efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form **990**

Return of Organization Exempt From Income Tax

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

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

DLN: 93493318029157 OMB No 1545-0047

Open to Public

Department of the Treast
Internal Revenue Service

foundations)

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

Inspection

A F	or th	e 2016 c	alendar year, or tax year beginn	ing 01-01-2016 , and ending 12-	31-2016		
B Che	ck ıf a	pplicable	C Name of organization	ODATION		D Employe	r identification number
□ Ad	dress	change	FIRST ELECTRIC COOPERATIVE CORP	ORATION		71-0056	715
□Na		-	Doing business as				
□ Ini Fir		turn	January de la companya de la company				
_	-	minated	Number and street (or P O box if mai	Il is not delivered to street address) Room/s	uite	E Telephone	number
_		d return on pending	1000 S JP WRIGHT LOOP ROAD			(501) 98	2-4545
Ц Ар	piicati	on pending	City or town, state or province, count	ry, and ZIP or foreign postal code			
			JACKSONVILLE, AR 720765264			G Gross rece	eıpts \$ 187,005,181
			F Name and address of principal	officer	H(a) I	s this a group reti	urn for
			DON CRABBE 1000 S JP WRIGHT LOOP ROAD			ubordinates?	□Yes 🗹 No
			JACKSONVILLE, AR 720765264			are all subordinate ncluded?	es 🗌 Yes 🗐 No
I Ta	x-exe	mpt status	☐ 501(c)(3) ☑ 501(c)(12) ◄	(insert no) 4947(a)(1) or 527	1		st (see instructions)
J W	ebsit	te:▶ WW	W FIRSTELECTRIC COOP	· · · · · · · · · · · · · · · · · · ·	H(c) (Group exemption r	number >
K Forr	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ Associ	ation Other ►	L Year of	formation 1937	M State of legal domicile AR
Pa	at T	6m					
Fe		Sumi Briefly des	scribe the organization's mission or	most significant activities			
a.				DABLE ELECTRIC SERVICE TO MEMBE	RS OF THE	COOPERATIVE	
2	-						
E	:						
Activities & Governance	,	Check thi	is hox • I if the organization disc	ontinued its operations or disposed of	more than	25% of its net as	sets
<u> </u>				body (Part VI, line 1a)			3 9
× 5	4	Number o	of independent voting members of t	the governing body (Part VI, line 1b)			4 9
<u>te</u>	5	Total num	nber of individuals employed in cale	endar year 2016 (Part V, line 2a) .			5 247
₹	6	Total num	nber of volunteers (estimate if nece	essary)			6 0
Ac	7a	Total unre	elated business revenue from Part v	VIII, column (C), line 12			7a 776
	ь	7b 0					
						Prior Year	Current Year
0.	8	Contribut	tions and grants (Part VIII, line 1h)				0 0
Ę	9	Program	service revenue (Part VIII, line 2g)			175,318,50	04 182,341,147
Rəvenue	10	Investme	ent income (Part VIII, column (A), li	3,029,8	76 3,353,846		
Œ	11	Other rev	venue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)		986,9	52 1,069,361
	12	Total reve	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)		179,335,3	32 186,764,354
	13	Grants ar	nd similar amounts paid (Part IX, co	olumn (A), lines 1-3)		15,3	15 16,277
	14	Benefits p	paid to or for members (Part IX, col	lumn (A), line 4)		11,747,8	21 16,187,624
ç	15	Salaries,	other compensation, employee ben	efits (Part IX, column (A), lines 5–10)		19,008,69	90 20,937,236
Expenses	16a	Professio	onal fundraising fees (Part IX, colum	nn (A), line 11e)			0 0
Ð	Ь	Total fundr	raising expenses (Part IX, column (D), lin	e 25) ▶ 0			
ă	17	Other exp	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		148,563,50	06 149,623,217
	18	Total exp	penses Add lines 13-17 (must equa	ıl Part IX, column (A), line 25)		179,335,3	32 186,764,354
	19	Revenue	less expenses Subtract line 18 from	m line 12			0 0
<u>১ %</u>					Begin	ning of Current Ye	ar End of Year
Net Assets or Fund Balances							
Bal	20	Total asse	ets (Part X, line 16)			493,018,7	66 490,010,838
팔	21	Total liab	ollities (Part X, line 26)			258,727,7	
			ts or fund balances Subtract line 2:	1 from line 20		234,291,0	28 242,814,398
Pa			ature Block				
				ned this return, including accompanyin Declaration of preparer (other than off			
any k			<u> </u>				
		*****	*			2017-11-10	
Sign		Signati	ure of officer			Date	
Here		, BBIICE	: ANDREWS CFO				
			r print name and title				
		/ P	Print/Type preparer's name	Preparer's signature	Date	P1	TIN
Paid	ł		VILLÍAM M MILLER		2017-11-10		00439459
Pre		er 🗐	firm's name BOLINGER SEGARS GILE	BERT AND MOSS LLP		Firm's EIN ► 75-0	1882037
Use			irm's address > 8215 NASHVILLE AVENU	E		Phone no (806) 7	47-3806
		9	LUBBOCK, TX 79423				
May t	he IR	S discuss	this return with the preparer showi	n above? (see instructions)			☑ Yes ☐ No
			duction Act Notice, see the sepa	· · · · · · · · · · · · · · · · · · ·	Cat	No 11282Y	Form 990 (2016)

Form	990 (2016)				F	Page 2
Par	t IIII Statemen	t of Program Service Acc	omplishments			
	Check if Sch	edule O contains a response or	note to any line in this Part III .			
1	Briefly describe the	organization's mission				
<u>IMPR</u>	OVING QUALITY OF L	IFE THROUGH RELIABLE AND	AFFORDABLE ELECTRIC SERVICE TO	THE MEMBERS		
						
