · Yes 🗌 No
Part			
	· · · · · · · · · · · · · · · · · · ·	wered "Yes" to Form 990, Part IV, line 7	<u>'.                                    </u>
1	Purpose(s) of conservation easements held	• • • • • • • • • • • • • • • • • • • •	
	·	, recreation or education) Preservation	
	Protection of natural habitat	☐ Preservation	of a certified historic structure
2	<ul> <li>Preservation of open space</li> <li>Complete lines 2a through 2d if the organiz</li> </ul>	ation held a qualified conservation contribu	tion in the form of a conservation
_	easement on the last day of the tax year.	ation held a qualified donservation contribu	Held at the End of the Tax Year
а	Total number of conservation easements		<b>2a</b>
b	Total acreage restricted by conservation ea	sements	
C	Number of conservation easements on a co		
d	Number of conservation easements inclu	ded in (c) acquired after 8/17/06, and no	ot on a
	historic structure listed in the National Regi		
3	Number of conservation easements modifie	ed, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ▶		
4	Number of states where property subject to Does the organization have a written po		nonceton bondling of
5	violations, and enforcement of the conserve		· · · · · · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monit		
U	Starrand volunteer nours devoted to morni	ornig, inspecting, and emoreing conservation	on casements during the year
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ea	sements during the year
•	▶\$		,
8	Does each conservation easement reporte	d on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
	**		· · · · · · · · · · · · · · · · · · ·
9		reports conservation easements in its reven	
		ne text of the footnote to the organization's	financial statements that describes the
	organization's accounting for conservation		an Othan Cimilan Assats
Part		lections of Art, Historical Treasures, wered "Yes" to Form 990, Part IV, line 8	
-10	If the organization elected, as permitted un		
18		r similar assets held for public exhibition,	
		of the footnote to its financial statements the	
ь	If the organization elected, as permitted	under SFAS 116 (ASC 958), to report in it	ts revenue statement and balance sheet
_		r similar assets held for public exhibition,	
	public service, provide the following amount		
	(i) Revenues included in Form 990, Part VI	II, line 1	<b>. &gt;</b> \$
	(ii) Assets included in Form 990, Part X .		<b>&gt; \$</b>
2	If the organization received or held work	s of art, historical treasures, or other simi	lar assets for financial gain, provide the
	following amounts required to be reported	under SFAS 116 (ASC 958) relating to these	e items:
а	Revenues included in Form 990, Part VIII, I Assets included in Form 990, Part X	ine 1	· · · · • \$
b	Assets included in Form 990, Part X		<b></b> \$

