

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 20**15**

Open to Public Inspection

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

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

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

2015, and ending 20 15 For the 2015 calendar year, or tax year beginning January 01 D Employer identification number В C Name of organization Quachita Electric Cooperative Corporation Check if applicable Doing business as Ouachita Electric Cooperative Corporaiton Address change 71-0133895 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change P O Box 877 870-836-5791 Initial return City or town, state or province, country, and ZIP or foreign postal code П Final return/terminated G Gross receipts \$ Amended return Camden, Arkansas 71711-0877 Application pending F Name and address of principal officer H(a) is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No Mark Cayce, P O Box 877, Camden, Arkansas 71711-0877 If "No," attach a list (see instructions) √ 501(c) (12)
√ (insert no)
√ 4947(a)(1) or Tax-exempt status H(c) Group exemption number ▶ Website: ▶ oecc.com M State of legal domicile Form of organization 🗸 Corporation 🗌 Trust L Year of formation. Association ☐ Other ▶ 1939 AR Summary Briefly describe the organization's mission or most significant activities: **Distribution Electric Cooperative** Activities & Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 3 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . 0 Revenue Program service revenue (Part VIII, line 2g) 22,212,710 22,945,014 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 **217,137** <u>419,839</u> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 11 436,949 436,126 Total revenue—add lines 8 through 11 (must equal Part VIII), column (A), line 12) 12 22,866,796 23,845,387 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), Jine 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 14 1,683,218 2,043,258 15 4,689,941 4,649,385 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D); line 25) Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 17 16,493,637 17,152,744 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 22,866,796 23,845,387 Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 64,811,548 66,550,957 21 Total liabilities (Part X, line 26) . 22,326,952 27,299,845 22 Net assets or fund balances. Subtract line 21 from line 20 42.484.596 41,157,127 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Date Sign Signature of office Here Type or print name and title MARK ZAYCE, GENERAL MANAGER Print/Type preparer's name Date Preparer's signature Check I if **Paid** self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JUN 23 2016

orm 990	0 (2015)			Page 2
Part I				_
	Briefly describe the organization's mis	a response or note to any line in this Part III	· · · · · ·	<u> </u>
		Solon. Cooperative can provide to all who desire it within the service area of t	he Cooperative	at the
	lowest price consistence with the higher			
		insificant program convices during the year which were not listed o	n tho	
2	Did the organization undertake any si	significant program services during the year which were not listed o	· DYes	☑ No
	If "Yes," describe these new services			<u> </u>
3	Did the organization cease conduc	ting, or make significant changes in how it conducts, any pro	gram	
	services?		· 🗌 Yes	✓ No
	If "Yes," describe these changes on S			
4	expenses. Section 501(c)(3) and 501	service accomplishments for each of its three largest program ser (c)(4) organizations are required to report the amount of grants and my, for each program service reported.	d allocations to	others
4a	(Code: \) (Expenses \$	including grants of \$) (Revenue \$)
70				
				·
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$		_)
				·
4¢	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				•••
4d	Other program services (Describe in	Schedule O.) ng grants of \$) (Revenue \$)		
40	(Expenses \$ including	Ing grantes or w / (nevenue w)		

Form 99	0 (2015)			Page
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	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	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		/
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		_
		<u> </u>		<u> </u>

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	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		1
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		1
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	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,"			<u> </u>
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		√
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		✓_
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		
			n 990	(2015)

art				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>)</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
2a	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	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		V	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for 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		✓
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va	_	
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	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	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓ _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		├──
ь 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	Mark the state of	14b		
		Form	n 990	(2015)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	struct	ions.
Section	on A. Governing Body and Management	<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 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.			140
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	
3	any other officer, director, trustee, or key employee?	3	-	✓
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	4 5 6		1
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	v ✓	
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	
a	the year by the following: The governing body?	8a	1	
9 9	Each committee with authority to act on behalf of the governing body?	8b 9	√	1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a		<u>/</u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa		٧
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14	Did the organization have a written whistleblower policy?	13 14	√	
15 a	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	15a	1	
b	Other officers or key employees of the organization	15b	√	
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 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		1
Secti	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Arkansas Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior 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 rew W Perry Johnson, 700 Bradley Ferry Road, Camden, Arkansas 71701, 870-837-3613	cords:	.	

