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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2014

Open to Public

Depaytment of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

▶ Do not enter social security numbers on this form as it may be made public.

nter	nal Revenue	e Service	<u></u> ► Informa	tion about For	rm 990 and its in	structions is at	www.irs.go	ov/form990.		Inspec	llon
Ā	For the 2	2014 caler	ndar year, or tax year	beginning	January 01	, 2014, a	nd ending	Decemi	ber 31	, 20 14	
В	Check if a	pplicable	C Name of organization (Ouachita Elect	tric Cooperative	Corporation) Employe	er identification n	umber
	Address c	hange	Doing business as Ot	uachita Electri	c Cooperative Co	orporation				71-0133895	
	Name cha	ange	Number and street (or I	PO. box if mail is	not delivered to stre	eet address)	Room/suite		Telephor	ne number	
	Initial retui	-	P O Box 877, 700 Br	adiev Ferry Ro	oad					870-836-5791	
		/terminated	City or town, state or p			ostal code	'				
=_	Amended		Camden, Arkansas	71711-0877				10	Gross re	ceipts \$	
			F Name and address of p		Mark Cayce, Ge	neral Manager				subordinates? Yes	√ No
			P O Box 877, Camd		•					s included? Ves	
	Tax-exem	not etatus:	501(c)(3)		2) ◀ (insert no.) [4947/aV1) or	527			list. (see instruction	
	Website:		c.com	<u> </u>	<u>z. / (most rio.) (</u>		JE /	H(c) Group e		·	•
			Corporation Trust	Association	Other▶	I Ves	ar of formation	•	r 	of legal domicile	
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			scribe the organizat	hon's mission	or most signific	eant activities:	Dietributi	on Electric	Coopera		
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Ō	1		of voting members of	_	• • •	•	ling 1h		3		9
Activities & Governance	1		of independent votin	_		• •	•		4		9
Ę	1		nber of individuals e	• -	-	•	•		5		36
Ę			nber of volunteers (e						6		0
•			elated business reve		•	•			7a		0
	b	Net unrei	ated business taxab	ole income tro	m Form 990-1,	iine 34	-: -: -		7b	-	0
	1						ļ	Prior Yea	-	Current Y	ear
9	1		ions and grants (Pa	-			· ·		0		0
Ē	1	_	service revenue (Pa				<u> </u>		726,555	2	2,212,710
Revenue			nt income (Part VIII,			-			262,668	· · · · · · · · · · · · · · · · · · ·	217,137
_	I .		enue (Part VIII, colu			-			388,187		436,949
			enue-add lines 8 thi					23,	377,410	2	2,866,796
	1		nd similar amounts p			•	· ·		0		0
	1		paid to or for memb	-		-	· ·	2,	656,983		1,683,218
8	1		other compensation,				5–10)	4,	361,432		4,689,941
Expenses	16a	Professio	nal fundraising fees	(Part IX, colu	ımn (A), line 1-1 e	š) · \	· · <u> </u>				
ğ			draising expenses (F		الرااد المراال معتمد :						
ш		•	oenses (Part IX, colu			. 1811		16,	358,995	1	6,493,637
			enses. Add lines 13				i)	23,	377,410	2	2,866,796
	19	Revenue	less expenses. Sub	tract line 181	rom line 12 ເງໃ	113 /bei			0		0
5 6	:					ADDRESS.	Be	ginning of Cur	rent Year	End of Ye	ear
sets or	20		ets (Part X, line 16)	./ن ارن ا	MAY .	Mary Mary		65,	388,487	6	4,811,548
Net Ass Fund Be	21	Total liab	ilities (Part X, line 26	5) · · /==/	الأركان والمتبسين	} }		23,	921,812	2	2,326,952
\$2	22	Net asset	ts or fund balances.	Subtract\line	21 from line 20	<u> </u>		41,	466,675	4	2,484,596
P	art li	Signat	ure Block								
			ry, I declare that I have ex							ny knowledge and	d belief, it is
tru	e, correct,	, and compl	ete. Declaration of prepar	er (other than off	icer) is based on all i	nformation of whi	ch preparer ha	as any knowle	dge		
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Sig	gn 🗎	Signa	ature of officer					Date	е	, ——, —— <u>, ——</u>	
He	ere	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	JARK Cayco	e - Gen	eral M	ANager					
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Ma	v the IR		s this return with the	preparer sho	own above? (see	e instructions)				TVe	s No



Form **990** (2014)

Cat. No 11282Y

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;	Other program services (De	sscribe in Schedule O.)			
; 1	Other program services (De	escribe in Schedule O.)			

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	·	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	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			1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
_	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		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<u> </u>		<u> </u>
	VII, VIII, IX, or X as applicable.			
а		ļ		
	complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	/	ļ
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
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			T
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
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)	47		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part l	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		√
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		✓
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 b	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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	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	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b 36		<u> </u>
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,	30		
38	Part VI	37		1
	19? Note. All Form 990 filers are required to complete Schedule O	38		