2	-	, -	gram services during the year which v	vere not listed on	□Yes ☑N	_
		or 990-EZ?			⊔ Yes ⊻ No	D
3	•	iese new services on Schedule		any program		
3	_	-	inificant changes in how it conducts, a	any program	□yes 🗸	NI
					⊔ Yes 🖭	NO
4	•	ese changes on Schedule O			- d b., -,,	
7	Section $501(c)(3)$ a		plishments for each of its three large required to report the amount of gra ervice reported			
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
	See Additional Data					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
	-					
4c	(Code) (Expenses \$	including grants of \$)	
70	(Code	/ (Expenses \$	including grants or \$) (Revenue \$,	
	-					
	-					
A -	O4b					
4d	Other program serv (Expenses \$	rices (Describe in Schedule O) including o	urants of \$	(Revenue \$)	
4-	Total program ser) () () () () () () () () () ((mevenue ψ	,	
4e	i otai program sei	vice expelises				

Section 501(c)(3) organizations.

or X as applicable

assessments, or similar amounts as defined in Revenue Procedure 98-19?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, Page 3

No

Νo

Νo

Nο

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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?

4 5 6

1

2

3

No Nο Nο Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form 990 (2016)

7 8 10

Yes

Yes

Yes

Yes

Yes

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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Form 990 (2016)						
Par	Checklist of Required Schedules (continued)					
		Yes	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?					
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	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		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? If "Yes," complete Schedule J	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		No			

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35h

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37

Yes

Yes

Form 990 (2016)

Nο

Nο

No

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

organization? If "Yes," complete Schedule R, Part V, line 2

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

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instructions for applicable filing thresholds, conditions, and exceptions)

ווווכ	990 (2016)			Page !
Par	t 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 274	1 1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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	2b	V	
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)	2D	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	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)			140
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
-	2. 100, to line ou or only and the organization metorin occorrection in the first of the first o	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
.1	Section 501(c)(12) organizations. Enter]		
а	Gross income from members or shareholders	<u> </u>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	-		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
а		13a		
	additional information the organization must report on Schedule 0 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	154		
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			
b c	Enter the amount of reserves the organization is required to maintain by the states in	14a		No

	tVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	" rocno	nce to li	Page 0				
I GI	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	iise to ii	ries				
	Check if Schedule O contains a response or note to any line in this Part VI			✓				
Se	ction 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 1b							
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	Yes					
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	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
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	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?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	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		No				
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14		No				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
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						
Se	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed▶							
18	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 ▶BRUCE ANDREWS CFO 1000 S JP WRIGHT LOOP ROAD JACKSONVILLE, AR 720765264 (501) 982-4545							

Part VII

PRESIDENT/CEO

(11) BRAD FORD

(12) BRUCE ANDREWS CFO .=...Evv3

(13) JERRY DRISKILL

VP - OPERATIONS

(14) DANIEL RIEDEL

VP - ENGINEERING

VP - MARKETING

SERVICEMAN

(15) TONYA R SEXTON

(16) THEODORE B DEWEESE JR

(17) JAMES S BRANSCUM

DISTRICT MANAGER

COO

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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

List persons in the following order individual trus compensated employees, and former such person		rs, ınstı	tutioi	nal t	rust	ees, d	offic	ers, key employees	s, highest		
\square Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny (current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u n an	eck me nless office ustee)	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	ns Sp =		Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ñ- 2/1099- MISC)	organization and related organizations	
(1) ROBERT HILL CHAIRMAN	7 00	X		×				44,380	0	0	
(2) LARRY WOOD VICE CHAIRMAN	7 00	х		x				50,076	0	0	
(3) ROBERT MAERTENS SECRETARY/TREASURER	7 30	х		x				34,896	0	12,000	
(4) JIMMIE CROCKETT DIRECTOR	2 80	х						18,459	0	9,600	
(5) TOM HASTY JR DIRECTOR	6 10	х						41,949	0	0	
(6) TRACY HUDSPETH DIRECTOR	6 00	х						46,888	0	0	
(7) RICK LOVE DIRECTOR	7 50	х						38,637	0	0	
(8) DAVID LUEBKE DIRECTOR	6 10	х						47,340	0	0	
(9) KARISSA RUSHING DIRECTOR	7 10	X						42,339	0	2,400	
(10) DON CRABBE	49 00										

Х

Х

Х

Х

Х

Х

845,070

223.012

231,208

155,737

137,794

139,002

136,821

127,463

0

0

0

0

0

0

183,525

168.823

138,724

72,235

39.555

19,704

37,331

63.381

Form 990 (2016)

45 00

45 00

45 00

40 00

45 00

62 00

45 00

ARKANSAS ELECTRIC COOP INC

compensation from the organization ▶ 11

1 COOPERATIVE WAY LITTLE ROCK, AR 72219

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

Page **8**

	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, in of tor/t	t ch unle: ficer rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from relate organization (W- 2/1099	on d ns	amount of other compensation s from the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-1413-0)	MISC)			
	KAREN SOUTHERLAND RICT MANAGER	45 00					х		133,305		0		113,175
											\dashv		
											\dashv		
											\exists		
	Sub-Total	VII, Section A	• •	•		1					\equiv		
d 2	Total (add lines 1b and 1c) Total number of individuals (including bu			• sted	abov	/e) v	vho re	ceıv	2,494,376 ed more than \$100		0		860,453
	of reportable compensation from the org	janization ► 2/											
3	Did the organization list any former offi line 1a? <i>If "Yes," complete Schedule J fo</i>			key ·	emp •	loye •	e, or h	nghe	est compensated er	nployee on	3	Yes	No No
4	For any individual listed on line 1a, is the organization and related organizations gindividual	e sum of reporta reater than \$150	ble com 0,000?	npens If "Ye	atio 's," (n ar	nd other	er co Sche	ompensation from the dule J for such	ne 	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization? If					•			-	lual for	5	163	No
S	ection B. Independent Contractor	s											
1	Complete this table for your five highest from the organization Report compensa										npen	sation	
	· · · · · · · · · · · · · · · · · · ·	(A)	idai ye	ai eii	unig	VVIC	11 01 11	ICIIII		(B)		(0	
CLAR	.K CONTRACTORS LLC	business address								n CONTRACTOR	\dashv	Comper 6	,748,162
1582	5 CANTRELL ROAD LE ROCK, AR 72223												, ,
	FISHEL COMPANY INC								POWERLINE CO	NSTRUCTION		2	,395,268
	RTMENT L-2478 IMBUS, OH 43260												
	TY LINES CONSTRUCTION INC								POWERLINE CO	NSTRUCTION	\neg	2	,113,545
	OX 827464 ADELPHIA, PA 19182												
	E TREE SERVICE INC								RIGHT OF WAY	CLEARING		1	,948,299
	N CEDAR STREET FH LITTLE ROCK, AR 72114												

