Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

For the 2011 calendar year, or tax year beginning 2011, and ending 20 Check if applicable C Name of organization TRI-COUNTY ELECTRIC COOPERATIVE, INC. D Employer identification number Doing Business As Address change 59-0485704 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 2862 WEST US 90 850 973-2285 Initial return City or town, state or country, and ZIP + 4 Terminated \Box MADISON, FLORIDA 32340 G Gross receipts \$ 37,478,416. Amended return Application pending F Name and address of principal officer JULIUS HACKETT H(a) Is this a group return for affiliates? Yes Vo SAME AS C ABOVE H(b) Are all affiliates included? Yes No 12) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) 501(c)(3) **✓** 501(c) (Tax-exempt status WWW.TCEC.COM Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust Association ☐ Other ▶ FL M State of legal domicile Part I Summary PROVIDE MEMBERS WITH ELECTRICITY Briefly describe the organization's mission or most significant activities: Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 72 Total number of volunteers (estimate if necessary) 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 0. Current Year Contributions and grants (Part VIII, line 1h) . 0. Program service revenue (Part VIII, line 2g) 39,355,079. 37,360,814. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,896 86,814. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 42 37. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 39,370,017. 37,447,665. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 284,766. 286.783. 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0. Total fundraising expenses (Part IX, column (D), line 25) ▶ A CONTRACTOR OF THE PARTY OF TH 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 37,712,675. 35,885,736. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 37,997,441. 36,172,519. Revenue less expenses. Subtract line 18 from line 12000 19 1,372,576. 1,275,146. End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) S-0s 69,722,793. 71,702,379. 21 APR 1 6 2012 Total liabilities (Part X, line 26) . . 43,233,187. 41,971,631. 22 Net assets or fund balances. Subtract line 21 from 27,751,162 28,469,192. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, inela d-statements, and to the best of my knowledge, and belief, it is true, correct, and complete Deglaration of preparer jother than officer) is based on all information of which preparer has any knowledge Sign Signature of officer JULIUS HACKETT, GENERAL MANAGER Here Type or print name and title Print/Type preparer's name Date Preparer's signature **Paid** Check 🔲 ıf self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Form 990 (2011)

_	00 (2011) TRI-COUNTY ELECTRIC COOPERATIVE, INC.	59-0485704 Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question	in this Part III
1	Briefly describe the organization's mission:	muns Fattin
	PROVIDE MEMBERS WITH ELECTRICITY	
2	Did the organization undertake any significant program services of prior Form 990 or 990-EZ?	uring the year which were not listed on the
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant characters?	nanges in how it conducts, any program
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments fo expenses Section 501(c)(3) and 501(c)(4) organizations and segrants and allocations to others, the total expenses, and revenue,	ction 4947(a)(1) trusts are required to report the amount of
4a	(Code:) (Expenses \$ 36,172,519. including grants of SALE OF ELECTRICITY TO COOPERATIVE MEMBERS	of \$) (Revenue \$)
4b	(Code:) (Expenses \$including grants of	of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of	
40	(Code) (Expenses \$ including grants to	of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ Total program service expenses ▶ 36,172,519.) (Revenue \$

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	١. ا		١,
•		1		✓
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		✓
_	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? <i>If "Yes," complete Schedule C, Part II</i>	4	!	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		/
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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; 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		<i>*</i>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, 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,	10		✓
а	VII, VIII, IX, or X as applicable. 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	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	7 7	11e	✓	
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
b	Schedule D, Parts XI, XII, and XIII	12a	✓	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	-	1
b	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.			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	_	√
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV .</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	<u> </u>	1
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		1
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_	✓
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	· · · · · · · · · · · · · · · · · · ·	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

