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DLN: 93493320116265

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginn C Name of organization	ing 01-01-2014 , and ending 12-31-2	014					
_		applicable	KAY ELECTRIC COOPERATIVE INC			D Emple	oyer ide	ntification number		
		hange		73-0	73-0308955					
	me cha	_	Doing business as							
•	tıal retu	urn	Number and street (or P O box if	E Teleph	one num	iber				
⊢ Fir	ıaı urn/ter	rmınated	PO BOX 607	Than is not delivered to street dualess, iteem.	, suite	(580) 363-1	1260		
┌ Am	ended	return		ountry, and ZIP or foreign postal code						
Application pending			BLACKWELL, OK 746310607	G Gross	receipts	\$ 46,075,089				
			F Name and address of p	rıncıpal officer	H(a)	Is this a group	o returr	ıfor		
			TIM RODRIGUEZ PO BOX 607			subordinates?		┌ Yes 🗸 No		
			BLACKWELL, OK 746310	607	Н(р)	Are all subord	inates	┌ Yes ┌ No		
			<u> </u>		_	ıncluded?				
I Ta	x-exer	mpt status	501(c)(3) 5 01(c) (12)	◀ (insert no)		If "No," attacl	h a list	(see instructions)		
J W	ebsit	e:► WV	WW KAYELECTRIC COOP		H(c)	Group exemp	tion nu	mber ►		
K For	m of o	rganızatıor	Corporation Trust Associa	tion Other ►	L Yea	ar of formation 1	937 M	State of legal domicile O		
Pa	rt I	Sum	nmary		•					
				sion or most significant activities						
		TO PRO	VIDE RELIABLE ELECTRICIT	TY TO OUR MEMBER/OWNERS AT A	REASONA	BLE COST				
Activities & Governance										
룓		1								
<u>ş</u>	2	Check t	his box দ if the organization	discontinued its operations or dispose	d of more t	han 25% of its	s net as	ssets		
ទី		NI la	6	on on the day (Death) (T. Jones & a.)			ا م	l ,		
න ් ග්				rning body (Part VI, line 1a) . . . s of the governing body (Part VI, line 1			4	9		
Ħ.	1			n calendar year 2014 (Part V , line 2a)			5	55		
S S				fnecessary)			6			
∢				Part VIII, column (C), line 12			7a	124,411		
				e from Form 990-T, line 34			7b	(
						Prior Year		Current Year		
	8	Contr	ibutions and grants (Part VIII,			0	0			
п	9	Progra	am service revenue (Part VIII,	line 2g)		35,146	,757	45,792,122		
Rayenue	10	Inves	tment income (Part VIII, colur	nn (A), lines 3, 4, and 7d)		62	,589	72,683		
	11		revenue (Part VIII, column (A	1,967	,430	160,545				
	12			1 (must equal Part VIII, column (A),	line	37,176	,776	46,025,350		
	13			rt IX, column (A), lines 1-3)			0	19,404		
	14	Benef	its paid to or for members (Par	t IX, column (A), line 4)		3,942	,817	6,774,250		
	15			s, other compensation, employee benefits (Part IX, column (A), lines						
Expenses	1.5-	5-10		W lune (A) lune (d.)		3,127		3,386,549		
₹	16a			X, column (A), line 11e)	•		0	0		
五	Ь	Total fu	undraising expenses (Part IX, column	(D), line 25) ► º						
	17), lines 11a-11d, 11f-24e)		30,031		35,774,094		
	18			nust equal Part IX, column (A), line 25	. —	37,101	45,954,297			
. 07	19	Rever	nue less expenses. Subtract lin	e 18 from line 12			,842			
වීමේ වර්ග					beg	inning of Curre Year	=116	End of Year		
asse Bafa	20	Total	assets (Part X, line 16)			63,067	,619	71,342,958		
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26) .			39,908	,357	41,151,874		
	22			ct line 21 from line 20		23,159	,262	30,191,084		
	rt II	_	nature Block							
my k	nowle	dge and		examined this return, including accomp complete Declaration of preparer (other						
		***	***			2015-11-12				
Sigr	1	I B	ature of officer			Date				
Her			RODRIGUEZ CEO							
			e or print name and title							
			Print/Type preparer's name William M Miller	Preparer's signature William M Miller	Date 2015-11-12	Check if self-employed	PTIN P0043	9459		
Paid		i i	Firm's name F BOLINGER SEGARS		1	Firm's EIN 🕨 7				
	pare		Fırm's address ► 8215 NASHVILLE AVE	NUE		Phone no (80	6) 747-3	806		
Use	On	ily					-, , , ,	= - V		
		- 1	LUBBOCK, TX 79423	j		1				