arı				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]]		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	
3 a	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	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	[
	account)?	4-		1
	If "Yes," enter the name of the foreign country: ▶	4a		_
D				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	, , , , , , , , , , , , , , , , , , ,	5a		/
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а				
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
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.			
_	Did the sponsoring organization make any taxable distributions under section 4966?	_		
a	· · · · · · · · · · · · · · · · · · ·	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		<u> </u>
a	Initiation fees and capital contributions included on Part VIII, line 12	∤ 		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1 1		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
4.5	against amounts due or received from them.)	↓		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S							
Soction	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	<u>····</u>	<u></u>				
Secu	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 1a9							
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	i					
	any other officer, director, trustee, or key employee?	2		1				
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		1				
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, stockholders, or other persons who had the power to elect or appoint							
_	one or more members of the governing body?	7a	✓	_				
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,		/					
	stockholders, or persons other than the governing body?	7b	<u> </u>	 -				
8	the year by the following:							
_	The governing body?	0.						
a b	Each committee with authority to act on behalf of the governing body?	8a 8b	V					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	_	-				
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/				
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a						
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		1				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ł				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓					
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	L				
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	/					
13	Did the organization have a written whistleblower policy?	13	✓	<u> </u>				
14 15	Did the organization have a written document retention and destruction policy?	14	-					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	/	İ				
b	Other officers or key employees of the organization	15b	7	 				
	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?	16a		1				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Γ				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1					
	organization's exempt status with respect to such arrangements?	16b	Ĺ	/				
Secti	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► Arkansas							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 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)							
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	policy	, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	00-4-						
	W Perry Jonson, 700 Bradley Road, Camde, Arkansas 71701	COIUS	. —					
	TY FELLY JULISUIT, JUU DIAUICY RUAU, CALLIUC, MIRAIISAS / 1/V I							

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 organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization	The any relate	J 0,g.		(0	>)	511100	1100	log uny garran	l dilicolo	, or iradico.
(A)	(B)	/da =			ition	than c		(D)	(E)	(F)
Name and Title	Average					s both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and		rect	or/trust	<u> </u>	compensation	compensation from related	amount of other
	hours for	유	lns.	Officer	<u>~</u>	ᆲ픑	Former	the	organizations	compensation
	related		Ĕ	Cer	/ err	phas.	B	organization	(W-2/1099-MISC)	from the
	organizations below dotted		ола		Key employee	8 6	`	(W-2/1099-MISC)		organization and related
	line)	rust	a a		yee	n pe				organizations
		8	Institutional trustee			Highest compensated employee		i		
(1) Corbet J Lamkin	4.08	,		į		ŀ				
Director			├	ļ		<u> </u>		8,000		7,326
(2) Danny Adams	2.72	,								_
Director/Chairman of Board		/	\vdash					10,000		5,587
(3) Wanda Taylor	2.69	,	į							
Director		/	 		<u> </u>		_	11,600		7,19
(4) Walt Pigott	2.60		i							
Director		1	⊢	\vdash			<u> </u>	7,600		3,759
(5) James Garner	2.12									
Director		/	 	ļ	<u> </u>	<u> </u>	<u> </u>	10,800		6,136
(6) Lisa Hendrix	2.75					İ		1		
Director/Secetary-Treasurer of Board		/	\vdash					9,600		4,471
(7) Mike Hutchinson	2.38	١,				ļ	ļ			
Director		✓					_	8,400		4,642
(8) David McLeane	2.43	_ ا				•				
Director		✓	ļ	<u> </u>	ļ		_	10,400		6,141
(9) Greg Goss	2.92						ļ	-		
Director/Vice-Chairman of Board					_			11,600		7,370
(10) Mark Cayce	50				١.	١.				
General Manager			L		1	✓		139,586	27,336	66,897
(11) W Perry Johnson	50									
Manager of Finance & Accounting			<u> </u>		✓	✓.	L	101,220		45,471
(12) Charles Armstrong	50				l .					
Service Manager			$oxed{oxed}$		✓	<u> </u>	$oxed{oxed}$	96,193		26,230
(13) David O'Hara	50						1			
Operations Manager			$oxed{oxed}$	<u> </u>	✓	L	<u>L</u>	95,327		53,919
(14) Richard Baker	50						1			
Engineering Service Manager					✓			93,381		49,591

•	(A) Name and title	(B) Average hours per week (list any	box, ı	ot ch		more	than o		(D) Reportable	(E) Reportable			(F) mated	
	Name and title	hours per	box, ı						Reportable	Reportable		Est	mated	
					_		or/trust	<u> </u>	compensation from	compensation fr related	om		ount of ther	
		hours for	ᄗ	l Ing	₽	Хey	e H	Form	the	organizations	.		ensatio	าก
		related	dire	彦	Officer	y er	hes	3	organization	(W-2/1099-MIS			m the	
		organizations below dotted	cto	9		뤛	/99 T CC	_	(W-2/1099-MISC)			•	nization	
		line)	trus	8		employee	d fr						related lization	
			Individual trustee or director	Institutional trustee		•	Highest compensated employee							
(15) Da	vid Morgan	50		\neg			ă							
	Manager	1				✓			58,282				:	36,371
(16) No	rma O'Neal-Beaver	50												
	mber Services					✓			84,385					43,981
(17) Ro	bert Stinnett	50												
Ma	nager System Planning					✓		L	71,427				:	39,284
(18) Sh	awn Dorflinger	50												
	ne Design Manager	 				✓			65,052					42,229
(19) _{Lic}	yd Boyce Drake							۔ ا						
Ref	tired General Manager							1	ļ					1,332
	lliam H Bradshaw	_						,						
	tired Manager of Operations	<u> </u>					<u> </u>	✓						3,257
	ly Charles Parker							/						
	etired Manager of Operations	 					<u> </u>	-						3,084
	en G Watson	+						/						0.47
	tired District Manager rold Duncan	 				\vdash	 	•	 					3,171
	rold Duncan tired District Manager	+	ĺ					1						2,492
								<u> </u>						_Z,432
37	•••••	†												
(25)												_		
					Ĺ									
1b	Sub-total								827,801	27,3	36		4	14,37°
	Total from continuation sheets to Part								65,052					55 <u>,56</u> 5
	Total (add lines 1b and 1c)							<u> </u>	892,853				4	69,930
2	Total number of individuals (including bu reportable compensation from the organ		to th	ose	lıst	ted :	above	e) w	rho received m	ore than \$100),000 c	of		
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compens	sated			
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	ivid	ual				•	3	✓	
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$1	50,	000)? h	f "Ye	s, "	complete Sch	edule J for	such	Į.		
	individual			•	•		•	-			•	4	1	
5	Did any person listed on line 1a receive of									ation or indiv	idual			
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J t	or s	such person	<u></u>	•	5		✓
Section	n B. Independent Contractors													
1	Complete this table for your five highest	-		-							-			
	compensation from the organization Re year.	port compe	nsatio	on ic	or tr	ne c	alend	ar y	year ending wit	n or within th	e orga	nizati	on's t	ax
	(A) Name and business add	dress							(B) Description of s	ervices	Co	(C) ompens		
The Fir	shel Company, Department L-2478, Columbi	us, OH 4326	0-051	 5				Lir	ne Const/Retire/	Main/Oper			8	37,31
	orporation,705 Main St, North Little Rock, A				_				ergy Effieceny					36,90
Seal Co	Energy Group, Inc., 4 Longwood, Little Rock							_	hting					88,63
		AD 72215						J +	· · · · · · · · · · · · · · · · · · ·					01 274
Excel E	ree Service, Inc., PO Box 55362, Little Rock	, AR /2213						116	ee trimming				1	01,279
Excel E	Total number of independent contractor													01,27