r ai t	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
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 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		_
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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		1
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		→
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32	<u> </u>	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		▼
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	1
b	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? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>		_	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	37	├	/
			990	(2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return [2a] 72	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3a 3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		\vdash
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country: ▶	70		·
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>		
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		İ
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		1
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			١.
	required to file Form 8282?	<u>7c</u>		✓
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? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		/
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	3		Į.
100		40-		
12a b	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	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	134		
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		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
<u> </u>	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		. 🗸
Secu	on A. Governing Body and Management	1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9		163	140
	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.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			1
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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Did the organization have members or stockholders?	6	✓	
, u	one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	//	•	
_	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	\	
b	Each committee with authority to act on behalf of the governing body?	8b	\	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١.
Coati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		+
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	>	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	✓	<u> </u>
13 14	Did the organization have a written whistleblower policy?	13	√	┼
15	Did the process for determining compensation of the following persons include a review and approval by	14	✓	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	1	t
	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		✓
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?	16h		¥
Secti	on C. Disclosure	16b	<u> </u>	1
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 5010	c)(3)s	s only
	available for public inspection. Indicate how you made these available. Check all that apply.	- ' 1	,,-,-	, ,
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	oolicy
. -	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: > IIII IIIS HACKETT GENERAL MANAGER, 2862 WEST US 90, MADISON EL 32340, 800,999,2285	of the	•	

59-	$^{\prime}$	10	 α

Form 990 (2011)	TRI-COINTY	FIECTRIC	COOPERATIVE.	TNC
rom 990 (20 i i i	IVI-COONII	PHPCIVIC	COOLDIGATIAN	TIAC.

Page 7

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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both ar						Reportable	Reportable	Estimated
	hours per	s per officer and a director/trustee)							compensation from	amount of
	week (describe	익호	Ξ	Q	<u>چ</u>	9.₹	77	from the	related organizations	other compensation
	hours for	e st	籄	Officer	g e	항호	Former	organization	(W-2/1099-MISC)	from the
	related organizations	당교	ğ	•	힕	8 2	¯	(W-2/1099-MISC)		organization and related
	in Schedule	Individual trustee or director	함		Key employee	Ě				organizations
	O)	ŧ	Institutional trustee		-	Highest compensated employee				
			ē		_	ited				
(1) CATHERINE BETHEA						ļ				
TRUSTEE	1.00	✓						8,000.	О.	0.
(2) ELMER COKER						<u> </u>				
VICE PRESIDENT	1.00	✓		✓				7,800.	0.	0.
(3) GARY FULFORD										
TRUSTEE	1.00	✓						6,400.	0.	0.
(4) ROBERT HARPER				1			Ì			
TRUSTEE	1.00	✓						5,000.	0.	0.
(5) CLARA STRICKLAND HOLMAN			1							
TRUSTEE	1.00	✓						4,800.	0.	0.
(6) JUNIOR SMITH					Ì					
TRUSTEE	1.00	1		_			_	5,600.	0.	0.
(7) MALCOLM PAGE	_						1			
PRESIDENT	1.00	✓	<u> </u>	✓	<u> </u>		╙	6,000.	0.	0.
(8) ALBERT THOMAS, JR.	1	١,		١.,						
SECRETARY/TREASURER	1.00	✓		✓				7,600.	0.	0.
(9) NEAL BROWN	_	١.	l							
TRUSTEE	1.00	✓	_	_	L.	ļ	 	6,000.	0.	0.
(10) H. JULIUS HACKETT	4				_ ا					
GENERAL MANAGER	40.00		_		✓		_	162,827.	0.	66,756.
(11)	-									
(12)										
(13)										
(14)	-		T		T					

u air c	Section A. Officers, Directors, Trust	ees, Ney E	mpio	yees	s, ar	10 F	ugne	<u>st U</u>	ompensated E	mpioyees (c	ontin	uea)		
•	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box, office Individual	unles	Pos eck s pe	rson	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatio (W-2/1099-M	from ns	Estinamo of compe from organ and d	(F) mated bunt of ther ensation n the nization related izations	
)	•	tee			sated							
(15)								-						
(16)		-												
(17)														
(18)							-							
(19)											_			
(20)														
(21)														
(22)								-						
(23)														
(24)						_								
(25)				_				_					-,	
1b	Sub-total			<u> </u>	_	L	l	<u> </u>	220,027.		0.		66,	756.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							>	0. 220,027.		0. 0.		66	0. 756.
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th					e) w		ore than \$10	4.	0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete a	ficer, dırec	tor, c					emp		est comper	nsate	d 3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											е		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe compl	nsat ete	tion Sch	froi nedu	m any ule J f	un or s	related organiz such person	ation or ind	ividua 			/
Section	on B. Independent Contractors													•
1	Complete this table for your five highest compensation from the organization. Repyear.													×
-	(A) Name and business add	ress							(B) Description of s	ervices	_	(C) Compens	ation	
MUSO	ROVE CONSTRUCTION CO., INC., 8707 US H		E QAI	K. FI	32	ዐፍቦ	_	LIN	IE EXTENSIONS					280.
	NT TREE SERVICE, INC., 9368 132ND TERRA							-	SHT OF WAY M				-	<u>260.</u> 292.
	IDENCE TREE SERVICE, P.O. BOX 6084, LIV							+	CHT OF WAY M					712.
	DAVEY TREE EXPERT, 1500 NORTH MANTUA			ОН	442	40			INVENTORY		•			810.
ANDE	RSON COLUMBIA CO., INC., P.O. BOX 1829,	LAKE CITY	, FL 3	205€	3			PO	LE REPLACEM	ENT				819.

