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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

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

Check if applicable: Address change Name change Number and street (or P.O. box if mail is not delivered to street address) Name change Initial return PO BOX 607 City or town, state or province, country, and ZIP or foreign postal code Amended return Application pending F Name and address of principal officer: TIM RODRIGUEZ, PO BOX 607, BLACKWELL, OK 74631 Tax-exempt status: D Employer identification Room/suite E Telephone number E Telephone number S80-363-1 G Gross recelpts \$ H(a) Is this a group return for subordinates? H(b) Are all subordinates included? If "No," attach a list. (see ins	55
Address change Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return PO BOX 607 S80-363-1 Terminated Amended return Amended return Application pending F Name and address of principal officer: TIM RODRIGUEZ, PO BOX 607, BLACKWELL, OK 74631 T3-03089 Room/suite E Telephone number 580-363-1 G Gross receipts \$ H(a) Is this a group return for subordinates of Initial Room Power of Section 1997 H(b) Are all subordinates included?	
Name change Number and street (or P.O. box if mail is not delivered to street address) PO BOX 607 Terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Application pending F Name and address of principal officer: TIM RODRIGUEZ, PO BOX 607, BLACKWELL, OK 74631 Room/suite E Telephone number 580-363-1 G Gross receipts \$ H(a) Is this a group return for subordinates? H(b) Are all subordinates included?	260
Initial return PO BOX 607 580-363-1 Terminated Crty or town, state or province, country, and ZIP or foreign postal code Amended return Application pending F Name and address of principal officer: TIM RODRIGUEZ, PO BOX 607, BLACKWELL, OK 74631 H(a) Is this a group return for subordinates? H(a) Is this a group return for subordinates? H(b) Are all subordinates included?	260
Terminated City or town, state or province, country, and ZIP or foreign postal code BLACKWELL, OK 74631-0607 Geross receipts \$ Application pending F Name and address of principal officer: TIM RODRIGUEZ, PO BOX 607, BLACKWELL, OK 74631 H(a) Is this a group return for subordinates? H(b) Are all subordinates included?	
Amended return Application pending F Name and address of principal officer. TIM RODRIGUEZ, PO BOX 607, BLACKWELL, OK 74631 G Gross receipts \$ H(a) is this a group return for subordinates? H(b) Are all subordinates included?	
Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? TIM RODRIGUEZ, PO BOX 607, BLACKWELL, OK 74631 H(b) Are all subordinates included?	25 707 2
TIM RODRIGUEZ, PO BOX 607, BLACKWELL, OK 74631 H(b) Are all subordinates included?	35,797,3
Tay-expent status: [[501(c)(3) [7] [501(c) [17] 4 ([0.561 no. 1 1.4047(a)(1) or 1.507 11 (10, attach a list ises its	
Table Grounds State Control of the C	aucaonsj
J Website: ► kayelectric.coop H(c) Group exemption number ►	
K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1937 M State of legal dom	ncile. OK
Part I Summary	
1 Briefly describe the organization's mission or most significant activities: KAY ELECTRIC COOPERATIVE IS A RI	JRAL
ELECTRIC DISTRIBUTION COOPERATIVE ORGANIZED UNDER THE RURAL ELECTRIFICATION ACT. OUR MISSION	IS TO
PROVIDE RELIABLE ELECTRICITY TO OUR MEMBER/OWNER AT A REASONABLE COST.	
2 Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net as:	sets.
3 Number of voting members of the governing body (Part VI, line 1a)	
4 Number of independent voting members of the governing body (Part VI, line 1b) 4	
ELECTRIC DISTRIBUTION COOPERATIVE ORGANIZED UNDER THE RURAL ELECTRIFICATION ACT. OUR MISSION PROVIDE RELIABLE ELECTRICITY TO OUR MEMBER/OWNER AT A REASONABLE COST. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net as: Number of voting members of the governing body (Part VI, line 1a)	
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a	142,8
b Net unrelated business taxable income from Form 990-7 time 34 2 2 2	172,
(C) Prior Year Cur	rent Year
8 Contributions and grants (Part VIII, line 1h) SEP 04.2014 . 30,371,095	25 446
	35,146,
10 Investment income (Part VIII, column (A), lines 3, 4, and 70 84,927 11 Other revenue (Part VIII, column (A), lines 5, 6d, 86, 90, 10, and 11e) 895,586	62,
- · · · · · · · · · · · · · · · · · · ·	1,967,
	37,176,
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10) 675,641	694,
15 Salaries, other compensation, employee benefits (Part IX, Column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ▶	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	32,464,
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 28,692,467	33,159,
19 Revenue less expenses. Subtract line 18 from line 12	4,017,
Beginning of Current Year Er	d of Year
Beginning of Current Year En 말로 20 Total assets (Part X, line 16)	63,067,
20 Total assets (Part X, line 16)	39,908,
22 Net assets or fund balances. Subtract line 21 from line 20	
Part II Signature Block	23,159
)	
Under penafties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ige and belief
Here Timothy RODRIGUEZ, CHIEF EXECUTIVE OFFICER	
Type or print name and title	
Paid Print/Type preparer's name Preparer's signature Date Check if	N
Preparerself-employed	
Use Only Firm's name ► Firm's EIN ►	
Firm's address Phone no.	
May the IRS discuss this return with the preparer shown above? (see instructions)	Yes 🗸
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y	Form 990 (2