orm	aan	<i>(2</i> 01	151

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

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

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

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

Check this box if neither the organization	nor any relate	d org	aniz		n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
(A)	(B)	(do n	ot ch	Pos	ition	e than	one	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unles er and	s pe d a d	rson Irect	is both	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Corbet J Lamkin										
Director	2.69	✓		_			<u> </u>	9,200	N/A	6,071
(2) Danny Adams				ļ						
Director/Chairman of Board	2.35	✓		✓	_	<u> </u>		8,400	N/A	4,55
(3) Wanda Taylor						ŀ				
Director	1.18	✓_			<u> </u>		L	8,400	N/A	4,31
(4) Walt Pigott							1			
Director	2,88	1		_	<u> </u>		<u> </u>	8,400	N/A	4,619
(5) James Garner					ļ					
Director	2.38	✓_			<u> </u>			11,000	N/A	7,517
(6) Lisa Hendrix					i					
Director/Secetary-Treasurer of Board	2.44	✓		1				8.400	N/A	4,34
(7) Mike Hutchinson				l	l	1	Ì			
Director	1.44	✓						7,200	N/A	4,760
(8) David McLeane										
Director	1.43	✓				l .		7,600	N/A	3,990
(9) Greg Goss										
Director - Vice Chairman of Board	2.50	✓					ĺ	9,600	N/A	5,844
(10) Mark Cayce										
General Manager	50	✓			1	✓		152,338	31,436	73,699
(11) W Perry Johnson							Ī			
Manager of Finance & Accounting	50]			1			105,525	N/A	52,47
(12) Charles Armstrong										
Service Manager	50				1			101,074	N/A	29,724
(13) Daivd O'Hara										
Operations Manager	50	1			1			101,231	N/A	58,328
(14) Richard Baker										
Engineering Service Manager	50	1			✓			27,708	N/A	13,946
							•	•		Form 990 (2015)