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

783,221

RIGHT OF WAY CLEARING & CONSTRUCTION

		(2016)										Page
Part '	V +											
		Check if Schedul	e O contains a re	esponse or	note to any l	ine in this Par (A) Total revenu		(E Relat exer func reve	ed or mpt tion	Unre busi	C) Elated Iness enue	(D) Revenue excluded from tax under sections 512-514
s	1 a	Federated campaig	ns 1	.a								
ants	ŀ	b Membership dues	1	.b								
Gra		Fundraising events	1	.с								
ffs. r≜		d Related organizatio	ns 1	.d								
Ē.		e Government grants (co	ontributions) 1	.e								
tions, Gifts, Grants r Similar Amounts	f	All other contributions and similar amounts in above	ot included	lf								
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contribution	ons included									
Contained	h	Total.Add lines 1a-1	lf		>							
<u>a</u>	_				Business	Code						
K-N	2a	SALES OF ELECTRICITY				221000	177,99	98,205	177,99	8,205		
å.		PATRONAGE DIVIDENDS	5		-	221000		59,055		9,055		
AC.		SERVICE FEES	451115		•	221000		44,631 33,810		4,631 3,810		
3		OTHER PROGRAM REVE			•	221000		45,446		5,446		
an								,	<u> </u>	,,,,,,		
Program Service Revenue	f	All other program se	rvice revenue		182 3	41,147		<u> </u>				
4	g.	Total. Add lines 2a-2f	f	>		71,17/						
		Investment income (ii similar amounts) .			and other	3,2	06,734					3,206,73
		Income from investme	· · · · · · · · · · · · · · · · · · ·			<u> </u>						, ,
					. •		3,210					3,21
			(ı) Real	(11)	Personal							
	6a	Gross rents										
	h	Less rental expenses	1,	050	776 0	1						
		, 2000 Fortal exponent										
	c	Rental income or (loss)	1,	050	776							
	d	Net rental income o	r (loss)			<u> </u>	1,826				776	1,05
	-	. Net rental income o	(i) Securities		Other						7,70	1,00
	7a	Gross amount	(1)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•							
		from sales of assets other			228,885							
		than inventory										
	b	Less cost or other basis and			81,773							
	_	sales expenses			147,112]						
		Gain or (loss) Net gain or (loss)				Į	47,112					147,11
		Gross income from fi		s	<u> </u>	1	,					,
9 3		(not including \$	of									
₹		contributions reporte See Part IV, line 18		a								
Re	b	Less direct expense	s	ь		1						
er	C	Net income or (loss)	from fundraising	events .	· •							
Other Revenue	9a	Gross income from g See Part IV, line 19										
		See Fait IV, lille 19		a								
	b	Less direct expense	s	ь								
	C	Net income or (loss)	from gaming act	ivities .	· •							
	10a	Gross sales of invent returns and allowand										
		returns and anoward	.63	a	153,393							
	b	Less cost of goods s	sold	ь	159,054							
		: Net income or (loss)		/entory .	. •	J	-5,661		-5,661			
		Miscellaneous			ness Code							
İ	11	aPOLE ATTACHMENT	INCOME		221000	1,0	69,986					1,069,98
	b	,										
	c											
	d	All other revenue .		_								
	е	Total. Add lines 11a	-11d		>	1.0	69,986					
	12	Total revenue. See	Instructions .			,	·		102 225 :-			
						186,7	64,354		182,335,486		776	4,428,09 Form 990 (2016

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses				_
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all conformal Check if Schedule O contains a response or note to any	_			🗹
		 (B)	(c)	T
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	16,277			
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, line 15 and 16				
4 Benefits paid to or for members	16,187,624			
5 Compensation of current officers, directors, trustees, and key employees	2,407,298			
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	11,743,564			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,399,365			
9 Other employee benefits	3,435,068			
10 Payroll taxes	951,941			
11 Fees for services (non-employees)	,			
a Management				
b Legal				
c Accounting				
- h				
· -				
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	9,451,078			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,971,115			
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)				
a PURCHASED POWER	108,549,366			
b DISTRIBUTION EXPENSE	11,736,564			
c CONSUMER EXPENSE	2,363,307			
d UNRELATED BUS INC TAX	8			
e All other expenses	2,551,779			

186,764,354

Form **990** (2016)

25 Total functional expenses. Add lines 1 through 24e

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)

	3	Pleages and grants receivable, net		•			l
	4	Accounts receivable, net			11,507,660	4	12,7
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			5		
Assets	6 7	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	(c)(3)(B), and of section 501(c)(9)		6		
SS	8	Inventories for sale or use	157,308	8	1		
۷	9	Prepaid expenses and deferred charges	18,711,696	9	17,6		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	505,265,866			
	b	Less accumulated depreciation	10 b	156,618,627	335,200,604	10 c	348,6

		voluntary employees' beneficiary organizations Part II of Schedule L	(see in	structions) Complete			
ets	7	Notes and loans receivable, net		7			
SS	8	Inventories for sale or use	157,308	8	171,862		
Ø	9	Prepaid expenses and deferred charges	18,711,696	9	17,645,225		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	505,265,866			
	ь	Less accumulated depreciation	10b	156,618,627	335,200,604	10 c	348,647,239
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line	91,052,028	13	89,385,441		
	14	Intangible assets				14	