✓ Yes ☐ No

(Expenses \$ including grants of \$

Total program service expenses ►

) (Revenue \$

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	厂
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 31 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for 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		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	-		
f	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
	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		
9a	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		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states		Ţ	
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	i	Νo
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

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

Ch 1 C - h 1 - 1 - C	North the second of the second	_
Check it Schedule C	contains a response or note to any line in this Part VI	

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization intoest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed ▶OK
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ 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 interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►JD SOULEK COO

300 WEST DOOLIN AVE BLACKWELL, OK 74631 (580) 363-1260

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar	checker of the compensated employee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MAX HOHMANN PRESIDENT	9 30	х		х				32,767	0	0
(2) VERL BRORSEN VICE PRESIDENT	6 60	х		х				28,149	0	0
(3) RON SHOFFNER SECRETARY/TREASURER	6 60	х		х				29,035	0	0
(4) TIM BLANTON	7 70	х						33,249	0	0
TRUSTEE (5) BRADY HOSTETLER TRUSTEE	6 20	х						30,110	0	0
(6) MIKE LEBEDA TRUSTEE	6 30	х						30,411	0	0
(7) KENT MCANINCH TRUSTEE	9 30	х						38,658	0	0
(8) JAKE OLSEN TRUSTEE	8 30	х						36,358	0	0
(9) CHAD OTTO TRUSTEE	5 40	х						29,675	0	0
(10) JOE HARRIS CEO (JANUARY - MARCH)	50 00			х				170,131	0	86,913
(11) TIM RODRIGUEZ CEO (APRIL - CURRENT)	50 00			х				186,613	0	137,981
(12) JD SOULEK	50 00			х				111,166	0	56,296
(13) DAVID RESER DIRECTOR OF OPERATIONS	50 00					х		139,714	0	80,945
(14) DOUG WORLEY DIRECTOR OF ENGINEERING	50 00					х		112,149	0	61,276

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han c n is l	ne l both	box, an	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

lb	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	►[
d	Total (add lines 1b and 1c)	•	1,008,185	0	423,411

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►5

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CUSTOM POWERLINE CONSTRUCTION PO BOX 2287 WOODWARD, OK 73802	POWERLINE CONTRACTORS	1,300,757
KC ELECTRIC 4300 S VAN BUREN ENID, OK 73703	POWERLINE CONTRACTORS	479,453
HIGH PLAINS ELECTRIC PO BOX 450936 GROVE, OK 74345	POWERLINE CONTRACTORS	454,100
BOB JOHNSON CONSTRUCTION 1420 SOUTH L ST ARKANSAS CITY, KS 67005	BUILDING CONTRACTOR	221,800
Total number of independent contractors (including but not limited to those	e listed above) who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Form 99								Page 9
Part V	/	Statement o	o f Revenue ule O contains a respor	nse or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 E	1a	Federated cam	paigns 1a					
rant	ь	Membership du	ies 1b					
Ā Č	С	Fundraising eve	ents 1c					
Siffs lar	d	Related organiz	zations 1d					
im.	e	Government grant	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above					İ
di di	g		ons included in lines					i
nd n	h	1a-1f \$ Total. Add lines	s 1a-1f					
				Business Code				
anne	2a	SALE OF ELECTRIC	СПҮ	221000	43,317,717	43,317,717		
Re ve	ь	PATRONAGE DIVID	ENDS	221000	2,414,611	2,414,611		
16e	С	SERVICE FEES		221000	59,794	59,794		
Serv	d							
Ē	e	All other program						
Program Service Revenue	f		am service revenue					
	g 3		s 2a-2f ome (including dividen		45,792,122			
		and other simil	aramounts)	•	76,833			76,833
	4 5	Income from inves	stment of tax-exempt bond					
		Royaldes	(ı) Real	(II) Personal				
	6a	Gross rents	, ,	16,000				
	b	Less rental expenses		11,091				
	С	Rental income or (loss)		4,909				
	d	Net rental inco	me or (loss)	· · · · · · · · · · · · · · · · · · ·	4,909		4,909	
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory		34,498				
	Ь	Less cost or other basis and sales expenses		38,648				
	С	Gain or (loss)		-4,150				
	d		ss)		-4,150			-4,150
e n	8a	Gross income f events (not inc						
Other Revenue			reported on line 1c) ne 18 a					
her	ь	Less direct ex	penses b					
ŏ	C		(loss) from fundraising -	events 🛌				
	ya 		rom gaming activities ne 19 a					
	ь		penses b					
	С 10а	Gross sales of		vities				
		returns and allo	a	496				
	b c	_	oods sold b (loss) from sales of inv	0 entory » -	496		496	
		Miscellaneous		Business Code				
	11a	ADMIN & MAN SERVICES	AGEMENT	561000	119,006		119,006	
	ь	ELECTRICIAN	SERVICES	221000	36,134	36,134		
	С							
	d	All other reven						
	e	Total. Add lines		•	155,140			
	12	Total revenue.	See Instructions .	🕨	46,025,350	45,828,256	124,411	72,683