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	/ees			lighe	st C	ompensated E	mployees (c	ontın	ued)	
					•	C)							
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation		Estimated amount of	
		week (list any		_	_	_	or/trust		from	related		other	
		hours for	or all	nstri	Officer	Key employee	賣賣	Former	the	organization		compensation	
		related organizations	<u>8</u>	톭	ĕ	<u></u>	Q 85 10 10 10 10 10 10 10 10 10 10 10 10 10	ब्	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization	
		below dotted	학	ᆲ		Ş	# S		(and related	
		line)	Individual trustee or director	Institutional trustee		8	Highest compensated employee					organizations	
				96			ated		 	_			
(15) Da	avid Morgan		ļ								1		
	Manager	50				✓		_	63,497	_	N/A	43,	<u>652</u>
	orma O'Neal-Beaver		-	!		/							
	ember Services	50		-		V	 		90,971	ļ	N/A	47,	821
	obert Stinnett		1			1		l	70 200	1		44	
	anager System Planning	50	<u> </u>	-	-	 •		-	79,306		N/A	44,	117
	nawn Dorflinger	50	1			1	ĺ		74,066		N/A	40	
	ine Design Manager oyd Boyce Draker	30		┢		Ť	-	H	74,000		N/A	49,	54 4
	oyd Boyce Draker etired General Manager	 	1					1	N/A		N/A	4	389
	Illiam H Bradshaw	† — —				1		 	1		14/2		30:
	etired Manager of Operations		1					1	N/A	:	N/A	2.9	999
	illy Charles Parker												
	etired Manager of Operations							✓	N/A		N/A	2,	999
(22) H	arold Duncan	<u> </u>								_			
R	etired District Manager	<u> </u>		<u> </u>			<u></u> _	✓	N/A		N/A	2,	<u>779</u>
(23) A	llen G Watson	<u> </u>				ł							
	etired District Manager		<u> </u>			ļ	 	✓	N/A		N/A	2,9	999
(24)		<u> </u>									ļ		
		<u> </u>	<u> </u>		ļ	 		-			\rightarrow		
(25)			1		ļ				ļ				
	Sub-total	<u> </u>	l .	l			<u> </u>	_	74.000		0		
1b c	Total from continuation sheets to Part			•	•	•	• •		74,066 873,916	 	436	198,	
d	Total (add lines 1b and 1c)	•		•	•	•	• •		947.982		436	274,	
2	Total number of individuals (including bu						abov.	2) 14				472,	<u>3//</u>
_	reportable compensation from the organ			1036	<i>-</i> 113	ieu	abovi	C) W	no received in	Ole man più	0,00	5 61	
	Toportable compensation from the engal											Yes N	ło.
3	Did the organization list any former o	fficer, direc	ctor, c	or tr	rust	ee,	key e	emp	oloyee, or high	nest compen	sate		Ě
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3 🗸	_
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	ind other comp	ensation fro	m th	e la	
	organization and related organizations	greater th	an \$	150,	,000)? /	f "Ye	s, "	complete Sch	nedule J for	suc	h	
	individual											4 /	
5	Did any person listed on line 1a receive									zation or indi	vidua	al L	
	for services rendered to the organization	1? If "Yes," (comp	lete	Scl	nedi	ule J	for s	such person	<u> </u>		5 .	_
Secti	on B. Independent Contractors				_								
1	Complete this table for your five highest												
	compensation from the organization. Re	port compe	ensati	on t	or ti	ne c	alenc	lar y	year ending wi	th or within th	ie or	ganization's tax	
	year.	_						_					
	(A) Name and business ad	dress							(B) Description of s	ervices		(C) Compensation	
LINET	ECH SERVICES, LLC, PO BOX 13650, ALEX	_	7130	₹				Tra	ans Const/Retir			138,7	7.45
	TREE SERVICE, INC, PO BOX 55362, LITTLE				_	<u> </u>		_	ee Trimming			169,9	
	CORPORATION, 705 MAIN ST, NORTH LITTI								ergy Effieceny			240,3	
	&ASSOCIATES, INC, STE 200, 830 E PRIMEC), M	O 6!	5807		gineer			401,5	
	ISHEL COMPANY, DEPT L-2478, COLUMBUS							_	ne Const/Retire/	Main/Oper		690,1	
2	Total number of independent contract	ors (ıncludi	ng b	ut n	ot	limi	ted to				.,	Sec. 64. 44.	
	received more than \$100,000 of compens	sation from	the o	rgar	nızat	tion	>		7				

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	sponse or note to	any line in this I	Part VIII		<u> </u>
		Check if Schedule O contains a res		Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts 1ts	1a	Federated campaigns 1a					
등 하	b	Membership dues 1b					
S, (С	Fundraising events 1c					
Gift	d	Related organizations 1d	<u> </u>			į	
ini	е	Government grants (contributions) 1e					
rtioi er S	f	All other contributions, gifts, grants,	·				
혈美		and similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f				ļ	
an I	_		Business Code				
eve.	2a	Sale of Electricity	16	22,790,993			<u> </u>
8	b	Member Foreited Discount Service Charges	1 40 1	100,986	-		
Ž	d			53,035			
Š	d		1				
ar i	f	All other program service revenue.	-				
Program Service Revenue	g	Total. Add lines 2a–2f	•	22,945,014		L	
	3	Investment income (including dividence				-	
	[_	and other similar amounts)	▶	419,839			
	4	Income from investment of tax-exempt to	ond proceeds ►				
	5	Royalties	<u> ▶</u>		· · · · · · · · · · · · · · · · · · ·		
		(i) Real	(ii) Personal				
	6a	Gross rents					
	ь	Less: rental expenses					
	C	Rental income or (loss)				<u> </u>	ļ
	d	Net rental income or (loss) Gross amount from sales of (i) Securities	▶ (ii) Other				<u> </u>
	7a	assets other than inventory	(1) 02101				
	ь	Less: cost or other basis					
		and sales expenses .					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
enne	8a	Gross income from fundraising					
ě		events (not including \$					
Other Reve		of contributions reported on line 1c).					
Ē		See Part IV, line 18					
8	b		b				ļ
		Net income or (loss) from fundraising		-			
	9a	Gross income from gaming activities. See Part IV, line 19					
			b	1		}	
	b	Less: direct expenses					
	_	Gross sales of inventory, less				<u> </u>	†
		returns and allowances					
	Ь		409,712	ł I			
	C	Net income or (loss) from sales of in		44,408			
		Miscellaneous Revenue	Business Code				
	11a	Discount GD Building	9900099	4,052			
	ь	Discount Sales Taxes	9900099	23,484			
	С	Discount RUS Buyout	9900099	41,754			
	d	All other revenue	9900099	366,836		ļ	
	e	Total. Add lines 11a-11d		436,126			ļ
	12	Total revenue. See instructions	🟲	23.845.387		1	1

