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Return of Organization Exempt From Income Tax

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

2014 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

4	For the 2	2014 cale	ndar year, or tax year beginning	, 20	14, and en	ding			, 20			
В	Check if a	pplicable	C Name of organization Southeastern Electric	c Cooperative, Inc			D	Employ	er identification	number		
	Address cl	hange	Doing business as						46-0454373			
	Name cha	nge	Number and street (or P O box if mail is not del	vered to street address	Room	n/suite	E	Telepho	ne number			
	Initial retur	rn	PO Box 388				605-648-3619					
	Final return	/terminated	City or town, state or province, country, and ZIP	or foreign postal code								
	Amended	return	Marion, SD 57043-0388				G	G Gross receipts \$ 56,144,202				
	Application	n pending	F Name and address of principal officer Brad :	Schardin			H(a) Is this a grou	a group return for subordinates? Yes Vo				
			(same as above)						s included? TY	_		
	Tax-exem	pt status	☐ 501(c)(3)	(insert no) 4947(a)(1) or 527				a list (see instruc			
J	Website:	•	v southeasternelectric com	· · · · · · · · · · · · · · · · · · ·	, <u> </u>		H(c) Group ex	emption	number ▶			
ĸ	Form of org			er ►	L Year of for		2000		of legal domicile	SD SD		
	art I	Summ					2000					
			scribe the organization's mission or mo	st significant activ	ities:							
ŏ			electric service to approximately 13,250 r	_		ervico	locations					
auc	ļ -	., 0 , 10 , 119	chouse service to approximately 19,200 I	nember consumers	41 10,000	SCI VICC	10Cation3					
ern	2 7	Check th	is box ▶ ☐ if the organization discontine	ued its operations	or dispose	ed of m	ore than 2	5% of	its net assets			
Š			of voting members of the governing boo	•	-		ioro inari L	3		10		
ص ص	1		of independent voting members of the g	• • • • •		 (h)		4		10		
es			nber of individuals employed in calenda					5				
Activities & Governance			ber of volunteers (estimate if necessary		,o _u,	•		6		59		
Act	1		elated business revenue from Part VIII, o	• •		• •		7a	<u> </u>	0 0		
-	1		ated business taxable income from Fori	• • •		• •		7b		0		
	 	101 0				i '	Prior Year		Current			
_	8 0	Contribut	ions and grants (Part VIII, line 1h)									
Ę			service revenue (Part VIII, line 2g)				F2 F	95,346		EE 120 E40		
Revenue		-	nt income (Part VIII, column (A), lines 3,	4 and 7d)						55,138,549		
æ			enue (Part VIII, column (A), lines 5, 6d, 8	•		\vdash		93,806		285,098		
			enue—add lines 8 through 11 (must equa					20,614	7	27,399		
			nd similar amounts paid (Part IX, column					09,766		55,451,046		
	4		paid to or for members (Part IX, column			_	3.9	05 200		2 624 564		
			other compensation, employee benefits (F)1k	*	95,290		2,621,561			
Ses	1		nal fundraising fees (Part IX, column (A)	~ 1	1103 34 10%	,,,,	4.0	21,685		4,129,294		
Expenses			draising expenses (Part IX, column (D), I				AUC (
ᄶ			penses (Part IX, column (A), lines 11a-1	1d 11f 246	Den,	4	45.0	00.701		40 700 101		
	1		enses. Add lines 13–17 (must equal Par	•	25)	÷		92,791		48,700,191		
			less expenses. Subtract line 18 from lin			-	53,9	09,766		55,451,046		
_ 4		tovonac	iess expenses. Cubitaet inte 10 iron int		<u> </u>	Begi	nning of Curre	nt Year	End of	Year		
sets or	20 T	Fotal acc	ets (Part X, line 16)									
Asse	21 T		ilities (Part X, line 26)					98,583	<u> </u>	131,568,229		
Net As Fund By	22		s or fund balances Subtract line 21 fro					97,441		87,449,778		
	art II		ure Block		<u>· · · · · · · </u>		42,9	01,142		44,118,451		
			ry, I declare that I have examined this return, including	dina accessorium est			An	h 4 - 4 -				
tru	ie, correct,	and compl	ete Declaration of preparer (other than officer) is b	ased on all information	of which prep	arer has	s and to the	ge	ny knowledge a	na belief, it is		
		<u> </u>	tolung Mundmall				<u> </u>	4/	2/2015			
Sic	gn	Shan	ature of officer				Date	•//	spans.			
	re			CFO/ASS+ M	40		54.0					
		Type	or print name and title	210/11331 114								
_		' ,	pe preparer's name Preparer's	signature		Date			PTIN			
_	nid			<u> </u>				Check self-em	□ #			
	eparer	1			· ·	<u> </u>			picyeu			
Us	se Only							EIN ►				
Ma	v the IRS	_	ddress ► s this return with the preparer shown ab	ove? (see instructi	ons)		Phone	no		oo 🗆 No		
	-		ction Act Notice, see the separate instruc	 		<u> </u>				es No n 990 (2014)		
. VI	- aperwe	ork Hedi	vuon noi monoe, see ule separate instruc	rioi12.	Ça	at No 1	1282Y		rom	1 JJU (2014)		

expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$		00 (2014)	nant of December 2	A			Page 2
Brefly describe the organization's mission: It is the cooperative's mission to operate on a cooperative basis. The cooperative is committed to serving our changing and diverse membership with quality electric service through sound business practices, communication, education and progressive leadership, today and in the future.	Part	Ш , Staten	if Schodulo O contains a r	Accomplishments	ш		
It is the cooperative's mission to operate on a cooperative basis. The cooperative is committed to serving our changing and diverse membership with quality electric service through sound business practices, communication, education and progressive leadership, today and in the future. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27.	1	Briefly descr	the the organization's missi	esponse of note to any line in this Part	<u> </u>	<u></u>	<u>. Ц</u>
membership with quality electric service through sound business practices, communication, education and progressive leadership, today and in the future 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	•				ommitted to serving our char	nama and div	/AFSA
leadership, today and in the future							(6) 36
prior Form 990 or 990-EZ7 If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$							
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the orga	nization undertake any sign	ificant program services during the year	which were not listed on th	<u> </u>	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$		prior Form 9	90 or 990-EZ?			☐ Yes	☑ No
services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$							
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expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$							
Providing electric service to approximately 13,250 member-consumers at 16,000 service locations	4	expenses. S	ection 501(c)(3) and 501(c)(organizations are required to report the 	ree largest program service ne amount of grants and all	es, as measu ocations to	ired by others
Providing electric service to approximately 13,250 member-consumers at 16,000 service locations	4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b (Code:) (Expenses \$ncluding grants of \$) (Revenue \$)		Providing ele	ectric service to approximately	13,250 member-consumers at 16,000 serv	ice locations		
4b (Code:) (Expenses \$ncluding grants of \$) (Revenue \$)							
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4c (Code:) (Expenses \$including grants of \$) (Revenue \$)							
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	4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
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							-

) (Revenue \$

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

Total program service expenses ▶

4e

art	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 2		1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		✓
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		√
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
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	✓	
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	✓	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	√	
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		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 domestic 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 or for domestic individuals 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	✓	
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		✓
	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), 501(c)(4), and 501(c)(29) 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 "Yes," 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
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		<u>,</u>
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	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>,</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>·</u>
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		<u>,</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
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		<u> </u>
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	n 990	(2014)

	0 (2014)		'	Page J
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes .	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	res	NO
c	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 Statements, filed for the calendar year ending with or within the year covered by this return 2a 59			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	√	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	44		
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		✓
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		✓
	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). 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		✓
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b 7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	å		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			ł
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	46		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	الكسير	√
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		ٺ

Form 99	90 (2014)		- 1	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	. 🗸
Secti	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 1a 9		163	100
ıa	If there are material differences in voting rights among members of the governing body, or	1		
	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	<u> </u>		
	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 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6	✓	-
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-	-	
	one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		
	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:			
a	The governing body?	8a	✓	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde)	V
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	
b		12b	✓	
С	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	Did the organization have a written whistleblower policy?	13	1	\vdash
14	Did the organization have a written document retention and destruction policy?	14	1	\vdash
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		✓_
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	400		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		-
	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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(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	holic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corde		
	John McDonald, 501 South Broadway Avenue, Marion, South Dakota, 605-648-3619	JUIUS	. –	
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Form 990 (2014)