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

Contributions, Gifts, Grants and Other Similar Amounts						(A)	(B)	(C)	(D)
ints						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns .	[1a					
₽ 31	b	Membership dues		1b					
ا ۾ ي	С	Fundraising events		1c	_		-		
a it	d	Related organizations .		1d					
S, E	е	Government grants (contrib	_	1e					
ig is	f	All other contributions, gifts,							
돌		and similar amounts not include	ded above	1f					
들입	g	Noncash contributions included	l ın lınes 1a-1	1f \$					
<u>යි සි</u>	h	Total. Add lines 1a-1f.			🕨				
횰				В	usiness Code				
γe.	2a	ELECTRICITY SALES			221000	35,942,921.	35,942,921.		
2	b	CAPITAL CREDITS			221000	567,394.	567,394.		
- <u>Ş</u>	С	HOOK-UP & SERVICE CH	HARGES		221000	616,269.	616,269.		
န်	d	POLE RENTAL			221000	234,228.			234,228.
Program Service Revenue	е								
g	f	All other program service							
4	g	Total. Add lines 2a-2f.			🕨	37,360,812.			
	3	Investment income (in	_						
		and other similar amour	•		L	55,880.			55,880.
	4	Income from investment o							
	5	Royalties	<u></u>						
		<u> </u>	(i) Real		(ii) Personal	1			
	6a	Gross rents							
1	b	Less ⁻ rental expenses							
	С	Rental income or (loss)							
	_d	Net rental income or (los							
	7a	Gross amount from sales of assets other than inventory	(i) Secuntie	es	(ii) Other		i		
	L	<i>'</i> ∟			61,687.				
	þ	Less. cost or other basis and sales expenses .		- 1	20.752				
	_	· —			30,753. 30,934.]		
	G	Gain or (loss)				30,934.	30,934.		ļ
	d	Net gain or (loss)		· :		30,934.	30,934.		
单	8a	Gross income from fund	draising						1
enne	-	events (not including \$	uru.om ig				*		
Other Rev		of contributions reported	on line 1c	<u>5</u>					
F		See Part IV, line 18					:		
토	b	Less: direct expenses		<u> </u>			İ		
0	c	Net income or (loss) from			ents . ▶		ŀ		
		Gross income from gam				+			
		See Part IV, line 19					İ		!
	b	Less: direct expenses		. b	·	İ			
ŀ	С	Net income or (loss) from			es . 🕨				
- 1	10a	Gross sales of inve	entory, le	ess					
		returns and allowances		a					
	b	Less: cost of goods sole	d	. b			1		
	C	Net income or (loss) from	m sales o	of invento	ory ▶				
Γ		Miscellaneous Revi	enue	В	usiness Code				
Γ	11a	MISCELLANEOUS NON	OPERATIN	NG	221000	37.	37.		
	b								
	С								
	d	All other revenue .							
	е	Total. Add lines 11a-11				37.			
	12	Total revenue. See inst	tructions.		🕨	37,447,663.	37,157,555.		290,108.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).	, , , , , , , , , , , , , , , , , , , ,