David IV	Ctatement of Eupotional Evponess
Partix	Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon-				
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,043,258 873,916			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	1,988,168 842,325			
9	Other employee benefits	725,443			
10	Payroll taxes	219,533			
11	Fees for services (non-employees):	210,000			
a	Management				
b	Legal	18,087			
С	Accounting	32,906		_	
d	Lobbying				
е	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.)	158,358			
12	Advertising and promotion	11,356			
13	Office expenses	234,856	<u></u>		
14	Information technology	314,308		-	
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16 17	Occupancy	53,075			
18	Payments of travel or entertainment expenses	33,073			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	21,514			
20	Interest	1,298,842			
21	Payments to affiliates	12,288,253			
22	Depreciation, depletion, and amortization	1,881,694			
23	Insurance	172,613			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	APSC Fees	38,424			
b					
C				 	<u> </u>
d	All other expenses	620 450		 	
9 25	All other expenses Total functional expenses. Add lines 1 through 24e	628,458 23,845,387			
25 26	Joint costs. Complete this line only if the	23,543,38/		_	
20	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)				

	Lr V	Balance Sheet	-!- DA-V		
		Check if Schedule O contains a response or note to any line in the		<u> </u>	
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	3,032,645	1	2,680,138
	2	Savings and temporary cash investments	. 144,825	2	3,030,512
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	. 2,234,084	4	2,241,708
	5	Loans and other receivables from current and former officers, direct		1	
1		trustees, key employees, and highest compensated employ	ees.		
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under se			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers		ļ	
		sponsoring organizations of section 501(c)(9) voluntary employees' benefit			
ş		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	683,328
•	8	Inventories for sale or use		8	1,192,342
	9	Prepaid expenses and deferred charges	2,347,872	9	2,237,481
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 66.49	56,972		
l	b		99,845 38,480,357	10c	41,157,127
	11	Investments – publicly traded securities		11	41,101,121
	12	Investments—other_securities. See_Part-IV,-line 1-1 =		12	17,146,698
- 1	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11		15	150,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	70,519,334
\Box	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directrustees, key employees, highest compensated employees,	tors,		
≝		disqualified persons. Complete Part II of Schedule L	and	22	
Liabilities		Secured mortgages and notes payable to unrelated third parties .		23	24,546,804
-	23 24	Unsecured notes and loans payable to unrelated third parties		24	24,540,604
	2 4 25	Other liabilities (including federal income tax, payables to related	third		
	25	parties, and other liabilities not included on lines 17-24). Complete P	art X		
		of Schedule D	1,006,901	25	1,110,401
1	26	Total liabilities. Add lines 17 through 25	. 22,326,952		26,936,788
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □	and		
ĕ		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ complete lines 30 through 34.	and		
ပ္ည	30	Capital stock or trust principal, or current funds		30	
36	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	. 39,032,141		41,539,256
ا ب	33	Total net assets or fund balances	. 3,452,455	33	2,043,290
2	-	Total liabilities and net assets/fund balances	. 64,811,548		70,519,334

om	990	(2015	à

Page **12**

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			5,387
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,387
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,45	2,455
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		(1,40	9,165)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2,04	3,290
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
_	☐ Separate basis ☐ Consolidated basis ☐ Both-consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:		*		
	☐ 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 or of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex		2c	√	
	Schedule O.	piairi iri			}
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			1
3a	the Single Audit Act and OMB Circular A-133?	iorui iii	20		,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the	3a	-+	<u> </u>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		1
	Toquitos acum of acume, or praint trify in sociocació o ang accomo any orapo ación to anadigo ocon a			900	(2015)
			1 0111	. 550	(2013)