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	sponse or note to		Part VIII		<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 nts	1a	Federated campaigns 1a					
ira	ь	Membership dues 1b					
a, G	С	Fundraising events 1c					
Sift lar	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
tion S	f	All other contributions, gifts, grants,		İ			
the de		and similar amounts not included above 1f		1			
o tr	g	Noncash contributions included in lines 1a-1f: \$					
	<u>h</u>	Total. Add lines 1a-1f				<u>.</u>	
Je e			Business Code				
eve	2a	Sale of Electricity	16	22,037,116			
Program Service Revenue	Ь	Member Forfeited Discount	16	112,505			
돌	C .	Service Charges	16	63,089			
Se	d				-		
ם	e	All other program service revenue.	ļ				
ğ	f g	Total. Add lines 2a–2f	•	22 212 710		L	<u> </u>
	3	Investment income (including divide		22,212,710			1
			•	217,137			
	4	Income from investment of tax-exempt to	ond proceeds	277,107			
	5	Royalties					
		(i) Real	(ii) Personal				***
	6a	Gross rents					
	ь	Less: rental expenses		ļ			
	С	Rental income or (loss)					į
	d	\	▶		47.5		ļ
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	١.	assets other than inventory					
	Ь	Less: cost or other basis					
		and sales expenses .	ļ				Ì
	C	Gain or (loss)	1				
	d	Net gain or (loss)	▶				
venue	8a	Gross income from fundraising events (not including \$					
er Re		of contributions reported on line 1c). See Part IV, line 18	a				
Other	b	- ···	b				
	С	Net income or (loss) from fundraising	events . 🕨				
	9a	Gross income from gaming activities					
		See Part IV, line 19	. ———				
	b	Less: direct expenses	b∐ tivities ▶			•	
	10a						
	IVa		l i	1			
	Ь	•	a 373,514 b 325,553				
	C	Net income or (loss) from sales of in		47 004		}	
	ا ا	Miscellaneous Revenue	Business Code	47,961		 	
	11a			4,052		1	
	Ь	Discount Sales Taxes		17,806			
	С	Discount RUS Buyout		41,754		· -	
	d	All other revenue	9900099	325,376		1	
	е	Total. Add lines 11a-11d	▶	388,988			
	12	Total revenue. See instructions	•	22.866.796			

	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con	nolete all columns. A	ll other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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	1,683,218 892,853			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,944,898			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	935,767			
9	Other employee benefits	707,471			
10	Payroll taxes	208,952			
11 a	Fees for services (non-employees): Management				
b	Legal	9,437			
	Accounting	30,695	•	 	
9	-	30,655			
d	Lobbying	-			
e	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·	 	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	151,351			
12	Advertising and promotion	2,500			
13	Office expenses	172,931			
14	Information technology	198,202			
15	Royalties				<u> </u>
16	Occupancy				
17	Travel	19,189		· · · ·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	13,103			
19	Conferences, conventions, and meetings .	37,250			
20	Interest	1,172,499			
21	Payments to affiliates	12,383,371			-
22	Depreciation, depletion, and amortization .	1,826,098	·		
23	Insurance	176.666			
24	Other expenses Itemize expenses not covered	170,000			
24	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.)			ļ	
a	APSC Fees	45,513			
b			.	 	
C			·	 	
d	All all an annual and an		•	 	
e	All other expenses	267,935		 	
25	Total functional expenses. Add lines 1 through 24e	22,866,796		1	
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)			!	