	Check if Schedule O contains a respon-		in this Part IX		🔲
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		-		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	286,783.	286,783.	,	
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				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				****
12	Advertising and promotion			····	
13	Office expenses				
14	Information technology				
15	Royalties			•	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	1,714,928.	1,714,928.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,382,516.	2,382,516.		
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.)				
_	COST OF POWER	22,770,919.	22,770,919.		
a	OPERATIONS & MAINTENANCE				
b	ADMINISTRATIVE & GENERAL	5,160,069. 2,300,257.	5,160,069. 2,300,257.		
c d	CONSUMER ACCOUNTS	2,300,257. 1,557,047.	1,557,047.		
	All other expenses	1,357,047.	1,557,047.		
е 25	Total functional expenses. Add lines 1 through 24e	36,172,519.	36,172,519.	0.	
25 26	Joint costs. Complete this line only if the	30,172,319.	30,172,319.	υ.	0.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	10110WITIN 30F 30-2 (A30 330-120)				

P	art X	Balance Sheet				<u></u>
	`			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		716,765.	1	772,294.
	2	Savings and temporary cash investments			2	_
	3	Pledges and grants receivable, net			3	_
	4	Accounts receivable, net	[3,705,352.	4	3,090,544.
	5	Receivables from current and former officers, directors, tri	ustees, key			
		employees, and highest compensated employees. Complet Schedule L			5	
	6	Receivables from other disqualified persons (as defined un	L			
	١	4958(f)(1)), persons described in section 4958(c)(3)(B), and of	contributing			
	İ	employers and sponsoring organizations of section 501(c)(9				
(S)		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net	1		7	·
As	8	Inventories for sale or use		507,384.	8	530,875.
	9	Prepaid expenses and deferred charges		239,206.	9	235,988.
	10a	Land, buildings, and equipment: cost or			 	
		other basis. Complete Part VI of Schedule D 10a	85,454,789.			
	ь	Less: accumulated depreciation 10b	26,283,873.	57,456,176.	10c	59,170,916.
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11		5,144,689.	13	5,685,224.
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,953,221.	15	2,216,538.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		69,722,793.	16	71,702,379.
	17	Accounts payable and accrued expenses		4,325,973.	17	3,540,479.
	18	Grants payable			18	
	19	Deferred revenue		· · · · · · · · · · · · · · · · · · ·	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sche		-	21	**
Ś	22	Payables to current and former officers, directors, tru				
≝		employees, highest compensated employees, and disqualifie	ed persons.			
Liabilities		Complete Part II of Schedule L		· · · · · · · · · · · · · · · · · · ·	22	······································
Ë	23	Secured mortgages and notes payable to unrelated third parti-	es	36,609,070.	23	38,613,430.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to r				<u>- ' '' '</u>
		parties, and other liabilities not included on lines 17-24). Com		1,036,588.		1,079,277.
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		41,971,631.	26	43,233,186.
es		Organizations that follow SFAS 117, check here ▶ ☐ an lines 27 through 29, and lines 33 and 34.	d complete			
Ĕ	27	Unrestricted net assets	1		27	
3al;	28	Temporarily restricted net assets			28	-1,
B	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ complete lines 30 through 34.	☐ and			
SO	30	Capital stock or trust principal, or current funds		63,975.	30	62,945.
set	31	Paid-in or capital surplus, or land, building, or equipment fund		0.573.	31	02,343.
AS	32	Retained earnings, endowment, accumulated income, or other		27,687,187.	32	28,406,248.
<u>e</u> t	33	Total net assets or fund balances		27,751,162.	33	28,469,193.
Z	34	Total liabilities and net assets/fund balances		69,722,793.		71,702,379.

Form **990** (2011)

-orm 99	10 (2011) IRI-COONII ELECTRIC COOPERATIVE, INC. 59-0465/04			Pag	ge 12		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	<u> </u>	V		
1	Total revenue (must equal Part VIII, column (A), line 12)	111	•	37,447	663		
2	Total expenses (must equal Part IX, column (A), line 25)	2		36,172			
3	Revenue less expenses. Subtract line 2 from line 1	3		1,275			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u> </u>	•		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(557,			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))	6	:	28,469	,193.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				V		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1		
b	Were the organization's financial statements audited by an independent accountant?		2b	✓			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight					
	of the audit, review, or compilation of its financial statements and selection of an independent account	untant?	2c	✓			
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	xplaın ın					
_							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years and an apparate boxes consolidated boxes or both.	ear were					
	issued on a separate basis, consolidated basis, or both:						
_	Separate basis Consolidated basis Both consolidated and separate basis	المالية المالية					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	TORTH IN	3a		1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	-	3h				