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses

including grants of \$

(Expenses \$

art I	Checklist of Required Schedules	 ,		-:
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	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)	3		-
	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	-		\vdash
	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		/
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			ļ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			\vdash
	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, 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	✓	<u> </u>
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	446		/
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		
	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			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	1	✓
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.	111		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	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120	 	+-
	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	<u> </u>	1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	"		┿
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	√
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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			
20 =	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	 	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	_	+*-

art i	Checklist of Required Schedules (continued)	—-г	V 1	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
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		✓
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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	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 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			,
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	_	✓
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	33	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
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,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		For	m 99 0	(2013

art '	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			✓
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		_	
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 60			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	√	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u>3b</u>	✓	ļ
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)?	4.		1
b	If "Yes," enter the name of the foreign country: ▶	4a		-
b	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		1
эа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6b	l	
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	-		1
	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			1
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		1
8	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 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		├
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711	-	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		-
а	Did the organization make any taxable distributions under section 4966?	9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	L	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	[1	
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:			
a	Gross income from members or shareholders		1	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-	against amounts due or received from them.)	1		1
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+
_	Note. See the instructions for additional information the organization must report on Schedule O.	<u> </u>	T	t
ь	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans		1	
C	Enter the amount of reserves on hand	<u>L</u>	L	
14a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14a		1
<u></u>	If "Vos " has it filed a Form 720 to report these nauments? If "No " provide an explanation in Schodule O	446	1	1

Part \			or a	
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on 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 the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	_ _	✓
6 7a	Did the organization have members or stockholders?	6 7a	√	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, 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:	·		
а	The governing body?	8a 8b	/	<u> </u>
9 b	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	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 b	Did the organization have local chapters, branches, or affiliates?	10a 10b		/
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	_
12	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14 15	Did the organization have a written document retention and destruction policy?	14	1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	.=.		
a b	The organization's CEO, Executive Director, or top management official	15a 15b	/	1
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 with a taxable entity during the year?	100		
b		16a	1	
_	organization's exempt status with respect to such arrangements?	16b	1	1
Sect	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3):	s only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interview of the conflict of the confli	erest	polic	y, and
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records		•	
	organization: ► TIM RODRIGUEZ, PO BOX 607, 300 WEST DOOLIN AVE, BLACKWELL, OK 74631-0607 580-363-126			

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 no	r any relate	d orga	aniz	atio	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
]			(0	>)					
(A)	(B)				tion			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	악	ᆵ	Q	<u>چ</u>	목표	ਨ	from the	related organizations	other compensation
	related	물통	1 SE	Officer	уе	함	Former	organization	(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional trustee		Key employee	yee c	=	(W-2/1099-MISC)		organization
	below dotted	7 ह	윤		oye.	ğ]	and related organizations
],	1 8€	Ę	1	"	ens			i i	
		<u> </u>	8			Highest compensated employee				
(4)										
(1) MAX HOHMANN	3.69	,		1		ŀ	l			
PO BOX 607, BLACKWELL, OK 74631	 	✓	├	✓	<u> </u>	-	├	28,720		
(2) VERL BRORSEN	3.84	,	•	١,		ì	ļ]	
PO BOX 607, BLACKWELL, OK 74631	 	✓	-	✓	▙			29,436		
(3) RON SHOFFNER	3.62			١,	}			ļ	}	
PO BOX 607, BLACKWELL, OK 74631	<u> </u>	1	 	✓	ļ	<u> </u>	├	29,622	.	
(4) BRADY HOSTETLER	3.23	1			l					
PO BOX 607, BLACKWELL, OK 74631		✓		<u> </u>	<u> </u>	<u> </u>	<u> </u>	29,928		
(5) MIKE LEBEDA	3.23	1.					1	1		
PO BOX 607, BLACKWELL, OK 74631		✓	<u> </u>	<u> </u>	Ļ.			30,231		
(6) KENT McANINCH	3.54	↓	1			İ	1			
PO BOX 607, BLACKWELL, OK 74631	<u> </u>	1	<u> </u>	_		ļ	L	30,941	ļ	
(7) JAKE OLSEN	4.00]			1	1		ł		
PO BOX 607, BLACKWELL, OK 74631		1		L			L	33,239)	
(8) CHAD OTTO	3.23]		1				ĺ		
PO BOX 607, BLACKWELL, OK 74631		✓	١	<u> </u>		<u> </u>	L	29,626		
(9) DR TIM BLANTON	4.92	<u> </u>	1		1		1	İ		
PO BOX 607, BLACKWELL, OK 74631		1			L	<u> </u>		32,761	<u> </u>	
(10) JOE HARRIS	50]			ļ					
PO BOX 607, BLACKWELL, OK 74631			<u> </u>	√	✓	✓		255,617	<u>, </u>	97,478
(11) TIM RODRIGUEZ	50			1	i		1			
PO BOX 607, BLACKWELL, OK 74631		1	L	1	1	<u> </u>	<u> </u>	164,179	o <u>ł </u>	95,889
(12) DAVID RESER	50									
PO BOX 607, BLACKWELL, OK 74631		1	Ĺ.,	L	√		1_	137,335	5	69,734
(13) DOUG WORLEY	50		Г						1	
PO BOX 607, BLACKWELL, OK 74631]	L	L	✓	1	L	109,587	7	67,658
(14)								1		
				1_	1	1				ļ