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Ouachita Electric Cooperative Corporation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area - Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic 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 tax year ▶ 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on 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. a Revenue included on Form 990, Part VIII, line 1

Page	2

Schedule D (f	orm 990	2015
---------------	---------	------

Part	III Organizations Maintaining	Collections of	Art, Hist	orical 1	reasures	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):							
а	☐ Public exhibition		d l		or exchang			
b	☐ Scholarly research		e	Other	r			
С	□ Preservation for future generations							
4	Provide a description of the organizat	ion's collections a	and expla	in how t	hey further	the org	ganization's exe	empt purpose in Part
	XIII.							
5	During the year, did the organization assets to be sold to raise funds rather							
Part	Complete if the organization 990, Part X, line 21.	answered "Yes						
1a	Is the organization an agent, trustee, included on Form 990, Part X?							not Yes No
ь	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able:			
								Amount
С	Beginning balance					10	:	
d	Additions during the year					10		
е	Distributions during the year					1e		<u>.</u>
f	Ending balance					11		
2a	Did the organization include an amoun							
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	planatio	n has been	provide	ed on Part XIII	<u> </u>
Par	Endowment Funds.Complete if the organization	answered "Ves	" on For	m 000 I	Dart IV line	- 10		
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	(-,,			- /		· · · · · · · · · · · · · · · · · · ·	
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance		<u> </u>					
2	Provide the estimated percentage of t			e (line 1g	j, column (a)) held	as:	
а	Board designated or quasi-endowme		%					
b	Permanent endowment >							
С	Temporarily restricted endowment ▶	%	000/					
0-	The percentages on lines 2a, 2b, and Are there endowment funds not in the			zation th	at are held	and ad	Immetered for	the
3a	organization by:	e possession or ti	ie Organi	Zation in	at ale rielu	and ad	iriiriistered ioi	Yes No
	•							. 3a(i)
	(i) unrelated organizations (ii) related organizations					• •		. 3a(ii)
b	If "Yes" on line 3a(II), are the related of		 Las requi	 red on S	 chedule B?			3b
4	Describe in Part XIII the intended uses	s of the organization	on's endo	wment f	unds.			. 001
Pari							<u> </u>	
	Complete if the organization		on For	m 990, I	Part IV, line	e 11a.	See Form 990), Part X, line 10.
	Description of property	(a) Cost or or (investment)	ther basis	(b) Cost	or other basis other)	(c)	Accumulated epreciation	(d) Book value
1a	Land		204,035					204,035
b	Buildings		1,934,766				773,869	1,160,897
С	Leasehold improvements							
d	Equipment	. 1	5,547,313				6,218,623	9,328,691
е	Other		0,770,857				20,299,845	30,463,504
Total.	Add lines 1a through 1e. (Column (d) r.	nust equal Form 9	90, Part 2	<, columi	n (B), line 10)c.)	▶	41,157,127

Part VII	Investments—Other Securities.		000 0 . 114 11	441.0.5	
	Complete if the organization answ	vered "Yes" on For			 -
	(a) Description of security or category (including name of security)		(b) Book value		nod of valuation of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests		<u> </u>		
(3) Other	·····				
(A)					·
(B)					
(C)					
(D)					
(E)				ļ	
(F)					
(G)					
(H)				Ab. in the	
	b) must equal Form 990, Part X, col (B) line 12)				1 / El (2)
Part VIII	Investments—Program Related Complete if the organization answ		m 000 Part IV lin	a 11a Saa Earm	000 Port V line 12
		vered tes on For			
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(4)					
(5)					
(6)				_	
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.	_			
	Complete if the organization answ		m 990, Part IV, lin	e 11d. See Form	
	(8)	Description			(b) Book value
(1) Land			·		150,000
(2)		" - -			 _
(3)					
(4)					
(5)					
(6)					
(7)					
<u>(8)</u> (9)					·
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			150,000
Part X	Other Liabilities.				130,000
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X.
	line 25.		,		, ,
1.	(a) Description of liability	(b) Book value	Mark Mines	of the state of	
(1) Federal in	ncome taxes		0		
(2) Accumi	ulated Operating Provision	(85)	7,660)		
	ner Deposits		2,245		
	urrent & accrued liabilities		6,506	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	d credits		7,730	Land to the second	
(6)					
(7)					· ·
(8)		_			
(9)			120 7		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 🕨	82	8,821		
	r uncertain tax positions. In Part XIII, provid				
organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the text of t	he footnote has bee	provided in Part XIII