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 4,700,369 3,032,645 2 2 Savings and temporary cash investments 680,546 144,825 3 3 4 4 2,531,399 2,234,084 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Assets 7 7 Inventories for sale or use 8 1,338,072 1.165.759 9 Prepaid expenses and deferred charges 2,418,338 2,347,872 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation b 10c 26,216,702 37,224,492 38,480,357 11 11 12 Investments - other securities. See Part IV, line 11 12 16,345,270 17,101,920 Investments - program-related. See Part IV, line 11 . . . 13 13 14 14 15 Other assets. See Part IV, line 11 15 150,000 150,000 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 65,338,487 64,811,548 17 17 1,310,862 1,109,577 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 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 23 Secured mortgages and notes payable to unrelated third parties . . . 23 21,538,915 20,210,474 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 25 970,775 1,006,901 Total liabilities. Add lines 17 through 25 ... 26 26 23,820,552 22,326,952 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 40,680,163 39,032,141 33 887,771 33 3,452,455 34 Total liabilities and net assets/fund balances 65,338,487 64,811,548

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22,80	56,796	
Ž	Total expenses (must equal Part IX, column (A), line 25)	2		22,80	66,796	
3	Revenue less expenses. Subtract line 2 from line 1	3			_ 0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		88	37,771	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,50	34,684	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3,45	52,455	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain ir	1			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:	J.,	}			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?		2b	1		
J	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a			,	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 1	}		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiahl	.			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c			
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın		_	 ,	
	Schedule O.	•		1]	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	,			
	the Single Audit Act and OMB Circular A-133?		3a		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			<u> </u>	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3Ь		1	
			For	n 990	(2014)	

SCHEDULE D (Form 990)

Department of the Treasury

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 № 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number **Ouachita Electric Cooperative Corporation** 71-0133895 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** 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) ☐ 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 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified histonic structure included in (a) 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 3 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 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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) R In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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. 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. 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: 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;

Assets included in Form 990, Part X . . .

	_
Page	-2

Part	Organizations Maintaining C	collections of Art	, Histo	rical T	reasures,	or Ot	her Similar As	sets (contin	ued)
3	Using the organization's acquisition, accollection items (check all that apply):								
à	☐ Public exhibition		d \square	Loan	or exchange	e prog	rams		
b	☐ Scholarly research								
	☐ Preservation for future generations								
4	Provide a description of the organizatio XIII.	on's collections and	explain	how th	ney further t	he org	anization's exer	npt purpose i	n Part
5	Dunng the year, did the organization se	olicit or receive doi	nations	of art, I	nistorical tre	easure	s, or other simila	ar	
	assets to be sold to raise funds rather th	nan to be maintaine	d as pa	rt of the	organizatio	on's co	llection?	☐ Yes [□No
Part	V Escrow and Custodial Arran	gements.		•			-		
	Complete if the organization a 990, Part X, line 21.						•		m
1a	Is the organization an agent, trustee, or included on Form 990, Part X?							ot] No
b	If "Yes," explain the arrangement in Part	t XIII and complete	the folio	wing ta	ble:				
							Α	mount	
C	Beginning balance					10	:		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					11			
2a	Did the organization include an amount								∏ No
	If "Yes," explain the arrangement in Par	t XIII. Check here if	the exp	lanation	has been	provide	ed in Part XIII .	[
Part									
	Complete if the organization a								
		(a) Current year	(b) Prior	year	(c) Two years	back	(d) Three years bac	k (e) Four year	s back
1a	Beginning of year balance								
Ь	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships					_			
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	e current year end b	alance	(line 1g.	column (a)) held a	as.		
а	Board designated or quasi-endowment	▶%	,						
b	Permanent endowment ▶	%							
С	Temporanly restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c	should equal 100%	ó.						
3a	Are there endowment funds not in the	possession of the c	organiza	tion tha	it are held a	and ad	ministered for th	ne	
	organization by:							Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of	of the organization's	endow	ment fu	inds.				
Part						_			
	Complete if the organization a	answered "Yes" to	Form	990, P	art IV, line	11a. S	See Form 990,	Part X, line	10.
	Description of property	(a) Cost or other (investment)	1 7	-	r other basis her)		Accumulated epreciation	(d) Book valu	16
1a	Land	30	7,763					3	07,763
b	Buildings	1,83	1,038				1,375,8863		55,152
C	Leasehold improvements								<u></u>
d	Equipment	15,04	0,163				13,416,808	1,6	23,355
е	Other		8,095				11,424,008		94,087
Total.	Add lines 1a through 1e. (Column (d) mu	st equal Form 990,	Part X,	column	(B), line 10	c.)			B0,357