Part \	Section A. Officers, Directors, Trust	ees, Key E	mploy	ees	, ar	ıd H	lighes	st C	ompensated E	mployees (co	ntinuea)		
	(A) Name and title	(B) Average hours per week (list any	box, u	ot ch Inles	s per d a d	tion more	than o	an	(D) Reportable compensation from	(E) Reportable compensation f	rom	F) nated unt of her		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mis		organ and r	ensation the elated elated ization	1
(15)						\vdash		_	<u> </u>		_			
(16)	#*· ·			-							_	·		
					_			L.						
(17)														
(18)														
(19)					 	\vdash								
(20)		<u> </u>	<u> </u>	-		-	<u> </u>	├						
				<u> </u>	<u> </u>	<u> </u>	ļ	_	-					
(21)														
(22)		-	-											
(23)				Ī		T								
(24)			 	+	╁╴	\vdash	 	+						
(25)				├-	-	╄	-	┡						
		<u> </u>				L	<u> </u>	L						
1b C	Sub-total			:	•	•		>	941,222					30,759
d	Total (add lines 1b and 1c) Total number of individuals (including but	ıt not limite					abov	e) v	941,222 who received m		0,000 c	f	3.	<u>30,759</u>
	reportable compensation from the organ	nization >											Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							em	ployee, or higi	hest comper	nsated		-	
4	For any individual listed on line 1a, is th	e sum of re	eporta	ıble	cor	npe	ensati					3		
	organization and related organizations individual	greater th	nan \$	150	,00	0?	lf "Υ∈ 	es,"	complete Sci	hedule J for	such	4	1	
5	Did any person listed on line 1a receive for services rendered to the organization												<u> </u>	
Secti	on B. Independent Contractors	11 1 100,	COM	,,,,,,,	, 00	7760	ale o	101	<u> </u>		<u> </u>	5		
1	Complete this table for your five highest compensation from the organization. Reyear.													łax
	(A) Name and business ac	idress							(B) Description of	services	С	(C) ompen:		
	ON POWERLINE CONSTRUCTION, PO BOX			D, C	OK	738	02		LECTRIC CONS					01,674
	PLAINS ELECTRIC, PO BOX 450936, GROV ECTRIC COMPANY, 4300 S VAN BUREN, E					_		\neg	LECTRIC CONS LECTRIC CONS				_	65,885 190,313
								F						-
2	Total number of independent contract received more than \$100,000 of compe							to 1	those listed at	pove) who				

Form **990** (2013)

Part '	VIII	Statement of Reven	nue					
		Check if Schedule O	contains a resp	onse or note to	any line in this f	Part VIII		<u> </u>
٠					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
छ छ।	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .				1		
۾ ڳا	c	Fundraising events .			ł			
E Y	d	Related organizations				j		
5 E	e	Government grants (conti						
Si Si	f	All other contributions, gift						
3 2	•	and similar amounts not incl						
其ち	g	Noncash contributions include		.,				
Ş Z	h	Total. Add lines 1a-1f			-0-			
		Total Fred Into 14 Tr	<u> </u>	Business Code				· · · · · · · · · · · · · · · · · · ·
립	2a	SALES OF ELECTRICIT	v	221000	35,146,757	35,146,757	į	
ě	b			221000	33,140,737	55,145,757		
8	C							
Ž	ď							
Š	e							· · · · · · · · · · · · · · · · ·
Ja l	f	All other program serv						· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	g	Total. Add lines 2a-2f			35,146,757	·		
	3	Investment income (50,140,707		1	
	_	and other similar amou		•	62,589			62,589
	4	Income from investment	•	ond proceeds ▶	-0-			
	5	Royalties			-0-			
		[(i) Real	(ii) Personal			··	
	6a	Gross rents	·]			
	b	Less: rental expenses			i i	ļ		
	C	Rental income or (loss)		 	1			
	ď	Net rental income or (•	-0-			
	7a	Gross amount from sales of	(i) Securities	(ii) Other	 			
		assets other than inventory			1 1			
	ь	Less: cost or other basis		-	1	•		
	-	and sales expenses .		1				
	ြင	Gain or (loss) .			1 1		İ	
	d	Net gain or (loss) .			1 -0-1		,	
ē								
Other Revenu	8a	Gross income from fu events (not including \$	undraising		[
ě		of contributions reporte	ed on line 1c).		İ			
7		See Part IV, line 18 .						
Ě	Ь	Less: direct expenses	s		1			
0	c			events .	1 -0-1			
		Gross income from ga						
	1	See Part IV, line 19 .		9	l i		,	
	Ь	Less: direct expenses	sI	•	1 !	•		
	_c	NI-Albanana and Assay A		tivities >	-0-			
		Gross sales of ir	_					·
	!	returns and allowanc	_	a				
	lь	Less: cost of goods s	sold	b	1		ļ	
	-	Net income or (loss)			-0-			
	 	Miscellaneous F		Business Code				
	11a	ADMINISTRATIVE SER	RVICES	561000	78,814		78,814	
	b			561000	57,075		57,075	
				532000	7,000		7,000	
	0				1,824,541	1,824,541		
	e	Total. Add lines 11a-	–11d	>	1,967,430			
	12	Total revenue, See i	instructions		37 176 776	36 071 209	142 990	62 500