Š	8	Inventories for sale or use	157,308	8	171,862		
A	9	Prepaid expenses and deferred charges	18,711,696	9	17,645,225		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 505,265,866				
	ь	b Less accumulated depreciation		156,618,627	335,200,604	10c	348,647,239
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line	91,052,028	13	89,385,441		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	5,453,487	15	9,242,526		
	16	Total accets Add lines 1 through 15 (must equ	493.018.766	16	490 010 838		

Total assets.Add lines 1 through 15 (must equal line 34) . 493,018,766 490,010,838 16 17 11,435,220 17 7.095,458 Accounts payable and accrued expenses 18 Grants payable . 18 19 19 Deferred revenue . 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 213.802.096 206.079.442 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 33,490,422 25 34.021.540 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 247,196,440 26 Total liabilities. Add lines 17 through 25 . 258,727,738 26 Fund Balances Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), Assets or check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 728,695 30 736,455 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31 233,562,333 242,077,943 32 Retained earnings, endowment, accumulated income, or other funds 32 Net 234,291,028 33 242,814,398 33 Total net assets or fund balances 34 493,018,766 34 490.010.838 Total liabilities and net assets/fund balances Form **990** (2016)

consolidated basis, or both Consolidated basis ☐ Both consolidated and separate basis

✓ Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

2c Yes

3a

3b

No

Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 71-0056715

Name: FIRST ELECTRIC COOPERATIVE CORPORATION

Form 990 (2016)

Form 990, Part III, Line 4a:

PROVIDING ELECTRIC ENERGY TO OUR MEMBERS - 92,237 ACTIVE SERVICES AT YEAR END ALL SERVICES THAT WERE ACTIVE DURING THE YEAR WERE PROVIDED FLECTRICITY ON A COOPERATIVE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITAL

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

As Filed Data -

DLN: 93493318029157

OMB No 1545-0047

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.

Open to Public

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** FIRST ELECTRIC COOPERATIVE CORPORATION 71-0056715 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 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No 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. 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 (i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

2

Par	t III	Organizations Ma	aintaining Col	lections c	of Art, H	istori	cal T	reası	ıres, oı	Other	Similar A	ssets (cor	ntinued)	
3		g the organization's acq is (check all that apply)	uisition, accessioi	n, and other	records, o	check	any of	the fo	llowing t	hat are a	significant i	use of its co	ollection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Othe	r					
С	Preservation for future generations													
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?													
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.													
1a		ie organization an agent ided on Form 990, Part I		an or other	ıntermedia	ary for	contri	bution	s or othe	er assets I	not	☐ Yes	□ N	o
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the foll	lowing	table				Α	mount		_
С		nning balance		•		,				1c				_
d	Addı	tions during the year								1d				_
е	Dıstı	ributions during the year	r							1e				_
f	Endi	ng balance								1f				
2 a	Did t	the organization include	an amount on Fo	rm 990, Par	rt X, line 2	1, for	escrov	or cu	stodial a	ccount lia	ability?	☐ Yes	□ N	0
b		es," explain the arrange												
Pa	rt V	Endowment Fund	ds. Complete if											
1 3	Regin	ning of year balance .		(a)Curren	nt year	(b) Pi	rıor yea	r	(c) Two y	ears back	(d)Three ye	ars back (e	Four year	rs back
	_	ibutions												
		ivestment earnings, gair	ns. and losses											
		s or scholarships												
	Other	expenditures for facilities rograms												
f	Admır	nistrative expenses .												
g	End o	f year balance												
2		ide the estimated perce		ent year end	d balance ((line 1	g, colu	mn (a)) held a	s				
а		d designated or quasi-e	ndowment ►											
b		nanent endowment 🕨												
С		porarily restricted endov												
За	The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No													
	_	inrelated organizations										3a(i		
	(ii)	related organizations .										3a(ii	i)	
ь 4		es" on 3a(II), are the rel cribe in Part XIII the inte	-		•			? .				3b		
	rt VI				II 3 CHOW	inenc i	unus							
- с	lu V.	Complete if the or			on Form	990,	Part	IV, lır	ne 11a.	See For	m 990, Pai	rt X, line 1	10.	
	Desci	ription of property	(a) Cost or oth (investme		(b) Cost o	r other	basıs (d	other)	(c)Acc	umulated d	epreciation	(d)	Book value	Э
1a	Land						4,68	32,209						1,682,209
	Buildii						22,5	39,267			6,106,292		16	5,432,975
		hold improvements												
		ment					467,48	38,170			150,512,335		316	5,975,835

10,556,220

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

10,556,220

348,647,239

Part VII Investments—Other Securities. Complete if the organ	ızatıon answe	red 'Yes' on For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value		Method of valuation end-of-year market value
(1)Financial derivatives	Value	2031 01	end of year market value
(2)Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	b	d Waal aa Fa	OOO Book IV has 110
Part VIII Investments—Program Related. Complete if the organ See Form 990, Part X, line 13. (a) Description of investment (b)	Book value	(c)	Method of valuation end-of-year market value
See Additional Data Table		2032 01	end of year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	00 205 444		
Part IX Other Assets. Complete if the organization answered 'Yes' on	89,385,441 Form 990, Part	IV, line 11d See	
(1) (a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•
Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.	'Yes' on Forr	n 990, Part IV,	ine 11e or 11f.
1. (a) Description of liability (1) Federal income taxes	(b) Boo	ok value	
<u></u>			
CONSUMER DEPOSITS AND PREPAYMENTS		5,232,851	
ACCUMULATED PROVISION FOR PENSIONS AND OTHER POST-RETIREMENT BENEFITS		23,809,003	
DEFERRED CREDITS		1,554,500	
ACCRUED PROPERTY TAXES		2,975,000	
ACCRUED OPERATING TAXES - OTHER		450,186	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		34,021,540	
2. Liability for uncertain tax positions In Part XIII, provide the text of the footiorganization's liability for uncertain tax positions under FIN 48 (ASC 740) Check			