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 organizat	ion nor any relate	d org	anız			ompe	ensa	ted any currer	t officer, director	r, or trustee.
				•	C)					
(A)	(B)	do r			ition	e than o	222	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any		T		a director/trustee)			compensation from	compensation from related	amount of other
	hours for related	함	Inst	Officer	₹	무렇다.	Former	the	organizations	compensation
	organizations	red du	l to	Ě	Key employee	est o	ਰਿ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	익률	nalt		loye	ğ	1			and related
	iiie)	Individual trustee or director	Institutional trustee		Ď	Highest compensated employee		ļ		organizations
			ф			ated				
(1) Don Heeren	8									
President		✓		✓				10,254	0	
(2) Steve Holmberg	5									
Vice President		✓	Ш	✓				7,579	0	
(3) Chris Hofer	2									
Secretary		✓		✓			<u> </u>	5,429	0	. (
(4) Daryl Terveen	5									
Treasurer		✓		\	L.			7,904	. 0	(
(5) Harley Bruns	4									
Director							✓	5,359	0	(
(6) Lynell Hofer	1									
Director		✓	Ш		<u> </u>		$oxed{oxed}$	3,979	0	
(7) Leslie Mehlhaff	4									
Director		✓					<u> </u>	5,529	0	(
(8) Richard Olsen	5									
Director		/	1		ļ		<u> </u>	7,587	0	
(9) John Ostraat	6					1				
Director		✓	Н		_		┡	8,854	0	(
(10) Pat Scheier	5	,								
Director		<u> </u>	\vdash		_		<u> </u>	8,204	0	
(11) Brad Schardin	40	ł	1 1	١,						
CEO/General Manager			\vdash			<u> </u>	ļ.,	200,368	0	29,027
(12) Tim Chance	40	1				١,				
Operations Manager		⊢—	H	<u> </u>	\vdash	-	\vdash	107,661	0	35,340
(13) John McDonald	40	ł		,	1					
CFO/Assistant Manager		<u> </u>	-	✓	<u> </u>	<u> </u>		107,006	0	36,89
(14) Todd Nelson	<u>40</u>	{								
Consumer Relations & IT Manager						_ ✓		102,598	0	62,417

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					-	C)							_	
	(A)	(B)	(40.0			ition	than c	ne	(D)	(E)			F)	
	Name and title	Average					is both		Reportable	Reportable			mated	
		hours per week (list any	office	ficer and a director/truste					compensation from	compensation related	from		unt of her	
		hours for	유표	lns:	읓	<u>6</u>	율품	낗	the	organization	ns		ensation	
		related	Individual trustee or director	l tit	Officer	Key employee	ploy	Former	organization	(W-2/1099-MI	SC)	fro	n the	
		organizations below dotted	or La	2		룡	8 8	`	(W-2/1099-MISC)				nzation related	
		line)	trus	🚆) ee	퓛				1		izations	
			l te	Institutional trustee	l	'	Highest compensated employee							
				е			ted				- ;			
(15) M	ark Neu	40											· -	
	ting & Member Services Manager						✓		103,052		0		68,0)56
(16)											-			
(17)											-			
(4.0)		<u> </u>		\vdash	_						-+			
(18)		 												
(19)		-									-+			_
113/		 	ł											
(20)	**				_			<u> </u>	 					
3==11			1											
(21)														_
			1											
(22)										-				_
			<u> </u>								[_			
(23)														
									<u> </u>					
(24)		ļ												
	<u> </u>		<u> </u>			_								
(25)														
		<u> </u>						Ļ						
1b	Sub-total						•		691,363		0		231,7	<u>/31</u>
C	Total from continuation sheets to Part			٠										
<u>d</u>	Total (add lines 1b and 1c)							<u>. </u>	691,363		0		231,7	<u>/31</u>
2	Total number of individuals (including but reportable compensation from the organic		ı to tr	iose	IIS	ea	above	e) W	no receivea m	ore than \$10	0,000	of		
	reportable compensation from the organi	2411011 > 5											Yes N	_
3	Did the organization list any former of	ficer direc	tor c	or tr	ust	ee	kev e	emr	olovee or high	est comper	sated		169 14	-
	employee on line 1a? If "Yes," complete											3	√	
4	For any individual listed on line 1a, is the							ก ล	ind other comp	ensation fro	m the			\neg
-	organization and related organizations												-	
	ındividual	_							•			4	√	
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tıon	fro	m any	un/	related organiz	ation or indi	vidua			\neg
	for services rendered to the organization	? If "Yes," c	compl	lete	Sch	nedi	ıle J f	for s	such person			5	✓	
Secti	on B. Independent Contractors									-				_
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than	\$100	0,000 of		
	compensation from the organization. Rep	ort compe	nsatio	on fo	or tl	he c	alend	lar y	year ending wit	h or within t	he org	janizatio	n's tax	
	year.													
	(A) (B) (C)													
	Name and business add							<u> </u>	Description of s	ervices		Compens	ation	_
	Construction, Inc , 5104 Harvestore Rd , Sic								ility construction	<u> </u>			1,084,2	
	K Scholz Company, 7800 Serum Avenue, R		<u> 5812</u> 7						vitchgear				675,4	
`	Corporation, 300 N Phillips Ave , Sioux Falls,			-					ntrol Building				201,0	
NISC,	One Innovation Circle, Lake Saint Louis, MO	00367	_					1Co	mputer Softwar	e			120,7	93
2	Total number of independent contractor	ors (includi	na bi	ıt n	not	limi	ted to	1 th	nose listed abo	ove) who				\neg
_	received more than \$100,000 of compens							. u	4	270, 11110				