	(a) Description of security or catego (including name of security)	ry	(b) Book value		990, Part X, line 12. od of valuation of-year market value
(4) Financial					
(1) Financial					
(2) Other	• •	· · · · · · -			
(A)					<u> </u>
(B)					
(C)					
(D)					
<u>:</u> (E)				- · ·	"
(F)				-	
(G)					
(H)					<u> </u>
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments-Program Relate		l.	··	
	Complete if the organization and		990, Part IV, line	11c. See Form 9	990. Part X. line 13.
•	(a) Description of investment		(b) Book value	(c) Meth	od of valuation of-year market value
(1)					
(2)					,, , , , , , , , , , , , , , , , , , ,
(3)					
(4)					· · · · · · · · · · · · · · · · · · ·
(5)					
(6)					
(7)					
(8)					
(9)					
(3)					
	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨	•			
	Other Assets.				A 7 7 M
Total. (Column (swered "Yes" to Form	990, Part IV, line	11d. See Form 9	
Total. (Column (Other Assets.		990, Part IV, line	11d. See Form 9	990, Part X, line 15. (b) Book value
Total. (Column (Part IX	Other Assets. Complete if the organization an	swered "Yes" to Form	990, Part IV, line	11d. See Form 9	(b) Book value
Total. (Column (Part IX) (1) Land 20 (2)	Other Assets. Complete if the organization an	swered "Yes" to Form	990, Part IV, line	11d. See Form 9	(b) Book value
(1) Land 20 (2) (3)	Other Assets. Complete if the organization an	swered "Yes" to Form	990, Part IV, line	11d. See Form 9	(b) Book value
(1) Land 20 (2) (3) (4)	Other Assets. Complete if the organization an	swered "Yes" to Form	990, Part IV, line	11d. See Form 9	(b) Book value
(1) Land 20 (2) (3) (4) (5)	Other Assets. Complete if the organization an	swered "Yes" to Form	990, Part IV, line	11d. See Form 9	(b) Book value
(1) Land 20 (2) (3) (4) (5)	Other Assets. Complete if the organization an	swered "Yes" to Form	990, Part IV, line	11d. See Form 9	(b) Book value
(1) Land 20 (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization an	swered "Yes" to Form	990, Part IV, line	11d. See Form 9	(b) Book value
(1) Land 20 (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization an	swered "Yes" to Form	990, Part IV, line	11d. See Form 9	(b) Book value
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization and acres	swered "Yes" to Form (a) Description	990, Part IV, line	11d. See Form 9	(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization and acres acres amn (b) must equal Form 990, Part X,	swered "Yes" to Form (a) Description	990, Part IV, line	11d. See Form 9	(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization and acres amn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and	swered "Yes" to Form (a) Description col. (B) line 15.)			(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets. Complete if the organization and acres amn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25.	swered "Yes" to Form (a) Description col. (B) line 15.)			(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column)	Other Assets. Complete if the organization and acres amn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability	swered "Yes" to Form (a) Description col. (B) line 15.)	990, Part IV, line		(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the	Other Assets. Complete if the organization and acres Imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes	swered "Yes" to Form (a) Description col. (B) line 15.) swered "Yes" to Form (b) Book value	990, Part IV, line		(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnative Columnative Co	Other Assets. Complete if the organization and acres Imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes ulated Operating Provision	swered "Yes" to Form (a) Description col. (B) line 15.) swered "Yes" to Form (b) Book value (919,	990, Part IV, line		(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column to Part X 1. (1) Federal to (2) Accume (3) Consum	Other Assets. Complete if the organization and acres Imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes ulated Operating Provision mer Deposits	swered "Yes" to Form (a) Description col. (B) line 15.) swered "Yes" to Form (b) Book value (919,	990, Part IV, line		(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal III (2) Accumi (3) Consur (4) Othe cu	Other Assets. Complete if the organization and acres amn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of hability income taxes ulated Operating Provision mer Deposits arrent & accrued liabilities	swered "Yes" to Form (a) Description col. (B) line 15.) swered "Yes" to Form (b) Book value (919, 382 1,380	990, Part IV, line -0- 525) 382 507		(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Column	Other Assets. Complete if the organization and acres amn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of hability income taxes ulated Operating Provision mer Deposits arrent & accrued liabilities	swered "Yes" to Form (a) Description col. (B) line 15.) swered "Yes" to Form (b) Book value (919, 382 1,380	990, Part IV, line		(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Column	Other Assets. Complete if the organization and acres amn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of hability income taxes ulated Operating Provision mer Deposits arrent & accrued liabilities	swered "Yes" to Form (a) Description col. (B) line 15.) swered "Yes" to Form (b) Book value (919, 382 1,380	990, Part IV, line -0- 525) 382 507		(b) Book value 150,00 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal III (2) Accumi (3) Consur (4) Othe cu (5) Deferre (6) (7)	Other Assets. Complete if the organization and acres amn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of hability income taxes ulated Operating Provision mer Deposits arrent & accrued liabilities	swered "Yes" to Form (a) Description col. (B) line 15.) swered "Yes" to Form (b) Book value (919, 382 1,380	990, Part IV, line -0- 525) 382 507		(b) Book value 150,00 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal II (2) Accumu (4) Othe cu (5) Deferre (6) (7) (8)	Other Assets. Complete if the organization and acres amn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of hability income taxes ulated Operating Provision mer Deposits arrent & accrued liabilities	swered "Yes" to Form (a) Description col. (B) line 15.) swered "Yes" to Form (b) Book value (919, 382 1,380	990, Part IV, line -0- 525) 382 507		(b) Book value 150,00
(1) Land 20 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (1) Federal III (2) Accumu (4) Othe cu (5) Deferre (6) (7) (8) (9)	Other Assets. Complete if the organization and acres amn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of hability income taxes ulated Operating Provision mer Deposits arrent & accrued liabilities	swered "Yes" to Form (a) Description col. (B) line 15.) swered "Yes" to Form (b) Book value (919, 382 1,380 163	990, Part IV, line -0- 525) ,382 ,507		(b) Book value 150,00