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

4b

Explanation

16,187,624

4c

5

16,187,624

186,764,354

Schedule D (Form 990) 2015

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Schedule D (Form 990) 2016

b

c

Part XIII

See Additional Data Table

Return Reference

5

Page 5	Schedule D (Form 990) 2015			
inued)	Part XIII Supplemental Information (co			
Explanation	Return Reference			

Schedule D (Form 990) 2016

Additional Data

(1)PATRONAGE CAPITAL - CFC

(2)PATRONAGE CAPITAL - AECC
(3)PATRONAGE CAPITAL - AECI

(4) PATRONAGE CAPITAL - NISC

(5) PATRONAGE CAPITAL - FREIE

Software ID:

Software Version:

EIN: 71-0056715

6,893,317

62,739,507

5,988,172

442,143

132,106

ATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS M ORE LIKELY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERN AL REVENUE SERVICE, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WI

Name: FIRST ELECTRIC COOPERATIVE CORPORATION

(c) Method of valuation Cost or end-of-year market value

C

C

C

C

C

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

(a) Description of investment (b) Book value

TH TAXING AUTHORITIES

(6)PATRONAGE CAPITAL - NRTC		62,039	С				
(7)ACCUMULATED DIVIDENDS - A	ARESIT	283,861	С				
(8)CAPITAL TERM CERTIFICATES	- CFC	11,508,926	С				
(9)INVESTMENT IN CRC		33,835	С				
(10)MEMBERSHIPS		3,200	С				
(11)ENERGY EFFICIENCY LOANS		59,095	С				
(12)EXECUTIVE COMPENSATION	OFFSET	600,378	С				
(13)IRRIGATION LINE EXTENSIO	V	638,862	С				
Supplemental Information							
Return Reference	Explanation						
PART X, LINE 2	THE COOPERATIVE FOLLOWS THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE PRIMARY TAX POSITION OF THE COOPER						

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GENERAL EXPENSES RECLASSIFIED TO NON-OPERATING MARGINS 7,345

upplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	GENERAL EXPENSES RECLASSIFIED TO NON-OPERATING MARGINS 7,345

Sι

upplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PATRONAGE CAPITAL ASSIGNABLE 16,187,624

Supplemental Information	
Return Reference	Explanation
	THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTL Y IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BEEN LEFT BLANK

-

<u> </u>	
Return Reference	Explanation
PART XII, LINE 4B	FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE D IVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL ST ATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPEC T OF HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BAS IS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS I S REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS P

ROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

Supplemental Information

efile GRAPHIC print -	- DO NOT PROCESS	As Filed Data -					DLI	N: 934933180	29157
Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .								OMB No 1545-0047 2016 Open to Public Inspection	
Name of the organization FIRST ELECTRIC COOPERAT	TIVE CORPORATION						mployer identifica 1-0056715	ation number	
the selection criteria Describe in Part IV th Part II Grants and O	used to award the grants ne organization's procedur	or assistance? es for monitoring the use testic Organizations an	of grant funds in the United Domestic Governmen	ted States	for the grants or assistanc ganization answered "Yes"		90, Part IV, line	☐ Yes 21, for any recip	✓ No
(a) Name and address organization or government		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		escription of sh assistance	(h) Purpose or assistance	of grant
(1) FIRST ELECTRIC TRUS 1000 S JP WRIGHT LOOP ROAD JACKSONVILLE, AR 7207		501(C)(3)	11,678					TO PAY FOR DI OPERATING EX FOR THE TRUS	PENSES
		d in the line 1 table					▶	edule I (Form 990) 2016

Schedule I (Form 9	90) 2016					Page 2				
		nce to Domestic Individu additional space is needed	als. Complete if the org	ganızatıon answered "Yes'	on Form 990, Part IV, line 22					
	f grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV Su	upplemental Info	r mation. Provide the inf	ormation required in	Part I, line 2, Part III	, column (b), and any other ad	ditional information.				
Return Reference	Return Reference Explanation									
SCHEDULE I, PART	HEDULE I, PART II 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									

Schedule I (Form 990) 2016

DLN: 93493318029157

Employer identification number

OMB No 1545-0047

2015

Open to Public Inspection

Schedule J (Form 990)