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	oonse or note to				<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					1
ts, (С	Fundraising events 1c		į			
Giff	d	Related organizations 1d		1			
ns,	е	Government grants (contributions) 1e		i			'
utio	f	All other contributions, gifts, grants,					
g f		and similar amounts not included above 1f					
out pu	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	Business Code				
Program Service Revenue	2a	Sale of Electricity	221000		52 0041 701		
Rev	b	Other Electric Revenue	221000	53,091,701 291,154	53,0941,701 291,154		-
ce	C	Cooperative Capital Credits	221000	1,755,694	1,755,694		
erv	d		221000	1,733,034	1,733,034		
E	e						
gra	f	All other program service revenue.					-
<u>_</u> _	g	Total. Add lines 2a-2f	▶	55,138,549			
	3	Investment income (including divid	· · · · · · · · · · · · · · · · · · ·				
		and other similar amounts)		285,098		·	285,098
	4	Income from investment of tax-exempt be					
	5	Royalties					
			(ii) Personal				
	6a	Gross rents					į
	b	Less: rental expenses Rental income or (loss)					
	C d	Nist wastel in a series of the set	▶				
	7a	Gross amount from sales of (i) Securities					
		assets other than inventory	16,251				
	b	Less: cost or other basis					
		and sales expenses .	o				
	С	Gain or (loss)	16,251				
	d	Net gain or (loss)	🕨	16,251			16,251
e	8a	Gross income from fundraising					
Ven		events (not including \$					
Other Reven		of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
₹	ь	Less: direct expenses b					
_		Net income or (loss) from fundraising	events . >				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b Net income or (loss) from gaming acti					ļ
	102	Gross sales of inventory, less	vities ▶			·····	
	IVA	returns and allowances a	122.002				
	h	Less: cost of goods sold b	120,002				
	c	Net income or (loss) from sales of inv		11,148	11,148		<u> </u>
		Miscellaneous Revenue	Business Code	17,140	11,140		-
	11a						1
	b						<u> </u>
	С				· · · · · · · ·		
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u></u> ▶	55,451,046	55,149,697		301,349

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com			is must complete co	olumn (A).
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .		🔲
	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 domestic organizations and domestic governments. See Part IV, line 21		· · · · · · · · · · · · · · · · · · ·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,621,561 691,363			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	091,303			
7 8	Other salaries and wages	1,655,248			
9	Other employee benefits	1,782,683			
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	3,054			
b	Accounting	33,620 20,157			
d	Lobbying	20,137		·	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12		301			
13	Advertising and promotion	216,700			
14	Information technology	738,939	•		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	52 222			
20	Interest	53,222 2,619,803			
21	Payments to affiliates	2,019,803			<u> </u>
22	Depreciation, depletion, and amortization .	3,497,871			
23	Insurance	3,407,671			
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.)				
_	Durahagad namar	******			
a b	Purchased power KWH tax	39,129,865			
C		1,005,327			
d	Other deductions	63,585			- -
e	All other expenses	1,317,747			-
25	Total functional expenses. Add lines 1 through 24e	55,451,046			
26	Joint costs. Complete this line only if the	30,101,010			
	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)				