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	olete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	19,404			
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	Benefits paid to or for members	6,774,250			
5	Compensation of current officers, directors, trustees, and key employees	1,037,512			
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	1,301,658			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	277,009			
9	Other employee benefits	635,245			
10	Payroll taxes	135,125			
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting				
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)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
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				
20	Interest	1,666,624			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,828,594			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PURCHASED POWER	29,520,060			
b	ADMIN AND GENERAL	1,345,854			
c	DISTRIBUTION	620,050			
d	OPERATING TAXES	333,666			
e	All other expenses	459,246			
25	Total functional expenses. Add lines 1 through 24e	45,954,297			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	,,			

Part X Balance Sheet

	τX	Check if Schedule O contains a response or note to any line in	thıs P	art X		•	
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3,152,310	1	286,290
	2	Savings and temporary cash investments			11,817,086	2	1,651,793
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			5,474,953	4	5,339,601
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Poschedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contrı mploy	buting employers		6	
82	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use			542,533		727,448
	9	Prepaid expenses and deferred charges			1,995,433	<u> </u>	1,815,660
	10a	Land, buildings, and equipment cost or other basis Complete		F4 050 070	, ,	9	1,010,000
	١.	Part VI of Schedule D	10a	, ,			44.027.070
	b	Less accumulated depreciation	10b	<u> </u>	39,513,802		44,937,978
	11	Investments—publicly traded securities				11	4,593,249
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11	129,054	13	11,630,508		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			442,448		360,431
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			63,067,619		71,342,958
	17	Accounts payable and accrued expenses			3,457,179	17	4,131,701
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ø	21	Escrow or custodial account liability Complete Part IV of Sch		21	121,183		
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali		ustees,			
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .		29,137,869	23	30,719,187
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					_
		D			7,313,309	25	6,179,803
	26	Total liabilities. Add lines 17 through 25			39,908,357	26	41,151,874
S do		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	⊢ anα	l complete			
a D	27	Unrestricted net assets				27	
<u>ස</u>	28	Temporarily restricted net assets				28	_
<u> </u>	29	Permanently restricted net assets				29	_
· Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ►	▽ and			
ō	30	Capital stock or trust principal, or current funds	_		204,945	30	209,025
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0		0
18 S	32	Retained earnings, endowment, accumulated income, or other			22,954,317	32	29,982,059
7. 7.	33	Total net assets or fund balances			23,159,262	33	30,191,084
Net							
	34	Total liabilities and net assets/fund balances			63,067,619	34	71,342,958

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		46,(025,350
2	Total expenses (must equal Part IX, column (A), line 25)	2		45,9	954,297
3	Revenue less expenses Subtract line 2 from line 1	3			71,053
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		23.:	 159,262
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		6 (960,769
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			191,084
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				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," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	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		3b		

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OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Open to Public Inspection

	me of the organization		Employer identification number
KΑ	Y ELECTRIC COOPERATIVE INC		73-0308955
Pa	art I Organizations Maintaining Donor Adv		
	organization answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
í	Total number at end of year	(a) Donor advised funds	(b) Fullus and other accounts
•	Aggregate value of contributions to (during year)		
<u>.</u> !	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	· ·		a denor advised
•	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	ganization's exclusive legal contro	Yes No
•	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the benef conferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if	the organization answered "Ye	es" to Form 990, Part IV, line 7.
-	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education) Preservation	of an historically important land area of a certified historic structure
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contributio	n in the form of a conservation
			Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histo	• •	2c
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
}	Number of conservation easements modified, transferr	ed, released, extinguished, or term	inated by the organization during
	the tax year 🗠		
ļ	Number of states where property subject to conservati	on easement is located ►	
,	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	he periodic monitoring, inspection,	handling of violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ϵ	easements during the year
,	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easer	nents during the year
	▶ \$		
3	Does each conservation easement reported on line $2(a)$ and section $170(h)(4)(B)(II)$?	I) above satisfy the requirements o	of section 170(h)(4)(B)(i) Yes No
)	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's fina	
ar	rt III Organizations Maintaining Collection Complete if the organization answered "Y		
la	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, educa	tion, or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, educa	
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		ets for financial gain, provide the
a	Revenue included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		▶ \$