Part	•		Return.
	Complete if the organization answered "Yes" on Form 990, F		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	1
а	Net unrealized gains (losses) on investments	2a	4
b	Donated services and use of facilities	2b	4
С	The contract of prior justice of the contract	2c	4
d	·	2d	!
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	investment expenses not included on Form 990, Part VIII, line 7b	48	.
b	•	4b	
_	Add lines 4a and 4b		4c
5			5 Poturn
Part	Complete if the organization answered "Yes" on Form 990, I		er neturn.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		6.7
a a	Donated services and use of facilities	2a	Sec.
b	Prior year adjustments	2b	
C	Other losses	2c	
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 IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b	p; Part V, line 4; Part X, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	itormation.
PATRO	DNAGE CAPITAL CERTIFICATE-AECI \$153,447.11		••••••
PATRO	NAGE CAPITAL CERTIFICATE-AECC \$9,751,309.13 CLASS C COMMON		
	NAME OF THE OFFICE AND LOCATE AND LOCATE AND THE		
PAIR	DNAGE CAPITAL CERTIFICATE-NRUCFC \$635,395.71	***************************************	
01.466	CONTROL CTOOK FED DUDAL ELECTRICINE #127 046 24		
CLASS	C COMMON STOCK-FED. RURAL ELECTRIC INS. \$127,046.31		
DATE	NAME CADITAL NIDTO \$445 222 24		
PAIR	DNAGE CAPITAL-NRTC \$415,332.24		***************************************
DATE	DNAGE CAPITAL CERTIFICATE-SEDC \$38,670.95		
EDIW.	MAGE CAPITAL CERTIFICATE SECTO 430 (070.30	***************************************	•
PATR	DNAGE-ARK RURAL DEV SELF-INS TRUST \$45,523.53		
Laur	MANUE-NAK ROJGE DEV JEEL -ING TROOT VIOLENGE		***************************************
PATRO	DNAGE CAPITAL NISC \$21,589.71		
2.233.00			
PATR	ONAGE IN CRC \$23,787.00		
-1101133		•••••	
CAPIT	AL TERM CERTIFICATES-NRUCFC 123.22 \$859,756.43		
Alm.ii.			***************************************
МЕМВ	ERSHIP-NRUCFC \$1,000.00		
MEMB	ERSHIP-COMMITTEE ON SW POWER \$10.00		
MCMD	ERSHIP-NRTC \$1,000.00		

art XIII Supplemental Information (continued)
IEMBERSHIP-NRECA \$10.00 MEMBERSHIP-CAIDC STOCK \$100.00
IEMBERSHIP-HAMPTON INDUSTRIES \$500.00
IEMBERSHIP-CAIDC STOCK \$100.00 MEMBERSHIP
AMDEN INDUSTRIAL DEVELOPMENT \$200.00
IEMBERSHIP-NISC \$1,000.00
IEMBERSHIP-AECI \$100.00 MEMBERSHIP
ECC \$100.00
NEMBERSHIP-SEDC \$100.00
/ILD BLUE - 123.50 \$23,350.00
MERICAN EXPRESS CENTURION BANK \$80,000.00
TATE BANK OF INDIA \$80,350.47
TATE BANK OF INDIA \$30,928.07
SCOVER BANK \$90,000.00
FARMER'S BANK \$100,000.00
IRST BANK OF SOUTH ARKANSAS 5002567 \$85,000.00
ALHOUN COUNTY BANK 5014613 \$86,000.00
ANCORPSOUTH 55000000028979 \$99,000.00
ANK OF BEARDEN \$102,278.07
OLDMAN SACHS \$200,000.00
MERICAN EXPRESS CENTURION BANK 2.0 \$145,000.00
ISCOVER BANK \$100,000.00
APITAL ONE \$100,000.00
HLM Series 77H; 7.84% Eff;Stated 8.5% \$3,820.18
NMA REMIC 2003-25 T \$38,713.52
NMA REMIC 2010-10 CP \$28,248.47
NMA REMIC Trust 2010-107 \$7,157.93
NMA 2011-44 cusip38377QWL7 \$4,672.90
NMA GUARANTEED PASS THRU CTF POOL #3428_\$10,269.06