Form **990** (2011)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number TRI-COUNTY ELECTRIC COOPERATIVE, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 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 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, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, 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) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a 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 XIV, 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) Revenues included in Form 990, Part VIII, line 1 . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X .

	e D (Form 990) 2011 TRI-COUNTY ELEC				48570				age 2
3.	Using the organization's acquisition, a	accession and of	ther records of	hock any of th	or Ut	ner Similar Ass	ets (Co	t uso c	ea)
•	collection items (check all that apply):	accession, and of	inei records, c	neck any or un	C 10110V	mig mar are a sig	Jillican	i use c	טו ונכ
а	☐ Public exhibition		d □ Le	oan or exchang	e progi	ams			
b	☐ Scholarly research								
С	Preservation for future generations	;							-
4	Provide a description of the organizat		and explain ho	w they further	the org	anization's exem	pt purp	ose in	Pari
	XIV.				_				
5	During the year, did the organization	solicit or receive	donations of a	art, historical tr	easure	s, or other sımılaı	r		
	assets to be sold to raise funds rather							es 🗌	
Par	IV Escrow and Custodial Arra				answei	red "Yes" to For	m 990	, Part	IV,
	line 9, or reported an amoun								
1a				•			t		
	included on Form 990, Part X?						□ Y	es 🗌	No
b	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the followi	ng table:		1			
_	Decision belows				<u> </u>	+	nount		
C	Beginning balance				1c				
ď	Additions during the year				1d				
e	Distributions during the year Ending balance				1e				
					44	1			
f 2a	=				1f				Na
2a	Did the organization include an amour	nt on Form 990, P					□ Y	es 🗌	No
2a b	Did the organization include an amour If "Yes," explain the arrangement in Pa	nt on Form 990, P art XIV.	art X, line 21?					es 🗌	No
2a b	Did the organization include an amour	nt on Form 990, P art XIV.	art X, line 21?	red "Yes" to F	orm 9		10.	es 🗌	
2a b	Did the organization include an amount if "Yes," explain the arrangement in Pater Endowment Funds. Complete Endowment Funds.	nt on Form 990, P art XIV. ete if the organiz	art X, line 21?	red "Yes" to F	orm 9	90, Part IV, line	10.		
2a b Par	Did the organization include an amour If "Yes," explain the arrangement in Pa	nt on Form 990, P art XIV. ete if the organiz	art X, line 21?	red "Yes" to F	orm 9	90, Part IV, line	10.		
2a b Par	Did the organization include an amour if "Yes," explain the arrangement in Pater Endowment Funds. Complete Beginning of year balance	nt on Form 990, P art XIV. ete if the organiz	art X, line 21?	red "Yes" to F	orm 9	90, Part IV, line	10.		
2a b Par 1a b	Did the organization include an amour if "Yes," explain the arrangement in Pater III and III arrangement in Pater III arrangement in III ar	nt on Form 990, P art XIV. ete if the organiz	art X, line 21?	red "Yes" to F	orm 9	90, Part IV, line	10.		
2a b Par 1a b	Did the organization include an amour if "Yes," explain the arrangement in Pater V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and	nt on Form 990, P art XIV. ete if the organiz	art X, line 21?	red "Yes" to F	orm 9	90, Part IV, line	10.		
2a b Par 1a b	Did the organization include an amour if "Yes," explain the arrangement in Para V Endowment Funds. Complete Beginning of year balance Contributions	nt on Form 990, P art XIV. ete if the organiz	art X, line 21?	red "Yes" to F	orm 9	90, Part IV, line	10.		
2a b Par 1a b c	Did the organization include an amour if "Yes," explain the arrangement in Pater V Endowment Funds. Complete Beginning of year balance Contributions	nt on Form 990, P art XIV. ete if the organiz	art X, line 21?	red "Yes" to F	orm 9	90, Part IV, line	10.		
2a b Par 1a b c	Did the organization include an amour if "Yes," explain the arrangement in Part V Endowment Funds. Complete Beginning of year balance Contributions	nt on Form 990, P art XIV. ete if the organiz	art X, line 21?	red "Yes" to F	orm 9	90, Part IV, line	10.		
2a b Par 1a b c d e	Did the organization include an amour if "Yes," explain the arrangement in Part V Endowment Funds. Complete Beginning of year balance. Contributions	nt on Form 990, P art XIV. ete if the organiz (a) Current year	art X, line 21? zation answel (b) Prior year	red "Yes" to F	Form 9	90, Part IV, line (d) Three years back	10.		