261	Tit Organizations Maintaining Co	Hections of Art	<u>, His</u>	tori	<u>cai ir</u>	eası	ires, or Oti	nei	Similar A	SSELS	(con	<u>tinued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	neck	·		_		sıgnıfıcant us	e of its		
а	Public exhibition		d	Γ	Loan	orexc	hange progra	ms				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın hov	v the	y furthe	er the o	organızatıon's	ex	empt purpose	e in		
5	During the year, did the organization solicit								ılar	_	_	_
	assets to be sold to raise funds rather than t		·							☐ Ye :	5	No
Par	Part IV, line 9, or reported an an						n answered ————	·· Y (es" to Form	990,		
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lan or other interme	diary	for c	ontribu	itions	or other asse	ts n	ot	┌ Ye	s F	√ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able							
									A	mount		
С	Beginning balance						1	.c				
d	Additions during the year						1	.d				
е	Distributions during the year						1	.e				
f	Ending balance						1	.f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for e	scrowc	rcust	odıal account	lıa	bility?	✓ Ye	s [_ No
b	If "Yes," explain the arrangement in Part XII	II Check here if the	expla	anatı	on has	been i	provided in Pa	art >	(III		ſ	✓
Pa	rt V Endowment Funds. Complete											
	·	(a)Current year)Prior			wo years back				ır yea	rs back
1a	Beginning of year balance											
b	Contributions											
C	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 cur	rent year end balanc	e (lın	e 1g	, colum	n (a))	held as					
а	Board designated or quasi-endowment											
ь	Permanent endowment ►											
c	Temporarily restricted endowment ►											
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that	are held	d and a	administered	for	the			
	organization by (i) unrelated organizations								3:	a(i)	es	No
	(ii) related organizations		٠. ٠	•				٠.		(ii)	+	
ь	If "Yes" to 3a(II), are the related organization							. '		3b	十	
4	Describe in Part XIII the intended uses of th											
Par	t VI Land, Buildings, and Equipme		he o	rgar	ızatıoı	n ansv	wered 'Yes'	to	Form 990, F	art IV	, line	
	11a. See Form 990, Part X, line	10.		Ι,,		1	(1) (1)			.		
	Description of property				Cost or s (invest		(b) Cost or other)		(c) Accumulate depreciation) воок	value
1a	Land						344,0	01				344,001
b	Buildings		-				2,863,9	78	1,296,9	80	1,	566,998
С	Leasehold improvements											
d	Equipment						45,803,8	02	5,421,7	18	40,	382,084
							2,644,8	95			2,	644,895
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part >	k, colu	mn (B), line	10(c).)		🛌		44,	937,978

See Form 990, Part X, line 12.	piete ii trie organization	aliswered tes to for	III 990, Part IV, line IID.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of va Cost or end-of-year	
(1)Financial derivatives		Cost of end-of-year	illaiket value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Cor See Form 990, Part X, line 13.	nplete if the organizatior	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of v	aluation
	. ,	Cost or end-of-year	
See Additional Data Table			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	11,630,508		
Part IX Other Assets. Complete if the organization		, Part IV, line 11d See	
(a) Descrip	tion		(b) Book value
Tabal (Column (b)	1		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ			
Form 990, Part X, line 25.	nzauon answereu 185 ((∪ 101111 770, PAFL 1V, I	mie 116 Ul 111. 566
1 (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED COMPENSATED ABSENCES	190,013		
ACCRUED LIABILITIES - OTHER	191,892		
ACCUMULATED PROVISION FOR POST RETIREMENT			
HEALTH OBLIGATION	1,732,310		
CONSUMER DEPOSITS	2,417,135		
DEFERRED COMPENSATION	207,784		
REFUNDABLE ADVANCES ON CONSTRUCTION	1,440,669		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	6,179,803		