Part	·			-	Return.	
	Complete if the organization answered "Yes" to Fo					
1	Total revenue, gains, and other support per audited financial st				1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line					
а	Net unrealized gains (losses) on investments		2a			
b	Donated services and use of facilities		2b			
C	Recoveries of prior year grants	<u> </u>	2c	 	1	
d	Other (Describe in Part XIII.)	_	2d]	
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on lin	ne 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7		4a]	
b	Other (Describe in Part XIII.)		4b]	
C	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990,				5	
Part					r Retur	n
	Complete if the organization answered "Yes" to Fo	om 990, Pa	art IV, line 1	2a		
1	Total expenses and losses per audited financial statements .				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 2	_				
а	Donated services and use of facilities	[2a			
b	Pnor year adjustments	[2b		1	
C	Other losses	[2c		1	
d	Other (Describe in Part XIII.)	[2d		1	
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part IX, line 25, but not on line	e 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7	7b	4a			
b	Other (Describe in Part XIII.)	[4b		1	
C	Add lines 4a and 4b	_			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990), Part I, line	18.)		5	- /
	XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, li					
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complet	te this part to	provide an	y addıtional ın	formation	١.
Invest	ments in Associated Organizations					
			•			
PATRO	ONAGE CAPITAL CERTIFICATE - AECI					(7,535)
PATRO	ONAGE CAPITAL CERTIFICATE-AECC	••••				10,025,901
PATRO	ONAGE CAPITAL CERTIFICATE-NRUCFC					593,171
CLASS	S C COMMON STOCK-FEDERATED RURAL ELECTRIC INSURANCE					105,141
PATRO	ONAGE CAPITAL-NRTC					408,438
PATRO	ONAGE CAPITAL CERTIFICATE-SEDC					38,051
PATRO	ONAGE-ARKANSAS RURAL DEVELOPMENT SELF-INSURANCE TR	RUST				45,524
PATRO	ONAGE CAPITAL NISC					21,590

PATRO	ONAGE CAPITAL-CRC					22,813
MEMB	BERSHIP - NRUCFC					1,000
						1,000
MEMB	BERSHIP-COMMITTEE ON SOUTHWEST POWER					10
MEMB	ERSHIP - NRTC					1,000

Part XIII Supplemental Information (continued)	T age 0
MEMBERSHIP - NRECA	10
MEMBERSHIP - HAMPTON INDUSTRIES	500
MEMBERSHIP - CAIDC STOCK	100
MEMBERSHIP - CAMDEN INDUSTRIAL DEVELOPMENT	200
MEMBERSHIP - NICS	1,000
MEMBERSHIP - AECI	100
MEMBERSHIP - AECC	100
MEMBERSHIP - SEDC	100
CAPITAL TERM CERTIFICATES - NRUCFC	859,756
WILDBLUE	23,350
OTHER INVESTMENTS	
AMERCINA EXPRESS CENTURION BANK	80,000
STATE BANK OF INDA	80,350
STATE BANK OF INDA	30,928
DISCOVER BANK	90,000
FARMERS BANK	100,000
FIRST BANK OF SOUTH ARKANAS	85,000
FIRST BANK-CALHOUN COUNTY	86,000
BANCORPSOUTH	99,000
BANK OF BEARDEN	101,624
FHLM SERIES 77H;7.84% EFF;STATED 8.50%	5,095
GNMA REMIC 2003-25 T	46,121
GNMA REMIC 2010-10 CP	28,248
GNMA REMIC TRUST 2010-107	7,158
GNMA 2011-44 CUSIP38377QWL7	4,673
GNMA GUARANTEED PAS THRU CTF POOL #3428	12,971
FHLMC MEDIUM TERM NOTE	100,000
FRANKLIN U S GOVERMNENT SERCURITIES FUND CLA	985,581 Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)	
GNMA POOL #5017	43,663
FHLM SER 3222 CLASS YQ CUSIP 31397ATZ6 5.5% 09/15/36	11,705
FHLMC MEDIUM TERM NOTE STEPUP JJ30	259,846
FNMA SERIES 2006-9 CLASS DG CUSIP 31395BBS1 5.5% 03/25/36 FNMA	23,000
FNMA SERIES 2007-72 CUSIP 31396WQN9 6.00% 07/25/37	18,000
FNMA SERIES 2005-41 CLASS LL CUSIP 31394DLK4 5.5% 05/25/35	28,000
FHLM SER 2623 CLASS LL CUSIP 1393RFB1 5.5% 05/15/33	26,000
GNMA SERIES 2009-116 CLASS BH CUSIP 38376PYYO 5.50% 12/16/39	25,000
GNMA SERIES 2008-60 CLASS JN CUSIP 3837DBG2 5.50% 07/20/38	67,000
GNMA POOL MA0221 4.00% 07/20/42	216,907
FHLMC SERIES 3126 6.00% 03/15/36	82,729
FHLMC SERIES 2994 CLASS NE CMO 5.00% 06/15/35	4,916
GNMA SERIES 2005-16 CL EY 5.00 % 03/20/35	116,750
FHLMC SERIES 2676LL CMO 5.50 % 09/15/33	14,194
FHLMC SERIES 2669 LL CMO 5.50% 08/15/33	8,073
FNMA SERIES 2003-08 CLASS QG 5.00% 08/25/33	3,600
FNMA SERIES 2003-80 CLASS LL CMO 5.00% 08/25/33	26,641
FJLMC SERIES 2520 CLASS LL CMO 5.50% 11/15/22	2,391
FHLMC SERIES 3383 DD CMO 5.50 % 11/15/37	9,819
FHLMC SERIES 3352 CLASS DDD 5.875% 08/25/37	26,338
GNMA SERIES 2007-33 CLASS LE 5.50% 06/20/37	45,874
FNMA POOL #AB4742	79,605
FHLB JD 11 2.68% 12/11/25	201,435
FHLMC STRIP	158,300
FHLMC MED TERM NTS	152,941
GNMA SER 2003-70 CL PB	23,089
GNMA SERIES 2008-34 CLASS PB	98,976
GNMA SERIES 2008-38 CLASS PN	100,000