	Statement of Functional Expenses	poloto all selection A	ll other area-i-ati-	no munt complete sel	
Secuo	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a response 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	-0-		800-20170100	0.000
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	-0- -0-			· · · · · · · · · · · · · · · · · · ·
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	-0- 694,300	····		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-			
7 8	Other salaries and wages	-0-			
9 10	Other employee benefits	-0- -0-			· · · · · · · · · · · · · · · · · · ·
11 a	Fees for services (non-employees): Management	-0-			
c p	Legal	-0- -0-			
d e f	Lobbying	-0- -0-			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	-0-			
12 13	Advertising and promotion	-0- -0-			
14 15	Information technology	-0- -0-			
16 17	Occupancy	-0- -0-			
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings .	-0-			
20 21	Interest	1,677,422			
22 23	Depreciation, depletion, and amortization . Insurance	1,741,652			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b	**************************************	23,640,602 1,485,064			
c	CONSUMER ACCOUNTS EXPENSES	1,105,191 2,465,248			
е 25	Total functional expenses. Add lines 1 through 24e	349,638 33,159,117			
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** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 2,178,333 3,152,310 2 2 9,419,354 11,817,087 3 3 -0--0-4 2,670,105 5,474,953 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 -0--0-Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Assets -0-7 7 -0--0-8 Inventories for sale or use 8 994,285 542,533 Prepaid expenses and deferred charges . 9 85,504 9 1,995,433 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 36,715,213 10c 6.861.456 39,513,802 11 Investments—publicly traded securities 11 -0-Investments—other securities. See Part IV, line 11 . 12 -0-12 -0-13 Investments—program-related. See Part IV, line 11 122,235 13 129,054 14 14 -0-15 Other assets. See Part IV, line 11 15 660,683 442,447 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 52,845,712 63,067,619 17 2,164,128 17 3,457,179 18 18 -0--0-19 19 -0--0-20 -<u>0-</u> 20 -0-21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 -0--0-Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 -0-Secured mortgages and notes payable to unrelated third parties . . . 23 25,020,901 23 29,137,869 Unsecured notes and loans payable to unrelated third parties . . . 24 -0-24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 6,187,256 7,313,309 26 Total liabilities. Add lines 17 through 25 33,372,285 26 39,908,357 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 -0-27 -0-28 28 -0--0-29 -0-29 -0- Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 201,070 30 204,945 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 -0-32 Retained earnings, endowment, accumulated income, or other funds . 32 19,272,357 22,954,317 33 33 19,473,427 23,159,262 34 Total liabilities and net assets/fund balances 52,845,712 63,067,619 Form **990** (2013)

Form 990 (20	013)			Pa	ge 12
Part XI					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	٠.	✓
	otal revenue (must equal Part VIII, column (A), line 12)	1			<u>6,776</u>
	otal expenses (must equal Part IX, column (A), line 25)	2		33,15	9,117
	evenue less expenses. Subtract line 2 from line 1	3		4,01	7,65 <u>9</u>
	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,47	3,427
	et unrealized gains (losses) on investments	5			<u>-0-</u>
•	onated services and use of facilities	6			-0-
	vestment expenses	7			<u>-0-</u>
	ior period adjustments	8			<u>-0-</u>
	ther changes in net assets or fund balances (explain in Schedule O)	9		-33	31,824
	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
33	3, column (B))	10		23,1	9,262
Part XI	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	· · · ·		
				Yes	No
	ccounting method used to prepare the Form 990: Cash Accrual Other		-	1	
	the organization changed its method of accounting from a prior year or checked "Other," expended to the Company of the Company	olain ii	י ן]	
	chedule O.		1.	٠,	
	/ere the organization's financial statements compiled or reviewed by an independent accountant?			✓	├
	"Yes," check a box below to indicate whether the financial statements for the year were comperiewed on a separate basis, consolidated basis, or both:	niea o	r	1	1
	<u> </u>		1	-	
	Separate basis Consolidated basis Both consolidated and separate basis		- آه	- ,	-
	Vere the organization's financial statements audited by an independent accountant?		. 2b	V	
	"Yes," check a box below to indicate whether the financial statements for the year were audite eparate basis, consolidated basis, or both:	ia on	a		
	·				
	Separate basis Consolidated basis Debth consolidated and separate basis "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for on	.c.miab		1	-
	f the audit, review, or compilation of its financial statements and selection of an independent accou		1	١,	
	the organization changed either its oversight process or selection process during the tax year, ex			✓	
	the organization changed either its oversight process of selection process during the tax year, ex- schedule O.	piaiii i	"	_	
_	is a result of a federal award, was the organization required to undergo an audit or audits as set	forth :	,		
	he Single Audit Act and OMB Circular A-133?	iorui i	1	1	
	"Yes," did the organization undergo the required audit or audits? If the organization did not under	rac th	- <u>3a</u>	+	\vdash
	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		^в _{зь}		
				- 90) (2013)