	m										3
	Organizations Maintaining										
3	Using the organization's acquisition, collection items (check all that apply):	acces	ssion, and ot	her recor	ds, chec	k any of th	e follov	wing that are a	significa	ınt use	of its
а	☐ Public exhibition			d	Loan	or exchang	se prog	rams			
ь	☐ Scholarly research										
С	☐ Preservation for future generations	s									
4	Provide a description of the organizar		collections a	and expla	in how t	hev further	the ord	anization's ex	empt pu	rpose i	n Parl
	XIII.					-,		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	During the year, did the organization	solic	it or receive	donation	s of art.	historical tr	reasure	s, or other sim	nilar		
	assets to be sold to raise funds rather									Yes [	¬ No
Part	IV Escrow and Custodial Arra				=	_					
	Complete if the organization	_		" to Forr	n 990, P	art IV, line	9. or	reported an a	mount o	n For	m
	990, Part X, line 21.				•	•					
18	Is the organization an agent, trustee	, cust	todian or oth	er interm	ediary fo	or contribut	tions o	other assets	not		
	included on Form 990, Part X?									Yes [	□No
b	If "Yes," explain the arrangement in P	art XI	II and comple	ete the fo	flowing ta	able:					
			•		ŭ				Amount		
С	Beginning balance						10	;			
d	Additions during the year						10	1			
е	Distributions during the year						16	,			
f	Ending balance						11		-		
2a	Did the organization include an amou	nt on	Form 990, Pa	art X, line	21? .				. 🛛	Yes [	□No
b	If "Yes," explain the arrangement in P										5
	t V Endowment Funds.										
	Complete if the organization	n ans	wered "Yes	" to Forr	n 990, P	art IV, line	10.				
		(a)	Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years ba	ack (e) F	our years	back
1a	Beginning of year balance			_							
b	Contributions										•
C	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs								.		
f	Administrative expenses										
g	End of year balance		_								-
2	Provide the estimated percentage of	the cu	ırrent year en	d balanc	e (line 1g	, column (a	ı)) held	as:			
а	Board designated or quasi-endowme			_%							
b	Permanent endowment ▶	%	•								
C	Temporarily restricted endowment		<u></u> %								
	The percentages in lines 2a, 2b, and 2										
3a	Are there endowment funds not in the	e pos	session of th	ne organi:	zation tha	at are held	and ad	lministered for	the		
	organization by:									Yes	No
	(i) unrelated organizations								. 3a	(i)	1
	(ii) related organizations								. 3a(	ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organ								. 3t	<u> </u>	
4	Describe in Part XIII the intended uses			on's endo	wment f	unds.					
Par											
	Complete if the organization	n ans	wered "Yes	" to Forr			11a. S	See Form 990	), Part X	<u>, line 1</u>	10.
	Description of property		(a) Cost or ot			or other basis		Accumulated	(d) E	Book valu	ie.
			(investm	<del></del>	(0	ther)	đ	epreciation			
1a	Land	•		204,035						20	04,035
b	Buildings	•		1,934,766				787,032		1,14	47,734
C	Leasehold improvements	•									
d	Equipment	•	14	4,830,802				6,032, <u>9</u> 35		8,79	97,867
е	Other	•		5,640,814	<u>.                                    </u>			18,565,958		27,07	74,856
Total.	Add lines 1a through 1e. (Column (d) r	nust e	equal Form 9	90, Part )	<, column	(B), line 10	)(c).)	▶		37,22	24,492