Part XIII Supplemental Information (continued)	Page 3
Cappiemental intermetter (serial acc)	
FNMA MEDIUM TERM NOTE	42,875
FHLMC MEDIUM TERM NOTE 11/15/24	100,000
FEDERAL HOME LOAN BANKS	100,000
FEDERAL FARM CREDIT BANKS BOND	120,948
FEDERAL FARM CREDIT BANKS BOND	120,088
US TREASURY STRIPS	67,437
US TREASURY STRIPS	47,231
FHLMC STRIP 3.191	196,173
FNMA STRIPS 2.854	99,310
CFC EQUITY CERTIFICATES	250,000
FHLMC SERIES 2994 CLASS NE CMO 5.00% 06/15/35	4,916
GNMA SERIES 2005-16 CL EY 5.00 % 03/20/35	116,750
FHLMC SERIES 2676LL CMO 5.50 % 09/15/33	
	14,194
FHLMC SERIES 2669 LL CMO 5.50% 08/15/33	8,073
FNMA SERIES 2003-08 CLASS QG 5.00% 08/25/33	3,600
FNMA SERIES 2003-80 CLASS LL CMO 5.00% 08/25/33	26,641
FJLMC SERIES 2520 CLASS LL CMO 5.50% 11/15/22	2,391
FHLMC SERIES 3383 DD CMO 5.50 % 11/15/37	9,819
FHLMC SERIES 3352 CLASS DDD 5.875% 08/25/37	26,338
GNMA SERIES 2007-33 CLASS LE 5.50% 06/20/37	45,874
FNMA POOL #AB4742	79,605
FHLB JD 11 2.68% 12/11/25	201,435
FHLMC STRIP	158,300
FHLMC MED TERM NTS	152,941
GNMA SER 2003-70 CL PB	23,089
GNMA SERIES 2008-34 CLASS PB	98,976
GNMA SERIES 2008-38 CLASS PN	100,000
	Schodulo D (Form 999) 2014

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

Ouachita Electric Cooperative Corporation

Employer identification number

71-0133895

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			ļ
	☐ Travel for companions ☐ Payments for business use of personal residence			i
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			1
	explain	1b		-
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		1
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			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1
С	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.			
	Out			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		
Ь	and the first of t	5b	 	
J	If "Yes" to line 5a or 5b, describe in Part III.			-
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a	<u>.</u>	
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
_	5	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		İ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		 	<u> </u>
o	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	۵		
	mitus market and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second a second a second	8	<u> </u>	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		} -	-
3	Regulations section 53.4958-6(c)?			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retrement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
	(i)	8,000				7,326	15,326	-
1 CORBET J LAMKIN-DIRECTOR	(ii)							
	(i)	10,000			<u> </u>	5,587	10,587	
2 DANNY ADAMS-DIRICH BOARD	(ii)							
	(i)	11,600				7,191	18,791	
3 WANDA TAYLOR-DIRECTOR	(ii)							
	(i)	7,600			ļl	3,759	11,359	
4 WALT PIGOTT-DIRECTOR	(ii)							
	(i)	10,800			ļ	6,136	16,938	
5 JAMES GARNER-DIRECTOR	<u>(ii)</u>				 		- <u>-</u>	
LISA HENDIRX-DIRECTOR/	Ø	9,600			ļ	4,471	13,971	
6 SECETARY-TREASURER BOARD	(ii)							
ì	(i)	8,400			· 	4,642	13,042	
7 MIKE HUTCHINSON-DIRECTOR	(ii)				1			
	(i)	10,400				6,141	16,541	
8 DAVID McLEANE-DIRECTOR	(ii)				 			
GREG GOSS-DIRECTOR/VICE-	(i)	11,600			·	7,376	18,976	
9 CHAIRMAN OF BOARD	(ii) (i)							
MARK CAYCE-GENERAL	(ii)	139,186	400		51,250	18,686	209,522	
10 MANAGER	(i)	100 000	400			40.450	440 704	
W PERRY JOHNSON	(ii)	100,820	400		36,058	12,453	149,731	
11 MANAGER OF FINANCE & ACCT	(i)	96,193	400		11,370	18,000	125,963	
CHARLES ARMSTRONG-	(ii)	90,193	400		11,3/0	18,000	125,903	
12 SERVICE MANAGER	(i)	94,927	400	 	37,049	19,913	152,289	
DAVID O'HARA - OPERATONS 13 MANAGER	(ii)	54,527	100		37,048	15,513	132,209	
	(i)	92,981	400		34,734	17,897	145,616	
RICHARD BAKER- 14 ENGINEERING SERVICE MGR	(ii)	, , , , , , , , , , , , , , , , , , ,			1		1-3,010	
DAVID MORGAN - IT MANAGER	(i)	57,882	400		20,405	19,005	97,692	-
15	(ii)				1			
NORMA O'NEAL BEAVER	(i)	83,985	400		30,480	16,541	131,4069	
16 MEMEBER SERVICES	(ii)							

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W-2 and/or 1099-MI	SC 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	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
ROBERT STINNETT - MANAGER 1 SYSTEM PLANNING	(i)	71,027	400		26,016	16,408	113,851	
SHAWN DORFLINGER - LINE 2 DESIGN MANAGER	(i) (ii)	64,652	400		25,951	19,418	110,025	
LLOYD BOYCE DRAKE - 3 RETIRED GENERAL MANAGER	(i) (ii)					1,332	1,332	
WILLIAM H BRADSHAW- 4 RETIRED MGR OF OPERATIONS						3,257	3,257	
BILLY C PARKER - RETIRED 5 MANAGER OF OPERATIONS	(i) (ii)					3,084	3,084	
ALLEN G WATSON - RETIRED 6 DISTRICT MANAGER	(i) (ii)					3,171	3,171	
HAROLD DUNCAN - RETIRED 7 DISTRICT MANAGER	(i) (ii)					2,492	2,492	
8	(i) (ii)							
9	(i) (ii)							
10	(i) (ii)							
11	(i) (ii)							
12	(i) (ii)							
13	(i) (ii)							
14	(i) (ii)							
15	(i)							
16	(i) (ii)							