Compensation Information

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

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

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

Treasury Internal Revenue <u>Se</u>rvice Name of the organization

Department of the

FIR	ST ELECTRIC COOPERATIVE CORPORATION			. ,			
				71-0056715			
Pa	rt I Questions Regarding Compensation						
						Yes	No
1 a	Check the appropriate box(es) if the organization provid	led a	ny of the following to or for a person	isted on Form			
	990, Part VII, Section A, line 1a Complete Part III to						
	□ First-class or charter travel	Г	Housing allowance or residence for	personal use			
	Travel for companions	Γ	Payments for business use of perso	onal residence			
	Tax idemnification and gross-up payments	•	Health or social club dues or initiat				
	Discretionary spending account	Г	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses described.				1b		
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executi				2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation	appl	y Do not check any boxes for metho	ds			
	Compensation committee	Г	Written employment contract				
	Independent compensation consultant	Ľ	Compensation survey or study				
	Form 990 of other organizations	Ľ	Approval by the board or compensa	ition committee			
4	During the year, did any person listed on Form 990, Par or a related organization	rt V I	II, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	ymer	nt?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Yes	
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns m	ust complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1	a, did the organization pay or accrue	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1	a, did the organization pay or accrue	any			
а	The organization?				6 a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.			on-fixed	7		
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Rein Part III				8		
9	If "Yes" on line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	table presumption procedure describ	ed in Regulations	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 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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 DON CRABBE PRESIDENT/CEO	(i)	418,598	2,081	424,391	162,033	21,492	1,028,595	0
	(ii)	0	0	0	0	0	0	0
2 BRAD FORDCOO	(i)	196,710	4,829	21,473	151,503	17,320	391,835	0
	(ii)	0	0	0	0	0	0	0
BRUCE ANDREWSCFO	(i)	215,698	5,165	10,345	124,554	14,170	369,932	0
	(ii)	0	0	0	0	0	0	0
4 JERRY DRISKILL VP - OPERATIONS	(i)	145,500	3,854	6,383	52,164	20,071	227,972	0
	(ii)	0	0	0	0	0	0	0
5 DANIEL RIEDEL VP - ENGINEERING	(i)	133,669	3,619	506	33,555	6,000	177,349	0
	(ii)	0	0	0	0	0	0	0
6 TONYA R SEXTON VP - MARKETING	(i)	134,772	3,362	868	13,516	6,188	158,706	0
	(ii)	0	0	0	0	0	0	0
7 THEODORE B DEWEESE JR SERVICEMAN	(i)	129,456	2,540	4,825	18,938	18,393	174,152	0
	(ii)	0	0	0	0	0	0	0
B JAMES S BRANSCUM DISTRICT MANAGER	(i)	116,364	3,200	7,899	45,488	17,893	190,844	0
	(ii)	0	0	0	0	0	0	0
9 KAREN SOUTHERLAND DISTRICT MANAGER	(i)	126,610	3,589	3,106	99,627	13,548	246,480	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

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**

Return Reference	Explanation
PART I, LINE 4B	MR DON CRABBE PARTICIPATED IN A SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATION(NQDC) PLAN BENEFITS UNDER THE PLAN ARE CURRENTLY ACCRUED AND FULLY VESTED IN THE SAME YEAR TOTAL BENEFITS PAID DURING THE YEAR WERE \$337,160
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, YEARS OF SERVICE AND THE CURRENT INTEREST RATE ENVIORNMENT 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 DON CRABBE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 76,733 EMPLOYER CONTRIBUTION TO 401(K) PLAN 5,300 DEFERRED RETENTION BONUS 80,000 TOTAL REPORTED IN COLUMN C \$ 162,033 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT & NQDC PLANS (76,733) ADD CASH CONTRIBUTION TO DEFINED BENEFIT & NQDC PLANS 131,955 EXPENSE TO THE COOPERATIVE \$ 217,255 BRAD FORD ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 147,419 EMPLOYER CONTRIBUTION TO 401(K) PLAN 4,044 TOTAL REPORTED IN COLUMN C \$ 151,503 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (147,419) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 63,658 EXPENSE TO THE COOPERATIVE \$ 67,742 BRUCE ANDREWS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 120,153 EMPLOYER CONTRIBUTION TO 401(K) PLAN 4,401 TOTAL REPORTED IN COLUMN C \$ 124,554 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN 68,761 EXPENSE TO THE COOPERATIVE \$ 73,162 JERRY DRISKILL ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 49,104 EMPLOYER CONTRIBUTION TO 401(K) PLAN 3,060 TOTAL REPORTED IN COLUMN C \$ 52,164 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (49,104) ADD CASH CONTRIBUTION TO

DEFINED BENEFIT PLAN 46,989 EXPENSE TO THE COOPERATIVE \$ 50,049 DANIEL RIEDEL ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 30,864 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2,691 TOTAL REPORTED IN COLUMN C \$ 33,555 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (30,864) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 37,558 EXPENSE TO THE COOPERATIVE \$ 40,249 TONYA R SEXTON ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 0 EMPLOYER CONTRIBUTION TO 401(K) PLAN 13,516 TOTAL REPORTED IN COLUMN C \$ 13,516 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (0) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 0 EXPENSE TO THE COOPERATIVE \$ 13,516 THEODORE B DEWEESE JR ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 17,353 EMPLOYER CONTRIBUTION TO 401(K) PLAN 1,585 TOTAL REPORTED IN COLUMN C \$ 18,938 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (17,353) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 24,900 EXPENSE TO THE COOPERATIVE \$ 26,485 JAMES S BRANSCUM ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 43,085 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2,403 TOTAL REPORTED IN COLUMN C \$ 45,488 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (43,085) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 37,883 EXPENSE TO THE COOPERATIVE \$ 40,286 KAREN SOUTHERLAND ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 97,025 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2,602 TOTAL REPORTED IN COLUMN C \$ 99,627 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (97,025) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 36,544 EXPENSE TO THE COOPERATIVE \$ 39,146 Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 71-0056715

Name: FIRST ELECTRIC COOPERATIVE CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 DON CRABBE PRESIDENT/CEO	(1)	418,598	2,081	424,391	162,033	21,492	1,028,595	0
	(11)	0	0	0	0		0	0
1BRAD FORDCOO	(1)	196,710	4,829	21,473	151,503	17,320	391,835	0
	(11)	0	0	0	0	-		0
2BRUCE ANDREWSCFO	(1)	215,698	5,165	10,345	124,554	14,170	369,932	0
	(11)	0	0	0	0	-	- 0	0
3JERRY DRISKILL VP - OPERATIONS	(1)	145,500	3,854	6,383	52,164	20,071	227,972	0
	(11)	0	0	0	0	-		0
4DANIEL RIEDEL VP - ENGINEERING	(1)	133,669	3,619	506	33,555	6,000	177,349	0
	(11)	0	0	0	0		- 0	0
5 TONYA R SEXTON VP - MARKETING	(1)	134,772	3,362	868	13,516	6,188	158,706	0
	(11)	0	0	0	0	-		0
6 THEODORE B DEWEESE JR SERVICEMAN	(1)	129,456	2,540	4,825	18,938	18,393	174,152	0
	(11)	0	0	0	0	-		0
7JAMES S BRANSCUM DISTRICT MANAGER	(1)	116,364	3,200	7,899	45,488	17,893	190,844	0
	(11)	0	0	0	0			0
8 KAREN SOUTHERLAND DISTRICT MANAGER	(1)	126,610	3,589	3,106	99,627	13,548	246,480	0
	(11)	0	0	0	0	0	0	0