•	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>		(b) Book value		(c) Method of valuation or end-of-year market value
1) Financial deriva		<u> </u>		-	
•	atives				<del></del>
•	, -		<u> </u>	<del> </del>	
(A)			·····		
(B)			<del> </del>	-	<del></del>
(C)			<del></del>	<del></del>	
(D)					
(E)					····
(F)			<del>                                     </del>		
(G)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del>                                     </del>		
(H)					<del></del>
	equal Form 990, Part X, col. (B) line 12.)				<del></del>
	estments - Program Related	i.	<u> </u>	<u> </u>	
	nplete if the organization answ		m 990. Part IV. li	ne 11c. See F	Form 990, Part X, line 13
	(a) Description of investment		(b) Book value		(c) Method of valuation:
		<u> </u>		Cost	or end-of-year market value
<u>[1)</u>					
(2)					
3)					
<u>(4)</u>		<del></del>			<del></del>
5)			ļ	<del>- </del>	
(6)					
(7)					
(8)			-		
(8)	equal Form 900 Part Y col (R) line 13.)				
(8) (9) otal. (Column (b) must e	equal Form 990, Part X, col. (B) line 13.)				
(8) (9) otal. (Column (b) must of Part IX Oth	er Assets.	wered "Yes" to Fo	m 990. Part IV. li	ne 11d. See I	Form 990. Part X. line 15
(8) (9) otal. (Column (b) must of Part IX Oth	er Assets. nplete if the organization ans	wered "Yes" to Fol	m 990, Part IV, li	ne 11d. See F	Form 990, Part X, line 15
(8) (9) otal. (Column (b) must of Part IX Con	er Assets. nplete if the organization ans		m 990, Part IV, li	ne 11d. See F	
(8) (9) otal. (Column (b) must e Part IX Oth Con	er Assets. nplete if the organization ans		m 990, Part IV, li	ne 11d. See F	
(8) (9) Otal. (Column (b) must of Conn  (1) (2)	er Assets. nplete if the organization ans		m 990, Part IV, li	ne 11d. See F	
(8) (9) otal. (Column (b) must of Con  (1) (2) (3)	er Assets. nplete if the organization ans		m 990, Part IV, li	ne 11d. See I	
(8) (9) otal. (Column (b) must of Con (1) (2) (3) (4)	er Assets. nplete if the organization ans		m 990, Part IV, li	ne 11d. See I	
(8) (9) otal. (Column (b) must of Con  (1) (2) (3) (4)	er Assets. nplete if the organization ans		m 990, Part IV, li	ne 11d. See F	
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(8) (9) (1) (2) (3) (4) (6)	er Assets. nplete if the organization ans		m 990, Part IV, li	ne 11d. See F	
(8) (9) (1) (2) (3) (4) (5) (6) (7) (8)	er Assets.  nplete if the organization answer  (a	a) Description			
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(8) (9) Otal. (Column (b) must e Part IX Oth Con  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) Part X Oth Con line (a) (1) Federal income (2) Accumulated (3) Consumer De	mplete if the organization answers  must equal Form 990, Part X, concer Liabilities.  mplete if the organization answers  25.  Description of liability taxes  Operating Provisions  posits	ol. (B) line 15.)  wered "Yes" to Fol	o 23,023) 91,952		(b) Book value
(8) (9) Otal. (Column (b) must e Part IX Oth Con  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) Part X Oth Con line (1) Federal income (2) Accumulated (2) (3) Consumer De (4) Other Current	mplete if the organization answers  must equal Form 990, Part X, concer Liabilities.  mplete if the organization answers  25.  Description of liability taxes  Operating Provisions  posits  & Accrued Liabilities	ol. (B) line 15.)  wered "Yes" to Fol  (b) Book value  (92)  3 1,2	o 23,023) 91,952 92,503		(b) Book value
(8) (9) Otal. (Column (b) must of Contact (Column (b) must of Contact (Column (b) must of Contact (Column (b) Contact (Column	mplete if the organization answers  must equal Form 990, Part X, concer Liabilities.  mplete if the organization answers  25.  Description of liability taxes  Operating Provisions  posits  & Accrued Liabilities	ol. (B) line 15.)  wered "Yes" to Fol  (b) Book value  (92)  3 1,2	o 23,023) 91,952		(b) Book value
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Part	XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, F		Return.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<u></u>
	Net unrealized gains on investments	2a		
8	Donated services and use of facilities	2b		
b	Recoveries of prior year grants	2c		
C	Other (Describe in Part XIII.)	2d		
d	·		20	
e	Add lines 2a through 2d		2e	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
4		140		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a   4b		
b	•		4c	
С 5	Add lines 4a and 4b		5	
Part				
rait	Complete if the organization answered "Yes" to Form 990, F		n Netuin.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
_	Donated services and use of facilities	2a		
8	Prior year adjustments	2b		
b	Other losses	2c 2c		
c d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
е 3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i . i		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	
	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b	: Part V. lin	e 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
INVES	TMENTS IN ASSOCIATED ORGANIZATIONS			
PATRO	NAGE CAPITAL CERTIFICATE-AECI			(76,693)
PATRO	DNAGE CAPITAL CERTIFICATE-AECC			9,957,362
PATR	NAGE CAPITAL CERTIFICATE-NRUCFC			587,664
CLASS	C COMMON STOCK-FEDERATED RURAL ELECTRIC INSURANCE			66,956
PATR	DNAGE CAPITAL-NRTC			206,506
PATR	DNAGE CAPITAL CERTIFICATE-SEDC			15,673
PATR	DNAGE-ARKANSAS RURAL DEVELOPMENT SELF-INSURANCE TRUST			28,692
PATR	DNAGE CAPITAL-CRC			22,500
PATR	DNAGE CAPITAL NISC			17,491
		<del></del>		
PATR	DNAGE CAPITAL CERTIFICATE-CENTRAL AREA DATA PROCESSING			2,400
MEME	ERSHIP-NRUCFC			1,000
MEMB	ERSHIP-COMMITTEE ON SOUTHWEST POWER			10