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 589,794 688,007 2 Savings and temporary cash investments 1,200,000 2 1,800,000 3 3 4 4.861.552 4 5.870.313 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 3,666,128 3,811,595 Prepaid expenses and deferred charges . . 1,436,057 9 1,307,995 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 87,263,829 91,782,565 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments - program-related. See Part IV, line 11 . . . 13 20,462,248 21,933,277 14 14 15 Other assets. See Part IV, line 11 15 4,518,975 4,374,477 16 Total assets. Add lines 1 through 15 (must equal line 34). 123,998,583 16 131,568,229 Accounts payable and accrued expenses 17 5,201,312 17 5,232,715 18 18 19 Deferred revenue 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 72,136,339 78,164,897 24 Unsecured notes and loans payable to unrelated third parties . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 3,759,790 4,052,166 26 Total liabilities. Add lines 17 through 25 81,097,441 87,449,778 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 29 29 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 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 42,901,142 44,118,451 33 33 42,901,142 44,118,451 Total liabilities and net assets/fund balances . . 123,998,583 34 131,568,229

If the organization changed either its oversight process or selection process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

2c

Form 990 (2014)

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.

OMB No 1545-0047 20**14**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization Employer identification number Southeastern Electric Cooperative, Inc. 46-0454373 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part		Coll	ections of	Art, His	torical T	reasures	, or Ot	ther Similar As	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply).	acces	ssion, and of	ther reco	rds, chec	k any of th	e follov	wing that are a s	significant use of its
а	☐ Public exhibition			d	☐ Loan	or exchang	je prog	rams	
b	☐ Scholarly research								**
С	☐ Preservation for future generation	s							
4	Provide a description of the organiza XIII.	tion's	collections	and expla	ain how ti	hey further	the ore	ganizatıon's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe								
Part	The state of the s								
	Complete if the organization 990, Part X, line 21.							•	
1a	Is the organization an agent, trustee included on Form 990, Part X?								
b	If "Yes," explain the arrangement in P	art XI	II and compl	ete the fo	llowing ta	able:		Α	mount
С	Beginning balance						10		
ď	Additions during the year						10		
e	Distributions during the year						16		
f	Ending balance						11		
2a	Did the organization include an amou								√ ² ☐ Yes ☐ No
b	If "Yes," explain the arrangement in P								
Pari							•		
	Complete if the organization	n ans	wered "Yes	" to For	n 990, P	art IV, line	10.		
		(a)	Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance								
b	Contributions								
С	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 er	nd balanc	e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowme	nt 🕨		%					
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	•	%						
	The percentages in lines 2a, 2b, and	2c sh	ould equal 10	00%.					
3а	Are there endowment funds not in the	e pos	session of the	he organı	zation tha	at are held	and ad	ministered for the	ne
	organization by:								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(ii), are the related organ			•					3b
4	Describe in Part XIII the intended use			on's endo	owment fu	unds.			
Part								- 	
	Complete if the organization	n ans	wered "Yes	" to Fori	<u>n 990, P</u>	art IV, line	11a. S	<u>See Form 990,</u>	Part X, line 10.
	Description of property		(a) Cost or o (investm		1 ' '	r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land					462,988	رسو .	a	462,988
b	Buildings					3,745,482		1,045,404	2,700,078
С	Leasehold improvements								
d	Equipment					6,750,926		4,633,849	2,117,077
e	Other				1	10,041,783		23,539,361	86,502,422
Total	Add lines 1a through 1e (Column (d))	muet a	agual Form 0	On Part	Y column	(B) line 10	۱ ۱		01 702 555