2a b Par 1a b c d e f g 2	Did the organization include an amour if "Yes," explain the arrangement in Part V Endowment Funds. Complete Beginning of year balance. Contributions	nt on Form 990, Part XIV. ete if the organiz (a) Current year	art X, line 21? zation answer (b) Prior year	red "Yes" to F	Form 9	90, Part IV, line (d) Three years back	10.		
2a b Par 1a b c d e f g 2 a	Did the organization include an amour if "Yes," explain the arrangement in Part V Endowment Funds. Complete Beginning of year balance. Contributions	nt on Form 990, Part XIV. ete if the organiz (a) Current year the current year er	art X, line 21? zation answel (b) Prior year	red "Yes" to F	Form 9	90, Part IV, line (d) Three years back	10.		
2a b Par 1a b c d e f g 2 a b	Did the organization include an amour if "Yes," explain the arrangement in Para V Endowment Funds. Complete V Endowment Funds. Complete V Endowment Funds. Complete V Endowment Funds. Complete V Endowment earnings, gains, and losses	nt on Form 990, Part XIV. ete if the organiz (a) Current year the current year er the current year er	art X, line 21? zation answer (b) Prior year	red "Yes" to F	Form 9	90, Part IV, line (d) Three years back	10.		
2a b Par 1a b c d e f g 2 a	Did the organization include an amour if "Yes," explain the arrangement in Para III in III in	nt on Form 990, Part XIV. ete if the organiz (a) Current year the current year er *** *** *** *** *** *** ***	art X, line 21? zation answer (b) Prior year and balance (line	red "Yes" to F	Form 9	90, Part IV, line (d) Three years back	10.		
2a b Par 1a b c d e f g 2 a b c	Did the organization include an amour if "Yes," explain the arrangement in Para III "Yes," explain the arrangement in Para III "Yes," explain the arrangement in Para III "Yes," explain the arrangement in Para III "Yes," explain to Para III "Yes," explain to Para III "Yes," explain to Para III "Yes," explain to Para III "Yes," explain the arrangement includes and programs	nt on Form 990, Part XIV. ete if the organiz (a) Current year the current year er % % It c should equal 10	art X, line 21? zation answer (b) Prior year nd balance (line) %	red "Yes" to F (c) Two year	Form 99 s back	90, Part IV, line (d) Three years back	10. (e) Fou		
2a b Par 1a b c d e f g 2 a b c	Did the organization include an amour if "Yes," explain the arrangement in Parametrian Endowment Funds. Complete Endowment Funds. Complete Endowment Funds. Complete Endowment Funds. Complete Endowment Endow	nt on Form 990, Part XIV. ete if the organiz (a) Current year the current year er % % It c should equal 10	art X, line 21? zation answer (b) Prior year nd balance (line) %	red "Yes" to F (c) Two year	Form 99 s back	90, Part IV, line (d) Three years back	10. (e) Fou	r years b	ack
2a b Par 1a b c d e f g 2 a b c	Did the organization include an amount if "Yes," explain the arrangement in Part III "Yes," explain the arrangement in Part III "Yes," explain the arrangement in Part III "Yes," explain the arrangement in Part III "Yes," explain the arrangement in Part III "Yes," explain the arrangement in Part III "Yes," explain the arrangement in Part III "Yes," explain the arrangement, and losses	he current year ernt % c should equal 10 possession of the	art X, line 21? zation answer (b) Prior year nd balance (line % 00%. ne organization	red "Yes" to F (c) Two year e 1g, column (a	Form 99 s back	90, Part IV, line (d) Three years back	10. (e) Fou		ack
2a b Par 1a b c d e f g 2 a b c	Did the organization include an amour if "Yes," explain the arrangement in Part II "Yes," explain the arrangement in Part II "Yes," explain the arrangement in Part II "Yes," explain the arrangement in Part II "Yes," explain the arrangement in Part II "Yes," explain the arrangement in Part II "Yes," explain to Part II "Yes," explain the arrangement in Part II "Yes," explain the arrangement in Part II "Yes," explain the arrangement in II in Part II "Yes," explain the arrangement in II in Part II in Part II in Part II in II i	he current year ent > % It c should equal 10 epossession of the current year.	art X, line 21? zation answer (b) Prior year nd balance (line %	red "Yes" to F (c) Two year e 1g, column (a	Form 99 s back	90, Part IV, line (d) Three years back as:	10. (e) Fou	Yes	ack