Part		evenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		ts W	ith R	even	ue p	er Re	turn Complete if
1		er support per audited financial statements						1	
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12							
a	Net unrealized gains (losses)	on investments	2a						
b	Donated services and use of f	acılıtıes	2b						
С	Recoveries of prior year grant	s	2c						
d	Other (Describe in Part XIII)		2d						
e	Add lines 2a through 2d .			•				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.							3	
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a						
b	Other (Describe in Part XIII)		4b						
c	Add lines 4a and 4b							4c	
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)	<u> </u>				5	
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line			With E	Expe	nses	per	Return. Complete
1	Total expenses and losses pe	r audited financial statements						1	
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25							
а	Donated services and use of f	acılıtıes	2a						
b	Prior year adjustments		2b						
c	Other losses		2c						
d	Other (Describe in Part XIII)		2d					1	
e	Add lines 2a through 2d							2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.							3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a					_	
b	Other (Describe in Part XIII)		4b					1	
c	Add lines 4a and 4b							4c	
5		nd 4c. (This must equal Form 990, Part I, lin	e 18)					5	
Part	XIII Supplemental Inf	formation							
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and							e any additional
	Return Reference	Explanation							
Part I	V, Line 2b	EMPLOYEES OF THE COOPERATIVE HA AND LIABILITIES OF WHICH ARE HELD						RSHII	P FUND THE ASSET:
	, Line 2	THE COOPERATIVE IS EXEMPT UNDER CODE FROM FEDERAL INCOME TAX FOR INCOME IS DERIVED FROM MEMBERS TAX POSITIONS" PROVISIONS OF ACCUNITED STATES OF AMERICA THE PRITAX FILING STATUS AS A TAX-EXEMPT IT IS MORE LIKELY THAN NOT THAT IT: BY THE INTERNAL REVENUE SERVICE CALL TAX BENEFITS ARE LIKELY TO BE RAUTHORITIES	R ANY THE CO OUNT MARY ENTIT S POSI	YEAR DOPEI ING P TAX P TY TH ITION HER S	IN WH RATIV RINCI OSITI IE COO IS WIL TATE	HICH A E ALS PLES ION C DPERA L BE S TAXA ETTLE	AT LE SO FC GEN FTH ATIV SUST ING A	AST 8 ERALL E COC E HAS AINED AUTHO T WIT	55% OF ITS GROSS /S THE "UNCERTAIN .Y ACCEPTED IN THE DEPRATIVE IS ITS DETERMINED THAT DUPON EXAMITION DRITY AND THAT H TAXING
FORM	990, PART IX	THE AMOUNT OF OTHER ASSETS ON FOOR EXCEED 5 PERCENT OF THE TOTAL COLUMN B CONSEQUENTLY IN ACCORIX HAS BEEN LEFT BLANK	ASSET	SON	FORM	990,	PAG	E 11, F	PART X, LINE 16,

Jenedale 2 (1 31111 33 3) 23 13		r age 5		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 73-0308955

Name: KAY ELECTRIC COOPERATIVE INC

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN SUBSIDIARY CORPORATION	156,669	С
(2) PATRONAGE CAPITAL - WFEC	9,609,760	С
(3) PATRONAGE CAPITAL - NISC	51,768	C
(4) PATRONAGE CAPITAL - CFC	699,064	С
(5) PATRONAGE CAPITAL - FEDERATED INSURANCE	48,411	С
(6) PATRONAGE CAPITAL - AECI	105,358	С
(7) PATRONAGE CAPITAL - OTHER	10,015	C
(8) CAPTIAL TERM CERTIFICATES - CFC	629,703	С
(9) DEFERRED COMPENSATION FUND	207,784	F
(10) USDA ECONOMIC DEVELOPMENT LOANS	111,976	С

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493320116265 Schedule I OMB No 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization KAY ELECTRIC COOPERATIVE INC 73-0308955 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable cash valuation non-cash assistance or assistance grant or government assistance (book, FMV, appraisal, other)

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

Schedule I	Schedule I (Form 990) 2014								
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.								
	Part III can be duplicated if additional space is needed.								

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental In	iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
,	ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE EACH GRANT, SPONSORSHIP AND/OR DONATION MADE DURING THE YEAR Was BELOW THE INDIVIDUAL REPORTING THRESHOLD OF PART II

Schedule I (Form 990) 2014

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DLN: 93493320116265

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Schedule J (Form 990)

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

Compensation Information

► Complete if the organization answered "Yes" to 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.