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

2013

Open to Public Inspection

Departme	ent of the Treasury		Attach to Form 990.	im martine	Inspection
	the organization	► Information about Schedule	D (Form 990) and its instructions is at www	.irs.gov/rormsso.	
	•				
	ECTRIC COOPI		Addison Francisco Other Cimilar Fra		0308955
Par	Organi Comple	izations maintaining Dono	r Advised Funds or Other Similar Fu ered "Yes" to Form 990, Part IV, line 6	nus or Account	5.
	Compi	ete ii trie organization ariswi	(a) Donor advised funds		d other accounts
4	Total number	at end of year	(a) Donor advised rando	(4)	
1 2		ntributions to (during year).			
3		ints from (during year)			
4		ue at end of year			···
5	Did the organ	ization inform all donors and	donor advisors in writing that the assets	held in donor adv	rised
_	funds are the	organization's property, subjec	t to the organization's exclusive legal cont	rol?	· 🔲 Yes 🔲 No
6	Did the organ	ization inform all grantees, dor	ors, and donor advisors in writing that gr	ant funds can be	used
	only for charit	able purposes and not for the	benefit of the donor or donor advisor, or	for any other pun	pose
			<u> </u>		· 🗌 Yes 🗌 No
Part		ervation Easements.		_	
			ered "Yes" to Form 990, Part IV, line 7	' <u>.</u>	·····
1			by the organization (check all that apply).		
			recreation or education) Preservation		
		of natural habitat	☐ Preservation	of a certified histo	nc structure
2		on of open space	tion held a qualified conservation contribu	tion in the form of	a conservation
~		the last day of the tax year.	tion hold a qualified conscivation continue		at the End of the Tax Year
а				2a	
b			ements		
C			tified historic structure included in (a)		
d	Number of c	onservation easements includ	ed in (c) acquired after 8/17/06, and no	ot on a	
	historic struct	ture listed in the National Regis	ter	2d	
3		onservation easements modified	d, transferred, released, extinguished, or to	erminated by the o	rganization during the
	tax year ►				
4			conservation easement is located		
5			icy regarding the periodic monitoring, ition easements it holds?		
•	•		oring, inspecting, and enforcing conservation		
6	Stall and voit	unteer nours devoted to monito	ing, inspecting, and emorcing conservation	on easements dun	ing the year
7	Amount of ex	renses incurred in monitoring	inspecting, and enforcing conservation ea	sements during th	e vear
•	► \$	pensos mounou in monitoring,	moposting, and smortaling concernation of		o you.
8	Does each co	onservation easement reported	on line 2(d) above satisfy the requirement	s of section 170(h)	(4)(B)
	(i) and section	n 170(h)(4)(B)(ii)?			· 🗌 Yes 🗌 No
9	In Part XIII, d	escribe how the organization re	ports conservation easements in its reven	ue and expense st	atement, and
			e text of the footnote to the organization's	financial statemen	ts that describes the
		s accounting for conservation e			
Par			ections of Art, Historical Treasures,		Assets.
			vered "Yes" to Form 990, Part IV, line		
1a			der SFAS 116 (ASC 958), not to report in similar assets held for public exhibition,		
			of the footnote to its financial statements t		
	•	• •	nder SFAS 116 (ASC 958), to report in i		
b			similar assets held for public exhibition,		
		e, provide the following amoun		22000000, 01 100	52.511 III IGIGIOIGIOS OI
	•		I, line 1	•	\$
	(ii) Assets in	cluded in Form 990. Part X .			\$ \$
2	If the organi	ization received or held works	of art, historical treasures, or other sim	ilar assets for fina	ncial gain, provide the
	falla	a la romand de la romantad i	under CEAC 116 (ACC 059) relating to thee	o itomo:	-
а	Revenues in	cluded in Form 990, Part VIII, li	ne 1		\$
b	Assets inclu	ded in Form 990, Part X	<u> </u>		\$