Schedule D (Form 990) 2013	Page 5
Part XIII Supplemental Information (continued)	
MEMBERSHIP - NRTC	1,000
MEMBERSHIP - NRECA	10
MEMBERSHIP - HAMPTON INDUSTRIES	500
MEMBERSHIP - CAIDC STOCK	100
MEMBERSHIP - CAMDEEN INDUSTRIAL DEVELOPMENT	200
MEMBERSHIP - NICS	1,000
MEMBERSHIP - AECI	100
MEMBERSHIP - AECC	100
MEMBERSHIP - SEDC	100
CAPITAL TERM CERTIFICATES - NRUCFC	867,810
WILDBLUE	23,350
FARMER'S BANK & TRUST	100,000
FIRST BANK	85,000
CALHOUN COUNTY BANK	86,000
BANCORP SOUTH	99,000
INDIA STATE BANK	32,892
DISCOVER BANK	90,000
BANK OF BEARDEN	100,602
FHLM SERIES 77H; 7.84% EFF; STATED 8.50%	7,108
GNMA REMIC 2003-25 T	56,432
GNMA REMIC 2010-10 CP	28,248
GNMA REMIC TRUST 2010-107	7,158
GNMA 2011-44 CUSIP38377QWL7	4,673
GNMA GUARANTEED PAS THRU CTF POOL #3428	15,428
FHLMC MEDIUM TERM NOTE	75,000
FHLMC FREDDIE NOTES	200,000
FHLMC MEDIUM TERM NOTE	100,000
FRANKLIN US GOVERNMENT SECURITIES FUND CL A	722,856
	Cahadula D (Earns 200) 2010

Concession 2 (1 cmm 200) 2013	Page •
Part XIII Supplemental Information (continued)	
GNMA POOL #5017	52,064
FHLMC SER 3222 CLASS YQ CUSIP 31397ATZ6 5.50% 09/15/36	15,000
FNMA SERIES 2006-9 CLASS DG CUSIP 31395BBS1 5.5 03.25.36 FNMA	23.000
FNMA SERIES 2007-72 CUSIP 31396WQN9 6.0 07/35/37	18,000
FNMA SERIES 2005-41 CLASS LL CUSIP 31394DLK4 5.5 05/25/35	33,000
FHLMC SER 2623 C;ASS LL CUSIP 1393RFB1 5.0 05/15/33	27,000
GNMA SERIES 2009-16 CLASS BH CUSIP 38376PYYO 5.0 12/16/39	25,000
GNMA SERIES 2008-60 CLASS JN CUSIP 3837DBG2 5.50 07/20/38	67,000
GNMA POOL MA0221 4.0 07/20/42	250,233
FHLMC SERIES 3126 6.0 03/15/36	107,530
FHLMC SERIES 2994 CLASS NE CMO 5.00 06/15/35	6,319
GNMA SERIES 2005-16 CL EY5.00 02/20/35	116,750
FHLMC SERIES 2676LL CMO 5.50 09/15/33	19,194
FHLMC SERIES 2669 LL CMO 5.50 08/15/33	12,073
FNMA SERIES 2003-08 CLASS QG 5.00 08/25/33	4,600
FNMA SERIES 2003-80 CLASS LL CMO 5.0 08/25/33	28,641
FJLMC SERIES 2520 CLASS LL CMO 5.50 11/15/22	2,391
FHLMC SERIES 3383 DD CMO 5.50 11/15/37	9,819
FHLMC SERIES 3352 CLASS DDD 5.87 08/15/37	29,338
GNMA SERIES 2007-33 CLASS LE 5.50 06/20/37	45,874
FNMA POOL #AB4742	84,199
FHLMC STRIP	156,314
FHLMC MED TERM NTS	150,680
GNMA SER 2003 - 70 CL PB	34,716
GNMA SERIES 2008-34 CLASS PB	98,976
GNMA SERIES 2008-38 CLASSPN	100,000
FNMA MEDIUM TERM NOTE	42,875
FHLMC MEDIUM TERM NOTE 11/15/24	100,000
	Schedule D (Form 990) 2

Schedule D (Form 990) 2013	Page \$
Part XIII Supplemental Information (continued)	
FEDERAL HOME LOAN BANK	100,000
FEDERAL FARM CREDIT BANKS BOND	120,048
FEDERAL FARM CREDIT BANKS BOND	120,088
US TREASURY STRIPS	61,862
US TREASURY STRIPS	41,667
FRANKLIN LIMITED MAT US SECURITIES FND	160,894
FNMA STRIS 2.854	194,996
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### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

**Compensation Information** 

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

mpensated Employees

► 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.