Open to Public Inspection

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

73-0308955

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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			
	□ 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		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
_		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 JOE HARRIS, CEO (JANUARY - MARCH)	(i) (ii)	132,067 0	0	38,064	71,529 0	15,384 0	257,044	0
2 TIM RODRIGUEZ, CEO (APRIL - CURRENT)	(i) (ii)	177,418 0	5,507	3,688	114,503	23,478	324,594	0
3 JD SOULEK, COO	(i) (ii)	102,333 0	4,191	4,642	36,053	20,243	167,462	0
4 DAVID RESER, DIRECTOR OF OPERATIONS	(i) (ii)	126,166 0	4,307	9,241	57,358	23,587	220,659	0
5 DOUG WORLEY, DIRECTOR OF ENGINEERING	(i) (ii)	106,618 0	4,341	1,190	40,948	20,328	173,425 0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART II, COLUMN C	INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN
	THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS
	IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE IN OTHER
	WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL
	OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTION TO THE PLAN IN LIEU OF THE
	ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS JOE HARRIS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$
	66,739 401(K) EMPLOYER CONTRIBUTION 4,790 TOTAL COLUMN C \$ 71,529 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN
	(66,739) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 50,090 EXPENSE TO THE COOPERATIVE \$ 54,880 TIM RODRIGUEZ
	ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 107,083 401(K) EMPLOYER CONTRIBUTION 7,420 TOTAL COLUMN C \$ 114,503 LESS
	ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (107,083) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 53,112 EXPENSE TO
	THE COOPERATIVE \$ 60,532 JD SOULEK ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 31,690 401(K) EMPLOYER CONTRIBUTION
	4,363 TOTAL COLUMN C \$ 36,053 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (31,690) ADD CASH CONTRIBUTION TO
	DEFINED BENEFIT PLAN 30,213 EXPENSE TO THE COOPERATIVE \$ 34,576 DAVID RESER ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN
	\$ 51,833 401(K) EMPLOYER CONTRIBUTION 5,525 TOTAL COLUMN C \$ 57,358 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN
	(51,833) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 40,030 EXPENSE TO THE COOPERATIVE \$ 45,555 DOUG WORLEY
	ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 36,406 401(K) EMPLOYER CONTRIBUTION 4,542 TOTAL COLUMN C \$ 40,948 LESS
	ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (36,406) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 33,461 EXPENSE TO THE
	COOPERATIVE \$ 38,003

Schedule J (Form 990) 2014

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SCHEDULE O

As Filed Data -

DLN: 93493320116265

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization KAY ELECTRIC COOPERATIVE INC	Employer identification number
	73-0308955

Return Reference	Explanation
FORM 990, PART, LINE 14	THE COOPERATIVE BEGAN REPORTING THE AMOUNT OF PATRONAGE CAPITAL ASSIGNABLE TO THE PATRONS FOR THE 2014 CALENDAR YEAR AS BENEFITS PAID TO MEMBERS TO INCREASE CONSISTENCY, PATRONAGE CAPITAL ASSIGNABLE TO THE PATRONS FOR THE 2013 CALENDAR YEAR IN THE AMOUNT OF \$3,942,817 WAS RECLASSIFIED FROM LINE 19 "REVENUE LESS EXPENSES" TO LINE 4

Return Reference	Explanation
FORM 990, PART I, LINE 15	THE COOPERATIVE PREVIOUSLY INCLUDED ALL LABOR COSTS AS COMPONENTS OF OTHER FUNCTIONAL EXPENSES USED FOR NORMAL FINANCIAL REPORTING ACCORDINLY, ONLY COMPENSATION FROM PART VII IN THE AMOUNT OF \$675,641 WAS REPORTED ON LINE 15 FOR THE 2013 CALENDAR YEAR HOWEVER, FOR THE 2014 CALENDAR YEAR, THE COOPERATIVE BEGAN SEPARATELY STATING THE TOTAL OF ALL LABOR COST EXPENSED TO THE INCOME STATEMENT FOR FORM 990 REPORTING PURPOSES TO INCREASE CONSISTENCY, LABOR COSTS OF \$2,433,689 WERE FROM LINE 17 "OTHER EXPENSES" RESULTING IN A COMPARATIVE LINE 15 TOTAL OF \$3,127,989

Return Reference	Explanation
	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE COOPERATIVE IS GOVERNED BY A 9 MEMBER BOARD OF TRUSTEES, EACH REPRESENTING A SEPARATE DISTRICT AND THE MEMBERS LOCATED THEREIN THREE DISTRICT MEETINGS ARE HELD ANNUALLY WHEREBY THE MEMBERS NONMINATE TWO CANDIDATES TO BE VOTED ON AT THE ANNUAL MEETING FOR A THREE YEAR TERM ALL ELECTIONS ARE CONDUCTED PURSUANT TO GUIDELINES ESTABLISHED IN THE BY LAWS AND ARE ON A ONE MEMBER ONE VOTE BASIS