Schedule D (Form		age 5
Part XIII	Supplemental Information (continued)	
HLMC MEDIU	IM TERM NOTE11/15/24 \$100,000.00	
ederal Home	Loan Banks \$100,000.00	
EDERAL FAR	RM CREDIT BANKS BOND \$120,947.75	
EDERAL FAR	RM CREDIT BANKS BOND \$120,088.35	
JS TREASUR	Y STRIPS \$72,504.18	
JS TREASUR	Y STRIPS \$52,288.33	
FRANKLIN LIN	AITED MAT US SECURITIES FND \$188,720.39	
HLMC STRIP	3.191 \$197,243.14	
CFC EQUITY (CERTIFICATES \$250,000.00	
. 	-	
		•
·		

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Open to Public Inspection

Employer identification number

71-0133895 **Ouachita Electroc Cooperative Corporation** Part 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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence ☐ Travel for companions ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees □ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee □ Written employment contract Compensation survey or study ☐ Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a The organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? . . 6a If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 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 on 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

The sum of columns (B)(I)-(iii) to	. 000		W-2 and/or 1099-MIS		(C) Retirement and	(b) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
	(i)	9,200	0	0	0	6,071	15,270		
1 CORBET J LAMKIN-DIRECTOR	(11)								
DANNY ADAMS - DIRECTOR- 2 CHAIRMAN OF BOARD	(i) (ii)	8,400	0	0	0	4,555	12,955		
- STIPARGINAL OF BOARD	(1)	8,400	0	0	0	4,313	12,713		
3 WANDA TAYLOR - DIRECTOR	(II)								
	(1)	8,400	0	0	0	4,619	13,019		
4 WALTER PIGOTT - DIRECTOR	(II)								
	(1)	11,000	0	0	0	7,517	18,517		
5 JAMES GARNER - DIRECTOR	(ii)								
LISA HENDRIX - DIRECTOR/	(1)	8,400	0	0	0	4,343	12,743	,	
6 SECETARY-TREASURER	(ii)								
GREG GOSS - DIRECTOR - VICE	(I) (II)	9,600	O		<u>.</u>	5,844	15,444		
7 CHARIMEN OF BOARD	(1)	7,200		0	0	4,760	11,960		
8 MIKE HUTCHINSON - DIRECTOR	(ii)	7,200				7,700	11,900		
OREKE HOTCHINSON - DIRECTOR	n	7,600	0	0	0	3,990	11,590		
9 DAVID MCLEANE - DIRECTOR	(ii)				***************************************				
MARK CAYCE-GENERAL	(1)	152,338	0	0	53,861	19,838	226,037		
10 MANAGER	(H)								
W PERRY JOHNSON-MANAGER	(i)	105,525	0	0	38,754	13,721	157,999		
11 OF FINANCE & ACCOUNTING	(ii)								
CHARLES ARMSTONG-SERVICE	(i)	101,704	0	0	12,522	17,202	130,798		
12 MANAGER	(H)					40	400 000		
DAVID O'HARE-CONSTRUCTION	(i) (ii)	101,231	0	0	38,820	19,508	159,559	ļ	
13 MANAGER	(i)	27,708		0	12,807	1,139	41,655		
RICHARD BAKER-ENGINEERING 14 SERVICES MANAGER	(II)	21,108			12,007	1,133	41,033		
- SERVICES MANAGER	(i)	63,497	0	0	24,870	18,782	107,148		
15 DAVID L MORGAN-IT MANAGER	(H)	33,737							
NORMA O'NEAL BEAVER-	(f)	90,971	0	0	32,300	15,521	138,792		
16 MEMBER SERVICE	(II)				<u> </u>	L			