Part VII	Investments – Other Securities. Complete if the organization answers		m 000	Dort IV line	. 11h	Soo Form	2 000 Dart V line 10
	(a) Description of security or category (including name of security)			Book value	; 11D.	(c) Me	ethod of valuation id-of-year market value
(1) Financial	derivatives		-				
(2) Closely-h	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							·
(G)			ļ	·			
(H)							
	p) must equal Form 990, Part X, col (B) line 12) ▶		L				
Part VIII	Investments—Program Related Complete if the organization answers		m 990,	, Part IV, line	11c.	See Form	n 990, Part X, line 13.
	(a) Description of investment		(b)	Book value			ethod of valuation d-of-year market value
	ge capital in associated orgs			20,476,448	Cost		
	erm certificates - NRUCFC		ļ	727,988	Cost		
	capital securities - NRUCFC		ļ	285,000	Cost		
	ents in economic development		ļ	101,600			
	ships in associated orgs			10,500			
	vestments		 -	331,741	Cost		
_(7)							
(8)			<u> </u>				
(9)	o) must equal Form 990, Part X, col (B) line 13)	-		04 000 077			
Part IX	Other Assets.		<u> </u>	21,933,277	<u> </u>		
	Complete if the organization answ	wered "Yes" to For	m 990	Part IV. line	11d	See Form	n 990 Part X line 15
) Description	<u></u>	, , , , , , , , , , , , , , , , , , , ,		000 . 0	(b) Book value
(1)							
(2)							
(3)							
(4)			_				
(5)				-			
(6)							
(7)							
(8)							
(9)			-				
Total. (Colui	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)				>	
Part X	Other Liabilities. Complete if the organization ansyline 25.	wered "Yes" to For	m 990,	, Part IV, line	11e c	or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value					
(1) Federal in	come taxes						
(2) Accrued	operating provisions	Δ?	39,548				
(2)	er deposits		34,070				
	maturities on long term debt		14,000				
(5) Deferred			34,548				
(6)			3 1,0 1.0				
(7)		· - · · · · · · · · · · · · · · · · · ·					
(8)		-					
(9)							
	b) must equal Form 990, Part X, col (B) line 25.) ▶	4.05	52,166				
2. Liability for	uncertain tax positions. In Part XIII, provi	de the text of the footn	ote to th	ne organization	's finan	cial statem	nents that reports the
organization's	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck here	If the text of the	ne footn	ote has be	en provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	53,382,855
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •		<u> </u>	33,302,033
a	Net unrealized gains (losses) on investments	2a	I	,	
b	Donated services and use of facilities			1	
c	Recoveries of prior year grants			1	
d	Other (Describe in Part XIII.)	2d		1	
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	53,382,855
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	53,382,855
Part	XII Reconciliation of Expenses per Audited Financial State	ments	With Expenses pe	r Retur	
	Complete if the organization answered "Yes" to Form 990,	Part I	V, line 12a.		
1				1	52,829,484
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
С	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	52,829,484
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,621,561]	
С	Add lines 4a and 4b			4c	2,621,561
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.)		5	53,382,855
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
	line 2 - The cooperative adopted the provisions of Financial Accounting Star	-			
1132.111		1931319.			
ASC 74	40-10 (previously Financial Interpretation No. 48, Accounting for Uncertainty	n Incor	me Taxes), on January	1. 2009 T	he
	······································			-1-7	
ımplen	nentation of this standard had no impact on the financial statements. As of b	oth the	date of adoption, and a	as of Dece	ember 31, 2014,
there w	vas no recognized tax accrual. The cooperative would recognize future accru	ied inte	rest and penalties relat	ed to unre	ecognized
tax ber	nefits in income tax expense if incurred Generally, the cooperative is no long	ger sub	ject to Federal tax exan	ninations	by tax
author	ities for years before 2009				
_					
Part XI	I, line 4b, Other - GAAP doesn't recognize book vs. tax and the net margin of	\$2,621	561 is the amount alloc	ated as p	atronage
capital	credits for 2014 which was reported as "benefits paid to or for members" on	Form 9	990, Part IX, line 4 in the	Stateme	nt of Functional
_					
Expens	Ses				

Schedule D (For	rm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
•		
	······································	