Return Reference	Explanation
VI, Section A, line 7b	THE DULY ELECTED BOARD OF TRUSTEES IS THE MEMBER'S VOICE FOR NORMAL BUSINESS ACTIVITY AN ANNUAL MEETING IS HELD EACH YEAR TO ENABLE THE MEMBERSHP TO PARTICIPATE IN TRUSTEE ELECTIONS, VOTE ON ACCEPTING FINANCIAL REPORTS FROM THE SECRETARY/TREASURER, APPROVE MINUTES FROM THE PRIOR ANNUAL MEETING AND OTHERWISE BE INFORMED REGARDING THE ONGOING OPERATIONS OF THE COOPERATIVE OUTSIDE OF THESE ACTIVITIES, THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS 1 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS, 2 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE, 3 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION, 4 AMENDMENTS TO ARTICLES OF INCORPORATION, AND 5 AMENDMENTS TO THE BY LAWS

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING. THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE FILING. THE FORM 990

Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c	ALL EMPLOYEES OF THE COOPERATIVE ARE BOUND BY AN EMPLOYEE CONDUCT POLICY THAT DEFINES SITUATIONS RESULTING IN CONFLICTS OF INTEREST AND PROVIDES PROCEDURES FOR HOW SUCH CONFLICTS OF INTEREST SHALL BE REPORTED ANY EMPLOYEE NOT TIMELY NOTIFYING THE COOPERATIVE OF A CONFLICT OF INTEREST IS SUBJECT TO DISCIPLINARY ACTION A SEPARATE WRITTEN CONFLICT OF INTEREST POLICY DOES NOT EXIST FOR THE BOARD OF TRUSTEES HOWEVER, ARTICLE IV, SECTION 4 02 OF THE COOPERATIVES BY LAWS PROHIBIT A TRUSTEE FROM BEING A CLOSE RELATIVE TO ANOTHER TRUSTEE, NON-TRUSTEE COOPERATIVE OFFICER OR EMPLOYEE A TRUSTEE IS ALSO PROHIBITED FROM HAVING A FINANCIAL INTEREST IN A COMPETING ENTERPRISE A VIOLATION OF THESE PROHIBITIONS DISQUALIFIES A PERSON FROM SERVING AS A TRUSTEE AND SHALL RESULT IN SUCH PERSON BEING REMOVED FROM THE BOARD TO ASSIST WITH ENFORCING BOTH THE EMPLOYEE CONDUCT POLICY AND QUALIFICATIONS FOR SERVING ON THE BOARD, ALL TRUSTEES, EMPLOYEE OFFICERS AND HIGHLY COMPENSATED EMPLOYEES ARE REQUIRED TO ANNUALLY COMPLETE A QUESTIONNAIRE. THE PURPOSE OF THE QUESTIONNAIRE IS TO IDENTIFY BUSINESS AND FAMILY RELATIONSHIPS THAT MAY RESULT IN A CONFLICT OF INTEREST

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE BOARD OF TRUSTEES ANNUALLY USES A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE CEO THE SURVEY PROVIDES RELEVANT INFORMATION REGARDING SALARIES FOR CEOS FROM ELECTRIC COOPERATIVES OF SIMILAR SIZE, OPERATIONS AND LOCATION PERFORMANCE RELATED FACTORS MAY ALSO BE CONSIDERED COMPENSATION FOR OTHER OFFICERS AND HIGHLY COMPENSATED EMPLOYEES ARE ALSO BASED ON A SIMILAR COMPENSATION SURVEY AND INQUIRIES MADE WITH LIKE SIZE COOPERATIVES WITHIN THE REGION AND STATE OF OKLAHOMA

Return Reference	Explanation
	ALL NEW MEMBERS ARE PROVIDED A COPY OF THE COOPERATIVE'S BY-LAWS THE COOPERATIVE ALSO PROVIDES FINANCIAL STATEMENTS AND RELATED INFORMATION TO THE MEMBERS IN ITS ANNUAL MEETING REPORT ANY MEMBER MAY REQUEST ADDITIONAL INFORMATION DURING THE COOPERATIVE'S NORMAL BUSINESS HOURS AND OFFICE BUILDING BY SUBMITTING SUCH REQUEST TO THE CEO

Return Reference	Explanation
FORM 990, PART VII, COLUMN F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. THE COOPERATIVE CONTRIBUTES BASED ON A PERCENTAGE OF THE PARTICIPATING EMPLOYEE'S SALARY AS DETERMINED UNDER THE PLAN DOCUMENT ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ELIGIGLE EMPLOYEES THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR OFFICERS AND HIGHLY COMPENSATED EMPLOYEES ARE COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN FOR THE OFFICER, TOTAL CONTRIBUTIONS TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THEIR BENEFIT IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED

Return Reference	Explanation
PART VIII, LINE 2B	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSMISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAY MENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAY MENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS PATRONS