efile GRAPH	IC print	: - DO NOT PROCESS	As Filed Data -		DLN: 93493318029157		
SCHEDUL	E O	Supplemental Information to Form 990 or 990-EZ				OMB No 1545-0047	
(Form 990 or EZ)	990-	Complete to provide information for responses to specific questic Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.			ons on	2016	
Department of the Ti		► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Publi Inspection					
Internal Revenue Ser Name of the org FIRST ELECTRIC CO		E CORPORATION			Employer identi	fication number	
TRST ELECTRIC CO	OOI LIKATIV	E COR ORATION			71-0056715		
990 Schedule O, Supplemental Information							
Return Reference				Explanation			
FORM 990, PART VI, SECTION A, LINE 2	THE BOARD OF ARKANSAS ELECTRIC COOPERATIVE CORPORATION (AECC) AT THE REQUEST OF AND FOR T TION A, HE BENEFIT OF THE COOPERATIVE DON CRABBE (PRESIDENT/CEO) AND RICK LOVE (DIRECTOR) BOTH SE			AND FOR T BOTH SE			

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE
PART VI,	BASIS
SECTION A,	
LINE 6	

Explanation

Return Explanation

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

FORM 990,	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQU
PART VI,	DATION OF THE COOPERATIVE, 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORG
SECTION A,	ANIZATION, 3 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS, 4 AMENDMENT
LINE 7B	TO THE ARTICLES OF INCORPORATION, AND 5 INCREASE IN BONDED INDEBTEDNESS

Return Explanation
Reference

FORM 990, THE COOPERATIVE HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY THE REFORE, AND PURSUANT TO FORM 990 INSTRUCTIONS, THE QUESTION HAS BEEN ANSWERED "NO" SECTION A, LINE 8B

Return Explanation
Reference

FORM 990,	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL
PART VI,	PRIOR TO FILING
SECTION B,	
LINE 11B	

Return Explanation
Reference

FORM 990, ON AN ANNUAL BASIS, THE COOPERATIVE WILL REQUIRE THE BOARD OF DIRECTORS AND ITS OFFICERS TO COMPLETE AND SIGN A CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM AND SUBMIT THE SECTION B, EM TO THE PRESIDENT/CEO AND BOARD CHAIRMAN

Explanation
THE BOARD OF DIRECTORS USES A RETENTION AND COMPENSATION PLAN COMMITTEE AND THE EXPERTISE OF AN INDEPENDENT COMPENSATION CONSULTANT WHEN DETERMINING THE COMPENSATION OF THE PRESIDE
NT/CEO THE INDEPENDENT COMPENSATION CONSULTANT ANALYZES THE COMPENSATION PAID TO THE CEOS
OF ELECTRIC COOPERATIVES OF SIMILAR SIZE STATEWIDE AND NATIONWIDE THE CEO USES THE EXPER TISE OF AN INDEPENDENT COMPENSATION CONSULTANT AND A COMPENSATION SURVEY WHEN DETERMINING
THE COMPENSATION OF THE COOPERATIVE'S OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER AN
D KEY EMPLOYEES, IF ANY THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT ARKANSAS AND THE NATION

Return Explanation Reference

FORM 990. THE COOPERATIVE PROVIDES A SUMMARIZED COPY OF THE AUDITED FINANCIAL STATEMENTS TO ALL MEMB ERS OF THE COOPERATIVE PRIOR TO THE ANNUAL MEETING THE COOPERATIVE'S BYLAWS AND ANNUAL RE PORT ARE ALSO AVAILABLE ON THE COOPERATIVE'S WEBSITE THE COOPERATIVE MAKES A COMPLETE COP LINF 19 Y OF THE AUDITED FINANCIAL STATEMENTS AVAILABLE AT THE ANNUAL MEETING AND UPON REQUEST OF ANY MEMBER

PART VI. SECTION C.

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 AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO 10% OF A PARTICI PATING EMPLOYEE'S BASE SALARY FOR ALL EMPLOYEES HIRED IN 2006 OR LATER YEARS FOR ALL EMPLOYEES HIRED PRIOR TO 2006 THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION OF UP TO 2% FOR ALL PARTICIPATING EMPLOYEES ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOY ER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATI ON OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES, MEETING THE ELI GIBILITY REQUIREMENTS OF SUCH PLANS ONLY EMPLOYEES HIRED PRIOR TO 2006 ARE ELIGIBLE TO PARTICIPATE IN THE MULTI-EMPLOYER DEFINED BENEFIT PLAN THE COOPERATIVE ALSO PROVIDES HEALTH DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, KEY EMPLOYEES AND DIGHLY COMPENSATED EMPLOYEES, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII , COLUMN (F) ARE COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN, THE TOTA L AMOUNT CONTRIBUTED BY THE COOPERATIVE TO THE DEFINED CONTRIBUTION PLAN AND INSURANCE PAID ON BEHALF OF AND FOR THEIR BENEFIT IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BE NEFIT PLAN THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED

Return Explanation

PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSM ISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIO NS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZAT IONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS

Return Reference	Explanation
FORM 990, PART IX	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE RUS UNIFOR M SYSTEM OF ACCOUNTS AS PRESCRIBED FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICES (RUS) THE UNIFORM SYSTEM OF ACCOUNTS DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATE GORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND W AGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH ITS ACCOUN TING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS

Return Reference	Explanation	
FORM 990, PART IX, LINES 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE AC COUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LIN ES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$ 14,150,862 LESS DIRECTORS FEES AND BENEFITS REPORTED ON 1099-MISC (388,964) LESS OFFICER & KEY EMPLOYEE BENEFITS IN CLUDED IN LINE 5 (563,307) PLUS SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 3,559,061 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING AND OTHER ACCOUN TS 678,708 TOTAL WAGES ACCRUED AND/OR PAID \$ 17,436,360	

Return

Reference	Едриний
FORM 990,	OTHER EXPENSES ARE COMPRISED OF THE FOLLOWING OFFICE SUPPLIES AND EXPENSE \$ 472,056 OUTSI
PART IX,	DE SERVICES EMPLOYED 155,129 OTHER INSURANCE 209,763 EMPLOYEE BENEFITS 121,942 ANNUAL MEET
LINE 24E	ING EXPENSE 64,478 CAPITAL CREDITS EXPENSE 63,999 REGULATORY COMISSION EXPENSE 392,384 DIR
	ECTOR EXPENSE 134,627 MAINTENANCE OF GENERAL PLANT 430,532 TRANSMISSION EXPENSE 499,384 TA
	XES 7,485 TOTAL OTHER EXPENSES PER FORM 990, LINE 24E \$ 2,551,779

Explanation

Return Reference	Explanation
FORM 990, PART IX, LINE 4	PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBE RS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRAS E "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE C OOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRON S THE COOPERATIVE'S TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS PATRONS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATING ON A COOPERATIVE BASIS" AS SUBORDIN ATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT C OST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCAT ION 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 MANNER ON THE B ASIS OF PATRONAGE (I E PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPER ATIVE FOR THE 2016 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS AS HEY COMPONENT TO ACCOMPLISHIN GITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE HID PROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHIN GITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE NOT AN EXPENSE FOR FINANCIAL STATEMENTS PREPARED IN ACCORDA

Return Explanation

FORM 990,	OTHER COMPREHENSIVE INCOME PROVISION FOR POST-RETIREMENT BENEFIT OBLIGATION -646,043 NET
PART XI,	CHANGE IN MEMBERSHIP 7,760 UNCLAIMED PATRONAGE RETIREMENTS RETAINED UNDER STATE LAW 1,998
LINE 9	,626 PATRONAGE CAPITAL ASSIGNABLE 16,187,624 PATRONAGE CAPITAL RETIRED -9,024,608 OTHER
	EQUITY ASSIGNABLE 11

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318029157 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** FIRST ELECTRIC COOPERATIVE CORPORATION 71-0056715 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) (c) Legal domicile (state (e) Primary activity Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ons Comple	l te if the orga	nization a	l answered	"Yes" on Fo	orm 990), Part IV	, line 34 b	ecause	it had one or i	more			
(a) Name, address, and EIN of related organization	Primar			(c) Legal domicile (state or foreign country)				e) rity status 501(c)(3))	(f) Direct controlling entity		Sectio (b)(contr enti	n 512 [13] folled ity?		
(1)FIRST ELECTRIC TRUST 1000 S JP WRIGHT LOOP ROAD JACKSONVILLE, AR 72076 31-1586917	DISBURSEMENT OF FUNDS FOR CHARITABLE PURPOSES IN THE COOP'S SERVICE AREA		FOR CHARITABLE PURPOSES IN THE COOP'S SERVICE		,	AR	501(C)(3)		LINE 7		FIRST ELE COOPERA CORPORA	TIVE	Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 5013	5Y				Sche	dule R (Form	990) 20	16		

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. (d) (e) (f) (g) (h) (1) (j) (k) (b) (c) Name, address, and EIN of Direct Predominant Share of Share of Disproprtionate Code V-UBI General or Primary Legal Percentage related organization controlling end-of-year allocations? amount in box managing activity domicile income(related, total income ownership (state entity unrelated, assets 20 of partner? Schedule K-1 excluded from foreign tax under (Form 1065) sections 512country) 514) 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. (b) (d) (e) (i) (a) (c) (f) (g) (h) Name, address, and EIN of Legal Share of end-of-Section 512(b) Direct controlling Type of entity Share of total Primary activity Percentage (13) controlled related organization domicile (C corp, S corp, ownership entity ıncome year (state or foreign or trust) assets entity? country) Yes No (1) FIRST ENERGY SERVICES OF ARKANSAS INC INACTIVE AR FIRST ELECTRIC 100 000 % Yes COOPERATIVE CORPORATION PO BOX 5018 JACKSONVILLE, AR 72078 62-1695757

(1)FIRST ELECTRIC TRUST

(2) FIRST ELECTRIC TRUST

(3) FIRST ELECTRIC TRUST

(4)FIRST ELECTRIC TRUST

(5) FIRST ELECTRIC TRUST

Loans or loan guarantees by related organization(s) . .

Dividends from related organization(s)

Exchange of assets with related organization(s) . . .

Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid by related organization(s) for expenses . . .

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

(b)

Transaction

type (a-s)

Ν

(c)

Amount involved

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Name of related organization

Purchase of assets from related organization(s) .

Sale of assets to related organization(s).

No No

No

No

No

No No

No

No

No

No

No No

Yes

1e

1k

11 Yes

1m

1n Yes Yes

1q |

1r

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

N/A LESS THAN \$50,000

N/A LESS THAN \$50,000

N/A LESS THAN \$50,000

N/A LESS THAN \$50.000

N/A LESS THAN \$50,000

Part V 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												
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?	T	\top									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		_	No								
b	Gift, grant, or capital contribution to related organization(s)	Ye	s									

	_	
Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a
Gift, grant, or capital contribution to related organization(s)		1b
Gift, grant, or capital contribution from related organization(s)		1c

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1
b	Gift, grant, or capital contribution to related organization(s)	1
С	Gift, grant, or capital contribution from related organization(s)	1
d	Loans or loan quarantees to or for related organization(s)	1

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No	
										Schedul	e R (Form	1 990	D) 2016