· ago =	Page	2
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Part	Organizations Maintaining	Colle	ctions of A	Art, Histo	orical T	reasures, c	or Oth	ner Similar As	ssets (co	ntinued)
3	Using the organization's acquisition, a	access	ion, and otl	her record	ls, checl	cany of the	follow	ing that are a s	significant	use of its
	collection items (check all that apply):									
а	☐ Public exhibition			аΓ	Loan	or exchange	progr	ams		
_	Scholarly research			e l						
þ	Preservation for future generations			8 _						
_	Provide a description of the organizat	ion's s	ollostions s	and ovalai	n how th	ov further th	ne ora	anization'e eve	mnt numc	se in Part
4	XIII.									SC III I art
5	During the year, did the organization	solicit	or receive	donations	of art, l	historical tre	asures	s, or other simil	lar	
	assets to be sold to raise funds rather	than t	o be mainta	ined as pa	art of the	e organizatio	n's co	llection?	☐ Ye	s 🗌 No
Part	V Escrow and Custodial Arra									
	Complete if the organization	answ	ered "Yes'	" to Form	990, P	art IV, line 9	9, or r	eported an an	nount on	Form
	990. Part X. line 21.									
1a	Is the organization an agent, trustee,	custo	dian or oth	er interm	ediary fo	or contribution	ons or	other assets n	ot	
	included on Form 990, Part X?									s 🗌 No
b	If "Yes," explain the arrangement in Pa								_	_
-	ii 100, explain the artangement in t		a					1	Amount	
_	Beginning balance						10			
C	Additions during the year						1d	+		
d							1e			
9	Distributions during the year						1f			
f	Ending balance	nt on G				· · · ·				os 🗆 No
2a	If "Yes," explain the arrangement in P									
		arı Aili	. Check her	e n me ex	piariatio	irnas been p	NOVIGE	SUMPARIAM .	· · ·	
Par	Complete if the organization		uarad "Vaa	" to Earn		ort IV line	10			
	Complete ii the organization		Current year	(b) Pno		(c) Two years		(d) Three years ba	ck (a) Four	years back
		(a) (Jurrent year	(D) FIIC	увал	(c) Two years	Dack	(u) Thee years oa	CK (e) rou	years vack
1a	Beginning of year balance			ļ	·					
b	Contributions			 		ļ				
C	Net investment earnings, gains, and			ļ					İ	
	losses			ļ <u>.</u>						
d	Grants or scholarships	<u> </u>		ļ		ļ				
е	Other expenditures for facilities and									
	programs	<u></u>		ļ <u>.</u>				,,		
f	Administrative expenses									
9	End of year balance	L		<u> </u>		l	.,			
2	Provide the estimated percentage of		rrent year e	nd balanc	e (line 1g	g, column (a)) held	as:		
а	Board designated or quasi-endowme	nt ▶		%						
b	Permanent endowment	%								
C	Temporarily restricted endowment	•	%							
	The percentages in lines 2a, 2b, and	2c sho	ould equal 1							
3a	Are there endowment funds not in the	e pos	session of t	he organi:	zation th	at are held a	and ac	Iministered for	the	
	organization by:									Yes No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations								. 3a(ii)	
b									. 3b	
4	Describe in Part XIII the intended use									
Pai	t VI Land, Buildings, and Equi									
	Complete if the organization			s" to For	n 990, l	Part IV, line	11a.	See Form 990), Part X.	line 10.
	Description of property		(a) Cost or o			or other basis		Accumulated		ok value
			(invest			other)		lepreciation		
1a	Land				 	433,781				433,781
b	~ " "		<u> </u>		f	2,867,506		1,188,215		1,679,291
-	Leasehold improvements	•			 	2,001,000		1,100,213		1,010,22
d		•			1	3,818,034		2,864,544		953,490
e	- · ·	•				39,255,937		2,808,697		36,447,240
	I. Add lines 1a through 1e. (Column (d)	must 4	egual Form	990. Part	X. colum)(c).)	2,808,697		39,513,802
	n / wa miss ra uniough re. (Column (d)		7 / 0////		-,		177			20,010,002

	Investments — Other Securities. Complete if the organization answe	red "Yes" to Form 9	90, Part IV. lin	e 11b. See Form 9	990, Part X, line 12.
	(a) Description of security or category (including name of security)	193 193 191 1911	(b) Book value	(c) Meth	od of valuation: of-year market value
(1) Financial	derivatives				
	neld equity interests				
(A)					
(B)					
(C) (D)					
(E)				 	
<u>\-/</u> (F)			· · · · · · · · · · · · · · · · · · ·		
(G)					
(H)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.				
	Complete if the organization answer	ered "Yes" to Form			
	(a) Description of investment		(b) Book value		hod of valuation. -of-year market value
(4) 14 0 14 0 5			120.05	<u> </u>	
	ERVICES, INC		129,03	4 COST	
(3)					
(4)					
(5)					
(6)					
(7)					
_(8)				↓	
(9)	(1) 15 200 D-4V (D) Fro 101 D				
	(b) must equal Form 990, Part X, col (B) line 13.) Other Assets.	<u></u>		<u> </u>	
Part IX	Complete if the organization answers	ered "Yes" to Form	990 Part IV lir	ne 11d. See Form	990. Part X. line 15.
		Description	,		(b) Book value
(1) ACCRU	JED UTILITY REVENUE				435,06
	JED UTILITY REVENUE JED INTEREST RECEIVABLE				
(2) ACCRI					
(2) ACCRI (3) (4) (5)					
(2) ACCRU (3) (4) (5) (6)					
(2) ACCRU (3) (4) (5) (6) (7)					
(2) ACCRU (3) (4) (5) (6) (7) (8)					
(2) ACCRI (3) (4) (5) (6) (7) (8) (9)	JED INTEREST RECEIVABLE	l. (B) line 15.)			7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col	l. (B) line 15.)			435,06- 7,38: 442,44
(2) ACCRI (3) (4) (5) (6) (7) (8) (9)	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col		990, Part IV, li		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col Other Liabilities.		990, Part IV, li		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answ		990, Part IV, li		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answ line 25.	vered "Yes" to Form	990, Part IV, li		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Federal (2) CONS	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes UMER DEPOSITS	vered "Yes" to Form	-0-		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Federal (2) CONS (3) OTHE	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes UMER DEPOSITS R CURRENT LIABILITIES	vered "Yes" to Form (b) Book value 2,222 473	-0- .101 823		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Federal (2) CONS (3) OTHE (4) ACCU	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes UMER DEPOSITS R CURRENT LIABILITIES M OPER PROV-POST RETIREMENT OBL	vered "Yes" to Form (b) Book value 2,222 473 2,298	-0- ,101 ,823 ,874		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Federal (2) CONS (3) OTHE (4) ACCU (5) DEFEI	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answ line 25. (a) Description of liability Income taxes UMER DEPOSITS R CURRENT LIABILITIES M OPER PROV-POST RETIREMENT OBL RRED CREDITS	(b) Book value 2,222 473 2,298	-0- .101 .823 .874		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Federal (2) CONS (3) OTHE (4) ACCU (5) DEFEI (6) CURR	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes UMER DEPOSITS R CURRENT LIABILITIES M OPER PROV-POST RETIREMENT OBL	vered "Yes" to Form (b) Book value 2,222 473 2,298	-0- .101 .823 .874		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Federal (2) CONS (3) OTHE (4) ACCU (5) DEFEI (6) CURR (7)	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answ line 25. (a) Description of liability Income taxes UMER DEPOSITS R CURRENT LIABILITIES M OPER PROV-POST RETIREMENT OBL RRED CREDITS	(b) Book value 2,222 473 2,298	-0- .101 .823 .874		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Federal (2) CONS (3) OTHE (4) ACCU (5) DEFEI (6) CURR (7) (8)	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answ line 25. (a) Description of liability Income taxes UMER DEPOSITS R CURRENT LIABILITIES M OPER PROV-POST RETIREMENT OBL RRED CREDITS	(b) Book value 2,222 473 2,298	-0- .101 .823 .874		7,38
(2) ACCRI (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Federal (2) CONS (3) OTHE (4) ACCU (5) DEFEI (6) CURR (7) (8) (9)	JED INTEREST RECEIVABLE Jumn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answ line 25. (a) Description of liability Income taxes UMER DEPOSITS R CURRENT LIABILITIES M OPER PROV-POST RETIREMENT OBL RRED CREDITS	(b) Book value 2,222 473 2,298	-0- ,101 ,823 ,874 ,511 ,000		7,38