Schedule J (Form 990) 2014

chedule J (Form 990) 2014	Page 3
Part III Supplemental Information	
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II	Also complete this part
or any additional information	
	*
	*

	Schedule J (Form 990) 2014

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name	of the organization							-	Employ	er ider	tuficati	on nu	nber		
	hita Electric Cooperativ	ve Corporation									71-0	13389	95		
Par	t Excess Benef Complete if th		ns (section 501 answered "Ye										V, line	40b.	
			(b) Relationship be	tween o	disqualified	person and								(d) Corr	ected?
1	(a) Name of disqualified	person		organiza				(c) D	escription	of tran	rsactio	1		Yes	No
(1)	Mark Cayce		Director				Direc	tor's fees							1
(2)									-		_				
(3)							<u> </u>								
(4)															
<u>(5)</u>							ļ								
(6)	<u>-</u>						<u> </u>								
2	Enter the amount		= =		_	=	qualif	ied perso	ons du	nng ti	he ye	ar			
	under section 4958						•				!	- \$			
3	Enter the amount o	f tax, if any, or	ı lıne 2, above,	reimb	ursed by	the organ	ızatioı	n			!	▶ \$	i		
						_									
Par			rested Person answered "Ye		Earm 00	0 E7 Dod	V line	200 05 5	OC)	-4 N/	lina 1	c	4 4h.a	
			ount on Form 9					SOM UIT	OIIII 98	ю, га	rtiv,	iiie z	o, or i	ıııe	
		T	1					1		1		·			
(a) N	Name of interested person	(b) Relationship	(c) Purpose of		oan to or	(e) Ongii		(f) Balan	ce due	(g) In c	lefault?		proved	(i) W	
		with organization	loan		om the nization?	principal an	nount						nard or	agree	menty
				<u> </u>	1	-				<u></u>		V	1	W	
		 		То	From			 -		Yes	No	Yes	No	Yes	No
(1)						-				├		<u> </u>	-		
(2)				 						\vdash	 		 -		
(3)			 	 	_	·				<u> </u>			 		
(4)			<u> </u>	ļ						-			1		
(5)		<u> </u>			 	 		 		 	 	 -			<u> </u>
(6)			-	<u> </u>	 					 	-	-			
<u>(7)</u>			+		-					 	-			-	
(8)			1		-					┼	 				
(9) (10)		+	<u> </u>		+					 	-		 		-
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Par			fiting Interest			<u> </u>		-		ŀ		<u> </u>		L	
		ne organization	answered "Ye	s" on	Form 99	0, Part IV, I	line 27	7.							
	a) Name of interested perso		nship between inter			t of assistance	ī	(d) Type of a			, <u>, , , , , , , , , , , , , , , , , , </u>	\ Durana		ssistan	
Įc	ay Name of interested perso		and the organizate		(c) Anoun	O assistance	·	(u) Type of	2331312110	-C	10	, r urpc	SC UI a	3331411	CE
(1)						• • • • • • • • • • • • • • • • • • • •	 								
(2)	·						1								
(3)						· · · · · · · · · · · · · · · · ·									
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(7)	· · ·						_		•		İ				
(8)		-									1				
(9)								_			T				
(10)	 				-										

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.												
•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?								
(4)					Yes	No							
(1) (2)					+								
(3)													
(4)		-											
(5) (6)													
(7)													
(8)													
(9) (10)			-			-							
Part V	Supplemental Information	<u> </u>	<u>. </u>			!							
_	Provide additional information for	or responses to questions	on Schedule L (see	nstructions).									

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) 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

► Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

Ouachita Electric Cooperative Corporation	11-0133999
Part IV Governance, Management, and Disclosure Section B-11b	
Form 990 is reviewed by management before it is filed. The Form 990 is also reviewed, posted filing by	y the cooperative's independent
aduitors.	
Part IV Governance, Management, and Disclosure Section B-12c	
The conflict of interest questionnaire is filled out annually by the directors and key management person	nnel. The questionnaires are
confirmed and checked by the independent auditors annually.	
Part VI Governanace, Management, and Disclosure Section B-15a	
The top management official (General Manager) compensation is determined by the governing board u	sing comparability data and
contemporaneous substantiation of the deliberation and decision.	
Part VI Governance, Management, and Disclosure Section B-15b	
The key employees of the organization compensation is determined by the top management official (G	eneral Manager). Comparability data
and contemporaneous substantiation of the deliberation and decision is used in the determination.	·····
Part VI Governance, Management, and Disclosure Section C-19	
Governing documents, conflict of interest policy, and financial statements are available to the coopera	ative member on request. Financial
statements are also part of the annual report sent to each member each June.	
Part XI Line 4 paid to or for members:	
Operating and non operating margins for the filing year (2014) to be allocated in 2013:	
Operating margins: \$691,908, Non-operating margins: \$219,945, Non-operating margins other: \$77,319	, and Other capital credits & patronage
dividends: \$694,046, for a total of \$1,683,218.	

Schedule O (Form 990 or 990-EZ) (2014)		Page 2
	Employer identification number	
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