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	eastern Electric Cooperative, Inc		46-04543	73		
Part	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a. Complete Part III to p					
	First-class or charter travel	☐ Housing allowance or residence f	· -			
	Travel for companions	Payments for business use of per				
	Tax indemnification and gross-up payments	Health or social club dues or initia				
	☐ Discretionary spending account	Personal services (e.g., maid, cha	uffeur, chef)			
b	If any of the house on two to are absolved did the	ha avanciantian fallow a westen make				
D	If any of the boxes on line 1a are checked, did to or reimbursement or provision of all of the ex					
	explain		· · · · · · · ·	1 _b	1	
				1.5		
2	Did the organization require substantiation prio	r to reimbursing or allowing exper	nses incurred by all			
	directors, trustees, and officers, including the CE					
	1a?			2	✓	
3	Indicate which, if any, of the following the filing org					
	organization's CEO/Executive Director. Check all the					
	related organization to establish compensation of t		ın 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 comper	isation committee			
4	During the year, did any person listed in Form 990,	Part VII. Section A. line 1a. with respe	ect to the filing			
•	organization or a related organization:	Tart in, coolient, into ta, with toops	oct to the ming			
а	Receive a severance payment or change-of-control	ol payment?		4a		✓
b	Participate in, or receive payment from, a supplement			4b		√
С	Participate in, or receive payment from, an equity-t	· · · · · · · · · · · · · · · · · · ·		4c		1
	If "Yes" to any of lines 4a-c, list the persons and pe		h item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of					
5	For persons listed in Form 990, Part VII, Section A,	line 1a, did the organization pay or ac	ccrue any			
	compensation contingent on the revenues of:					
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A,	line 1a, did the organization pay or a	crile any			
U	compensation contingent on the net earnings of:	into ra, aid the organization pay of at	or de arry			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes" to line 6a or 6b, describe in Part III.					
				ļ		
7	For persons listed in Form 990, Part VII, Section					
	payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII,					
	to the initial contract exception described in					
	in Part III			8		- سيد
•	If "Voo" to line 9 did the examination also fol	low the rebuttable presumption	oodura dacambad			
9	If "Yes" to line 8, did the organization also fol	low the reputtable presumption pro	cedure described in	1		

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

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

Note The sum of columns (Bi(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VIII. Section A. line 1a applicable columns (Bi(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VIII. Section A. line 1a applicable columns (Bi(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VIII.

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	or eac	th listed individual mu	st equal the total amo	ount of Form 990, Pa	rt VII, Section A, line	la, applicable colum	n (D) and (E) amounts	for that individual.
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	in column (B) reported as deferred in prior Form 990
Harlov Brine	8	5,359	0	0	0	0	5,359	0
1 Former Director	E	0		0	0	0	0	0
Brad Schardin	€	200,368	0	0	000'9	730,62	259,395	0
2 CEO/General Manager	€	0		0	0	0	0	0
Tim Chance	(i)	107,661	0	0	13,964	21,376	143,001	0
3 Operations Manager	(E)	0	0	0	0	0	0	0
John McDonald	8	107,006	0	0	14,495	22,396	143,897	0
4 CFO/Assistant Manager	<u>(ii)</u>	0		0	0	0	0	0
Todd Nelson	(I)	102,598	0	0	41,226	21,191	165,015	0
5 Consumer Relations & IT Mgr	€	0		0	0	0	0	0
Mark Neu	€	103,052	0	0	46,803	21,253	171,108	0
6 Mktg & Member Services Mgr	(ii)	0		0	0	0	0	0
	(1)							
7	▣			:				
	E		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9				6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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11	€							
	€							
12	€							
	€							11 11 11 11 11 11 11 11 11 11 11 11 11
13	€							
	€			6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
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	€					- 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
15	€							
	e :							
16	€							

Schedule J (Form 990) 2014

(Form 990) 2014	Page (
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 par for any additional information.	ııs par
Part 1. line 1a - The cooperative occasionally provides charter travel for directors, officers and key employees to attend meetings of associated organizations when it is more	
cost effective and expedient than ground transportation or commercial travel	•
	100

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

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.

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

Schedule O (Form 990 or 990-EZ) (2014)	
Name of the organization Southeastern Electric Cooperative, Inc	Employer identification number 46-0454373
Form 990, Part VI, Section C, line 19 - The cooperative's governing documents, conflict of inte	rest policy and financial statements are
available to the cooperative's members but not the general public. Bylaws and financial stater	ments are routinely provided to the
members The conflict of interest policy would be provided to a member upon request	
Form 990, Part IX, line 4 - Although technically not an expense, we have included the capital c	redit allocation as "benefits paid
to or for members" because within the Non-Profit Operation section of our bylaws, it states "A	All such amounts credited to the capital
account of any patron shall have the same status as though they had been paid to the patron	ın cash ın pursuance of a legal obligation
to do so and the patron had then furnished the Cooperative corresponding amounts for capital	al "
Form 990, Part XI, line 9 - The increase in net assets results from the allocation of \$2,621,561 in	n patronage capital credits, the retirement
(refund) of \$1,463,353 in patronage capital credits and an increase in other equities of \$59,101	for a total of \$1,217,309
Form 990, Part VII, Column F, Other Compensation - Included in Other Compensation is the es	stimated current year increase or decrease
in the actuarial values of the defined benefit plan as calculated by the Administrator. The curr	ent year increase or decrease does not
represent current year contributions to the plan	
	·····
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