Part			r Return.	
	Complete if the organization answered "Yes" to Form 990, F		141-	
1	Total revenue, gains, and other support per audited financial statements		1	37,176,776
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	1 1	
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d		•
e	Add lines 2a through 2d		3	-0-
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i	3 -	37,176,776
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)	4b	-	
C	Add lines 4a and 4b		4c	-0-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			37,176,776
Part				37,170,770
1 (1)	Complete if the organization answered "Yes" to Form 990, I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1			11	33,159,117
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			30/130/111
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	7	
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	7	
е	Add lines 2a through 2d		. 2e	-0-
3	Subtract line 2e from line 1		. 3	33,159,117
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	j	
b	Other (Describe in Part XIII.)	4b]	
C	Add lines 4a and 4b			-0-
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	. 5	33,159,117
	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			
-	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
PART	X - KAY ELECTRIC COOPERATIVE WAS AUDITED BY BOLINGER, SEGERS, O	SILBERT & MOSS, LLP, FO	R THE CALEN	DAR YEAR
54:D5	D 40/04/40 THE EMIANOIAL INFORMATION PROVIDED IN THIS FORM 000 IS	NUDITED INFORMATION :	THE EQUINO	TE DECADDING
ENDE	D 12/31/13. THE FINANCIAL INFORMATION PROVIDED IN THIS FORM 990 IS	AUDITED INFORMATION.	HE FOOTNO	E REGARDING
TAVE	S READSTHE COOPERATIVE IS EXEMPT UNDER SECTION 501(c)(12) OF TH	E INTERNAL DEVENUE CA	DE EDOM EE	DEDAI INCOME
IAXE	S READSTHE COUPERATIVE IS EXEMPT UNDER SECTION 301(L)(12) OF TE	IL INTERNAL REVENUE CO	DE PROM PE	DERAL NICONE
TAV	OR ANY YEAR IN WHICH AT LEAST 85% OF ITS GROSS INCOME IS DERIVED	FDOM MEMBEDS BUT IS	DESDONSIRI	F FOR INCOME
IAA	OR ANY YEAR IN WHICH AT LEAST 83% OF 113 GROSS INCOME IS DERIVED		KL3F ON SIDE	LI OK HOOML
TAYE	S ON CERTAIN UNRELATED BUSINESS INCOME.			
177	3 OF OLIVIAIR ONKLEATED DOOMESS INSOME			
	······································			
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SCHEDULE J (Form 990)

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

Employer identification number

73-0308955

Department of the Treasury Internal Revenue Service

KAY ELECTRIC COOPERATIVE, INC

► 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Part	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 ☐ Payments for business use of personal residence		~	ĺ
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	1		}
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	,		ļ
			Ì	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	ļ	ļ
2	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			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			,
	☐ Compensation committee ☐ Written employment contract	1		1
	☐ Independent compensation consultant ☐ Compensation survey or study	1	ł	l
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	1		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	1	1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
	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.	1		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		j
	compensation contingent on the revenues of:	l l	ļ	
а	The organization?	5a	1 -	
b	Any related organization?	5b		1
	If "Yes" to line 5a or 5b, describe in Part III.			1
_	F	}	1]
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		}
	compensation contingent on the net earnings of:			
a	The organization?	6a	+	╄—
Ь	Any related organization?	6b	┿-	┼
	ii 165 to line od or ob, describe iii i dit iii.	1	ŀ	1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		1	†
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		1	1
	in Part III	8		
			\top	1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	٩		

Schedule J (Form 990) 2013

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

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

23.117 17,500 97,478 353,095 25275 95,889 260,068 69,734 207,069 117,245 117,2		<u> </u>	Эфио
95,889			
69.734	15,308		
67.658	7,587		
859.79	7.587		
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SCHEDULE 0 (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 201

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.