Return Reference	Explanation
FORM 990, PART IX	ALTHOUGH THE COOPERATIVE IS NO LONGER A BORROWER OF THE RURAL UTILITIES SERVICE (RUS), THE ACCOUNTING RECORDS ARE MAINTAINED IN ACCORDANCE WITH THE RUS UNIFORM SYSTEM OF ACCOUNTS (USOA) AS PRESCRIBED FOR ELECTRIC BORROWERS OF THE RUS THE USOA DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH ITS ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE USOA

Return Reference	Explanation
FORM 990, PART IX, LINES 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE. THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO THE TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$2,339,170 LESS DIRECTORS FEES REPORTED ON 1099-MISC (288,412) LESS EMPLOYEE OFFICER BENEFITS REPORTED ON LINE 5 (281,190) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGINS 33,674 PLUS SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 934,013 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING AND OTHER ACCOUNTS 614,659 TOTAL WAGES ACCRUED AND/OR PAID \$3,351,914

Return Reference	Explanation
FORM 990, PART IX, LINE 24	ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING OFFICE SUPPLIES AND EXPENSES \$279,694 OUSIDE SERVICES EMPLOYED 171,607 INSURANCE 279,326 DIRECTORS FEES AND EXPENSES 75,167 GENERAL MANAGER EXPENSES 47,368 ADVERTISING 53,337 EDUCATIONAL EXPENSES 310,099 MISCELLANEOUS GENERAL EXPENSES 129,256 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$1,345,854

Return Reference	Explanation
FORM 990, PART IX, LINE 4	THE FORM 990 INSTRUCTIONS SPECIFICALLY STATE THAT THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS PATRONS) SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENDS PAID TO THE PROCESS, SUBSEQUENT TO YEAR END, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS THE COOPERATIVE ALLOCATES TO PROVIDE LECTRICITY TO ITS PATRONS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATING ON A COOPERATIVE BASIS" AS SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE DEPARTIVE DEPARTS AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE OF PATRONAGE DIVIDENS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MAINING ON THE BASIS OP PATRONAGE OF PATRONAGE ON PATRONAGE OF PATRONAGE

Return Reference	Explanation
FORM 990, PART IX, LINE 24(E)	ALL OTHER EXPENSES ARE COMPRISED OF THE FOLLOWING CONSUMER ACCOUNTS EXPENSE \$ 173,026 CUSTOMER SERVICES AND INFORMATION EXPENSE 118,549 ADMINISTRATIVE & MANAGEMENT SERVICE COSTS 119,006 ELECTRICIAN SERVICE COSTS 38,865 OTHER 9,800 TOTAL ALL OTHER EXPENSE PER FORM 990 \$ 459,246

Return Reference	Explanation
Form 990, Part XI, line 9	EQUITY METHOD INCOME FROM SUBSIDIARY 27,614 NET CHANGE IN MEMBERSHIP 4,080 OCI - UNREALIZED HOLDING GAIN ON SECURITIES 312 OCI - POSTRETIREMENT BENEFIT ADJUSTMENT 633,399 UNCLAIMED PATRONAGE CAPITAL RETAINED 148,444 PATRONAGE CAPITAL ASSIGNABLE 6,774,250 PATRONAGE CAPITAL RETIRED -627,330

Return Reference	Explanation
FORM 990, PART XII LINE 2C	THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO OVERSEE THE FINANCIAL STATEMENT AUDIT AND SELECT THE INDEPENDENT FINANCIAL STATEMENT AUDITOR PROCEDURAL CHANGES DID NOT OCCUR DURING THE YEAR

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990.

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

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

73-0308955

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	<u> </u>						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status		(g Section	512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) cor entit	
						Yes	No
				·	_		

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocat	ions?	amount in box	manag	ging	ownership
		(state or	entity	unrelated,		assets			20 of	partne	er?	
		foreign		excluded from					Schedule K-1			
		country)		tax under					(Form 1065)			
				sections 512-								
				514)						<u> </u>		
				,			Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization			(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(i contro entit	n 512 13) olled
								Yes	No
(1) KAY SERVICES INC PO BOX 848 BLACKWELL, OK 74631 73-1540628	WATER UTILITY		KAY ELECTRIC COOPERATIVE INC	С	348,737	197,443	100 000 %	Yes	

Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	ightharpoonup	Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	\Box		
а		1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
C	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	O ther transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(-)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KAY SERVICES INC - NA LESS THAN 50000	0		
(2) KAY SERVICES INC	Q	76,954	INVOICES AND OTHER RECORDS
(3) KAY SERVICES INC - NA LESS THAN 50000	R		

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									\Box	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

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