4	Describe in Part XIV the intended uses of the	he organization's end	owment funds.		[]
Par	t VI Land, Buildings, and Equipmer	nt. See Form 990, P	art X, line 10.	-	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
C	Leasehold improvements				-
d	Equipment				-
е	Other		85,454,789.	26,283,873.	59,170,916
otal	Add lines 1a through 1e (Column (d) must a	equal Form 990, Part	X column (R) line 10	(c))	59 170 916

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part VII	Investments - Other Securities.	See Form 990, Part X, I	ine 12.	
` (a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)			~	
(E)			,	
(F)			- "	
(G)			V - P-	
(H)				
(1)				
	b) must equal Form 990, Part X, col (B) line 12.)	1.0 F 000 D- 1V		
Part VIII	Investments – Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
	NAGE CAPITAL -			
	DLE ELECTRIC	3,768,013.	COST	
	NAGE CAPITAL -			
(4) NRUCFO		1,236,379.	COST	
	NAGE CAPITAL -	404.007	0007	
(6) GRESCO		191,827.		
	NAGE CAPITAL - SEDC	104,927.	COST	
	INVESTMENTS IN	204.070	2027	
	. ORGAN.	384,078.	COST	
(10) Total (Column (b) must equal Form 990, Part X, col. (B) line 13)	5,685,224.		
Part IX	Other Assets. See Form 990, Pa			
artix		i) Description		(b) Book value
(1)		,		(2) 20011 12.00
(2)				
(3)		· · ·		
(4)				
(5)				
(6)		0.66		·
(7)		-		···
(8)				
(9)		•		
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	income taxes			
	MER DEPOSITS	1,049,501.		
	MER ADVANCES ON CONSTRUCTION	29,776.		
(4)				
(5)				
(6)				ı
(7)				
(8)				
(9)			1	
(10)				
(11)			1	
	(b) must equal Form 990, Part X, col. (B) line 25)	1,079,277.		
2. FIN 48 (A	SC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organizatıon's financial stater	ments that reports the

	VIII Describition of Observation No. 4		7 490 1
	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,447,663.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,172,519.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,275,144.
4	Net unrealized gains (losses) on investments	4_	
5	Donated services and use of facilities	5_	
6	Investment expenses	<u>6</u> 7	
7 8	Prior period adjustments	8	(EE7 112)
9	Other (Describe in Part XIV.)	9	(557,113.)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(557,113.) 718,031.
Part			·
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:		
a	Net unrealized gains on investments	ŀ	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	20	0.
3	Subtract line 2e from line 1	3	37,447,663.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	j	
С	Add lines 4a and 4b	4	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	37,447,663.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er F	leturn
1	Total expenses and losses per audited financial statements	1	36,172,519.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2	
3	Subtract line 2e from line 1	3	36,172,519.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-10	
b	Other (Describe in Part XIV.)	-	
C 5	Add lines 4a and 4b	4	
Part	XIV Supplemental Information		36,172,519.
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Dart	IV lines 1b and 2b:
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor		
	dditional information		
-	X, LINE 2: THE COOPERATIVE OPERATES UNDER THE INTERNAL REVENUE CODE, SECTION 501 (C) (1	12). A	S A TAX-EXEMPT

COOF	PERATIVE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL ST	ГАТЕ	MENTS. THE
COOF	PERATIVE BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH	DOE	S NOT HAVE ANY
UNCE	RTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.		
DADT	VILLING & OTHER ADHISTMENTS.		
PAKI	XI, LINE 8 - OTHER ADJUSTMENTS:		
RETIF	REMENT OF MEMBERS' PATRONAGE CAPITAL -556,083.		
	ICHICAT OF MEMBERS FATROMAGE CAFITAL 130,003.		
DECR	EASE IN MEMBERSHIPS -1,030.		
TOTA	L TO SCHEDULE D, PART XI, LINE 8 -557,113.		