Open to Public Inspection Employer identification number

KAY ELECTRIC COOPERATIVE, INC 73-0308955 PART VI - LINE 6 - KAY ELECTRIC COOPERATIVE WAS FORMED IN 1937 UNDER THE RURAL ELECTRIFICATION ACT OF 1935. THE COOPERATIVE BUSINESS MODEL WAS ADOPTED. CURRENTLY, KEC HAS APPROXIMATELY 5800 METERS, 3500 MEMBERS, AND MAINTAINS ABOUT 2,274 MILES OF ELECTRIC DISTRIBUTION LINE. PART VI - LINE 7A - KAY ELECTRIC COOPERATIVE IS GOVERNED BY A 9 MEMBER BOARD OF TRUSTEES, EACH REPRESENTING AN EQUAL NUMBER OF MEMBERS. THREE DISTRICT MEETINGS ARE HELD YEARLY WHEREBY THE MEMBERS NOMINATE TWO CANDI-DATES TO BE VOTED ON AT THE ANNUAL MEETING TO SERVE A THREE YEAR TERM. PART VI - LINE 7B - THE DULY ELECTRED TRUSTEE IS THE MEMBER'S VOICE FOR NORMAL BUSINESS ACTIVITY. AN ANNUAL MEETING IS HELD TO ENABLE THE MEMBERSHIP TO VOTE TO ACCEPT FINANCIAL REPORTS FROM THE SECRETARY/TREASURER, HEAR A REPORT FROM THE BOARD PRESIDENT, AN OPERATIONS REPORT FROM THE GENERAL MANAGER/CEO, AND TO ADDRESS ANY BY-LAW REVISIONS THAT MAY BE DEEMED NECESSARY BY THE BOARD OF TRUSTEES. MEMBERS ARE SOLICITED TO HELP THE BOARD OF TRUSTEES CONDUCT THE ANNUAL MEETING. PART VI - LINE 10 - AN ELECTRONIC VERSION OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF TRUSTEES PRIOR TO THE FILING OF THE FORM. ANY QUESTIONS ARE ADDRESSED. THE FORM 990 IS PREPARED USING THE AUDITED FINANCIAL INFORMATION PROVIDED BY OUR AUDITING FIRM, BSGM, WHO ALSO REVIEW THE PRIOR YEARS' FORM DURING THEIR AUDIT FIELDWORK. PART VI - 12C - QUESTIONAIRES ARE ANSWERED TO BRING RISE TO ANY POTENTIAL CONFLICTS OF INTEREST, INTERNAL CONTROLS ARE ALSO IN PLACE AND REVIEWED ANNUALLY TO BRING LIGHT TO ANY PROBLEM AREAS. PART VI - LINE 15a/b - COMPENSATION SURVEYS ARE REVIEWED ANNUALLY AS WELL AS DISCUSSIONS WITH LIKE SIZE ENTITIES WITHIN OUR INDUSTRY. PART VI - LINE 19 - AS WELL AS BEING PUBLICALLY REPORTED, KEC MEMBERS MAY REQUEST INFORMATION AT OUR OFFICE DURING NORMAL BUSINESS HOURS. ALL REQUESTS ARE MADE THROUGH THE CEO. PART VII - QUESTIONAIRES ARE ANSWERED PERTAINING TO THE NUMBER OF HOURS THE TRUSTEES INVEST ON THE BEHALF OF THE COOPERATIVE. THERE IS AN EXPECTED LEVEL OF COMPETENCE THE TRUSTEES MUST OBTAIN TO REPRESENT THEIR MEMBERSHIP. TRAINING IS REQUIRED AND NUMEROUS SCHOOLS ARE OFFERED FOR THE TRUSTEES TO ATTAIN A HIGHER DEGREE OF KNOWLEDGE. THE EXPENSE OF THE TRAINING IS BOURN BY THE COOPERATIVE BUT IS REPORTED AS INCOME TO THE TRUSTEES. PART XI - LINE 3 - KEC ALLOCATES ANY MARGINS FOR THE YEAR BACK TO ITS' MEMBER/OWNERS BASED ON A METHOD REVIEWED

AND APPROVED BY THE BOARD OF TRUSTEES.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete If the organization answered "Yes" on Form 980, Part IV, line 33, 34, 35b, 38, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

73-0308955

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f) Direct controlling entity ž Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling , entity 145,452 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 6,819 (d) Total Income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) OKLAHOMA Cat. No. 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity SERVICE (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization KAY ELECTRIC COOPERATIVE, INC BLACKWELL, OK 74631 (1) KAY SERVICES, INC (9) Part I Part II ন € 9 0 9 ε <u></u> E ন্ত € 0