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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 o	f the organization								Emplo	yer ider	ntificati	on nu	mber		
Ouach	ita Electric Cooperati	ve Corporation									71-0	1338	95		
Part	Excess Bene	fit Transaction e organization	s (section 501 answered "Ye	(c)(3), s" on	section : Form 990	501(c)(4), a 0, Part IV, I	nd 50 ine 25	01(c)(29) co 5a or 25b	rganız , or Fo	ations rm 99	only) 0-EZ,	Part	V, line	40b.	
1	(a) Name of disqualified	nerson	(b) Relationship be			person and		(c) D	escriptio	n of tran	saction	<u> </u>		(d) Cor	rected?
	(a) Name of disquamed	person		organiz	ation						13401101	<u>. </u>		Yes	No
(1)	Mark Cayce	D	irector				Direc	tor <u>'s fees</u>							✓
(2)							<u> </u>								
(3)_							ļ								
(4)							<u> </u>								
(5)							↓								
(6)			 				<u> </u>						_	L	
3	Enter the amount under section 4958 Enter the amount o								ons au · ·	 	ne ye. I I	ar ▶ \$ ▶ \$	<u></u>		
Part	Complete if th	or From Interie organization eported an amo	answered "Ye	s" on				= 38a or F	orm 9	90, Pa	rt IV,	line 2	:6; or	f the	
		(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?				Balance due		default?	by bo	proved pard or nittee?	, ,,	ntten ment?	
				То	From	1				Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)				<u> </u>						ļ			<u> </u>		
_(4)				<u> </u>						<u> </u>			ļ		
<u>(5)</u>				<u> </u>						<u> </u>			<u> </u>		
(6)				ļ				<u> </u>		 	igwdown		ļ		
<u>(7)</u>				<u> </u>						├ —			ļ .		
(8)				 						 			 		├—
(9)				 						+					
(10) Total			L	1	l	<u> </u>	. ▶	\$		 			Ļ.,		
Part	Grants or Ass Complete if the	sistance Beneral e organization	fiting Interest answered "Ye	ed Pe s" on	rsons. Form 99	0, Part IV, I	line 2	7.							
(a)	Name of interested person		ship between inter and the organization		(c) Amount	of assistance		(d) Type of a	assistani	ce 	(e)	Purpo	ose of a	ssistan	се
(1)			<u> </u>				ļ				ļ				
(2)							<u> </u>								
(3)							 				ļ				
(4)					ļ		-				ļ				
(5)							 	 			ļ				
(6)			_								 		· .		
(7)							-				ļ				
(8)											<u> </u>				
(9)				-			 				ļ <u>.</u>				

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?		
_					Yes	No	
(1)							
(2)							
(3)						<u>↓</u>	
(4)						ļ	
_ (5)						 —	
(1) (2) (3) (4) (5) (6) (7)	· · · · · · · · · · · · · · · · · · ·					┼	
(1)						+	
(8) (9) (10)					_{	\vdash	
(10)			 		1	 	
Part V	Supplemental Information Provide additional information	n for responses to questions	on Schedule L (see	instructions).			
3							
·					••••••	·	
			-	-	•••••••		
					·	·	
			•••••			·	
	·						
					-		
						•••••	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Ouachita Electric Cooperative Corporation	71-0133895
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, post filing, by t	he cooperative's independent auditors.
Part IV Governance, Management, and Disclosure Section B-12c	
The conflict of interest questionnaire is filled out annually by the directors and key management perso	nnel. The questionnaires are
confirmed and checked bye the independent auditors annually.	
Part IV Governance, 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 the deliberation and decision.	
Post IV Coursepass Management and Displayure Section B. 15h	
Part IV Governance, Management, and Disclosure Section B-15b The key employees of the organization compensation is dtermined by the top management official (Ge	neral Manager). Comparability data
and contemporaneous substantiation of the deliberation and decision is used in the determination.	
Part IV Governance, Management, and Disclosure Section C-19	
Governing documents, conflict of interest policy, and financial statements are available to the coopera	tive 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 (2015) to be allocated in 2016:	
Operating Margins: \$1,184,639; Non-operating Magins - Interest: \$419,838; Non-operating Margins - Oth	er: \$243,203; Other Capital Credits
& Patronage Dividends: \$195,577; for a total of \$ 2,043,258.	

Schedule O (Form 990 or 990-EZ) (2015)		ige 2
Name of the organization	Employer identification number	
Ouachita Electric Cooperative Corporation	71-0133895	
		••