OMB No. 1545-0047

2013

Open to Public Inspection

**Employer identification number** 

**Ouachita Electric Cooperative Corporation** 71-0133895 Part I Questions Regarding Compensation 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 Payments for business use of personal residence ☐ Travel for companions ☐ Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee 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: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 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 item in Part III. 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 accrue any compensation contingent on the revenues of: 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and other deferred (D) Nontaxable (E) Total of columns (F) Compensation reported as deferred in (ii) Bonus & incentive compensation (iii) Other reportable (i) Base benefits (B)(i)-(D) (A) Name and Title compensation prior Form 990 compensation (1) 16,669 7,600 9,069 (II) 1 CORBET J LAMKIN/DIRECTOR 0 4,135 10,035 5,900 DANNY ADAMS/DIR/CHAIRMAN (ii) 2 BOARD 0 7,150 6,277 13,427 æ 3 WANDA TAYLOR/DIRECTOR (1) 9,095 5,400 3,695 (II) 4 WALT PIGOTT/DIRECTOR (1) 6,324 14,224 7,900 (H) 5 JAMES GARNER/DIRECTOR (1) 7,150 5,696 12,846 LISA HENDRIX/DIR/SECETARY-6 TREASURER (II) (I) 6,300 4,118 10,418 (H) 7 MIKE HUTCHINSON/DIRECTOR (1) 3,496 8,760 4,850 (II) **8 DAVID MCLEANE/DIRECTOR** (I) 3,496 8,346 4,850 GREG GOSS/DIR/VICE 9 CHAIRMAN (E) (1) 122,489 250 12,422 47,829 182,990 MARK CAYCE/GENERAL 10 MANAGER (ii) (1) 250 7,202 33,399 91,097 131,948 W PERRY JOHNSON/MANAGER
11 OF FINANCE AND ACCOUNTING (II) (1) 250 12,422 2,684 97,361 82,005 CHARES ARMSTRONG/SERVICE
12 MANAGER (II) M 81,922 250 15,654 34,088 131,914 DAVID O'HARA/MANAGER OF 13 OPERATIONS (II) (1) 250 83,862 12,422 33,041 129,575 RICHARD BAKER/ENGINEERING 14 SERVICES MANAGER (N) 53,651 (1) 12,422 23,049 89,122 (ii) 15 JIM MCCARTY/IT MANAGER (I) 48,736 15,654 83,630 250 18,990 16 DAVID MORGAN/IT MANAGER (II)

Schedule J (Form 990) 2013

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.

Schedule J (Form 990) 2013

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

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

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Personnel and (D) and (D) and (E) amounts for that individual (D) and (E) amounts for that individual (D) and (E) amounts for that individual (D) and (E) amounts for that individual (D) and (E) amounts for that individual (D) and (E) amounts for that individual (D) and (E) amounts for that individual (D) and (E) amounts for that individual (E) amounts for the individual (E) amounts for that individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E) amounts for the individual (E (E) Total of columns (B)(i)-(D) (C) Retirement and other deferred (D) Nontaxable benefits (F) Compensation reported as deferred in prior Form 990 (iii) Other reportable compensation (i) Base compensation (a) Bonus & incentive compensation (A) Name and Title compensation (1) 76,807 250 11,467 28,918 117,442 NORMA O'NEAL BEAVER/ 1 MEMBER SERVICES (ii) (I) (II) n (II) (1) (M) (1) (ii) (1) (II) (I) (II) (1) (II) (1) (N) (1) (ii) (1) (ii) 11 (1) (H) 12 (1) (II) 13 (1) (ii) 14 **(I)** 15 (II) **(i)** (II) 16

### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

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

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection

OMB No. 1545-0047

**Employer identification number** 

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Par	Excess Benef	fit Transaction e organization	ns (section 501 answered "Yes	(c)(3) a s" on F	nd secti orm 990	ion 501(c)( ), Part IV, I	4) orgaine 25	anizations only). 5a or 25b, or For	m 990	)-EZ.	Part \	/, line	40b.	
	······		(b) Relationship be				nd fol December of Assessmen			<u> </u>	(d) Corrected?			
1	(a) Name of disqualified	person		organizat		•	(c) Description of transaction			Yes No				
(1)	Mark Cayce	C	Director				Direc	tor's Fees						1
(2)														
(3)							<u> </u>							
(4)							ļ							
(5)							1							
(6)							Ц.							
2	Enter the amount													
	under section 4958													
3	Enter the amount o	f tax, if any, or	i line 2, above,	reimbu	ırsed by	the organ	izatio	n		!	▶ \$			
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Part	Loans to and		rested Person		orm 99	0-F7 Part	V line	38a or Form 99	an Pa	rt IV	line 2	6∙ori	f the	
			ount on Form 9					0000010111101	,, , u			o, o		
		<del>.</del>	1	Г		Ι		l	Ī					
(a) N	lame of interested person	(b) Relationship with organization			an to or	(e) Origii principal ar		(f) Balance due				ntten ment?		
		Will organization			zation?	<b> </b>			ļ			nttee?	-gc.	
				То	From	1			Yes	No	Yes	No	Yes	No
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(2)					1				1					
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Total	<u></u>	<u></u> .		<u> </u>		<u> </u>	.▶	\$	<u> </u>		<u> </u>			
Part			efiting Interest answered "Ye			0 Part IV	lina 2'	7						
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(a	) Name of interested perso		nship between inter and the organization		(c) Amount	t of assistance	tance (d) Type of assistance (e) Purpose of		se of a	ssistan	ice			
(1)														
(2)														
(3)							<u> </u>							
(4)							<u> </u>			<u> </u>				
(5) (6)										<u> </u>				
(6)							<u> </u>			<u> </u>				
_(7)_			***				_			<u> </u>				
(8)							—			<u> </u>				
(9)														

•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
					Yes	No	
(1)					_	<u> </u>	
(2)						<u>.                                    </u>	
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(10) Part V	Supplemental Information			<u> </u>		<u> </u>	
rartv	Supplemental Information Provide additional information	n for responses to questions	on Schedule L (see	instructions).			
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### 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 Name of the organization ► 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.

Ouachita Electric Cooperative Corporation	71-0133895
Part VI Governance, Management, and Disclosure Section B 11b	
Form 990 is reviewed by management before it is filed. The Form 990 is also revied, post filing by the	cooperative's independent auditors.
Part VI Governance, Management, and Disclosure Section B 12c	
The conflict of interest questionnaire is filled out annually by the directors and key management person	nnel. The questionnaires are
confirmed and checked by the independent auditors annually.	
Part VI Governance, Management, and Disclosure Section B 15a	
The top management official (General Manager) compensation is determined by the governing board u	using comparability data and
contemporaneous substantiation of the deliberation and decision.	
contemporarisous substantiation of the deliberation and decision.	······································
Part VI Governance, Management, and Disclosure Section B 15b	
The key employees of the organization compensation is determined by the top management official (G	eneral Manager). Comparability data
and contemporaneous substantiation of the deliberation and decision is used in the determination.	
Part VI Governance, Management, and Disclosure Section C 19	
Governing documents, conflict of interest policy, and financial statements are available to the coopera	ative members on request. Financial
statements are also port of the annual report sent to each menber each June.	
Part XI Line 4 paid to or for members:	
Operating and non operating margins for the filing year (2013) to be allocated in 2013:	
Operating Magins: \$ 2,006,127, Non-operating Margins - Interest: \$ 262,668, Other Capital Credits and	Patronage Dividends: \$ 131.123.
Generation & Transmission Capital Credits: \$ 169,794, for a total of \$ 2,566,712. The Generation & Tra	namaanon Capital Credits will flot De
allocated.	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer Identification number
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