	-			TRIC COO	PERATIVE	, INC.	59-0485704		Page 5
Part XIV	Supplen	nental Inf	ormation (continued)					
PART X, LIN	E 2 - OTHEI	R LIABILITIE	ES:						
THE ORGAN	IIZATION'S	AUDITED FI	INANCIAL ST	ATEMENTS I	NCLUDE TH	E FOLLOWIN	G FOOTNOTE THAT	ADDRESSES THE	
ORGANIZAT	IUN'S LIAB	ILITY FOR U	JNCERTAIN	AX POSITIO	NS UNDER I	FIN 48 (ASC 7	40):		
THE COOPE	RATIVE OP	ERATES UN	NDER THE IN	TERNAL REV	/ENUE CODI	E SECTION 50)1 (C) (12) AS A TAX-	EXEMPT COOPERATION	/E.
ACCORDING	SLY, NO PR	OVISION FO	OR INCOME T	AXES HAS E	BEEN MADE	IN THE FINAN	ICIAL STATEMENTS	THE COOPERATIVE	BELIEVES
IT HAS APPI	ROPRIATE S	SUPPORT F	OR ANY TAX	POSITIONS	TAKEN, ANI	D AS SUCH, D	OES NOT HAVE AN	Y UNCERTAIN TAX PO	SITIONS
THAT ARE N	MATERIAL T	O THE FINA	ANCIAL STAT	TEMENTS.					
				•••••					
					•				
					•••••				
					•				

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

TRI-COUNTY ELECTRIC COOPERATIVE, INC.

Employer identification number 59-0485704

Part	Questions Regarding Compensation	_		
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	ا ۾ ا		
	directors, trustees, and the GEO/Executive Director, regarding the items checked in line 14?	2		
•	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	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. Explain in Part III			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	ļ	/
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	/
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u> </u>
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:			
а	The organization?	5a		-
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		<u> </u>
þ	Any related organization?	6b		
-	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-		+
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	Ť	t	t
-	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2011 TRI-COUNTY ELECTRIC COOPERATIVE, INC.

59-0485704

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

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

						······································		
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retrement and (D) Nortexable (E) Total of columns		(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	!
(A) Name		(i) Base	(ii) Bonus & incentive	(iii) Other	other deferred	benefits	(E) 10tal 01 COUNTIES (B)(i)+(D)	(F) Compensation
		compensation	compensation	reportable compensation	compensation			prior Form 990
	()	161,680.	0.	1,147.	44,027.	22,729.	229,583.	0.0
1 H. JULIUS HACKETT	Ξ	Ö						o.
	(1)							
8	€		* * * * * * * * * * * * * * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: : : : : : : : : : : : : : : : : : :			
	(3)							
ო	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(1)							
4	≘							
	3							
5	(E)							
	(1)							!
9	(E)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	(1)							
7	€		,		*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(1)							
8	(ii)							
	(1)							
6	(E)			6 6 6 6 6 6 6 6 6 6 6 6 6 7 7 8 8 8 8 8				
	(1)							
10	(ii)							:
	€							
11	≘							
	€							
12	(E)							* * * * * * * * * * * * * * * * * * *
	€							
13	(1)							
	€							
14	(ii)							
	(0)							
15	Ξ							
	8							
16	▣							

Schedule J (Form 990) 2011

Page 3

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

TRI-COUNTY ELECTRIC COOPERATIVE, INC.

Open to Public Inspection

Employer identification number

59-0485704

FORM 990, PART VI, SECTION A, LINE 6: INDIVIDUAL AND ENTITIES REQUESTING SERVICE ARE REQUIRED TO PAY A ONE-TIME
MEMBERSHIP FEE.
FORM 990, PART VI, SECTION A, LINE 7A: THE COOPERATIVE'S BOARD OF TRUSTEES ARE ELECTED BY ITS MEMBERS. THE BOARD
ELECTION IS HELD ANNUALLY IN CONJUNCTION WITH THE COOPERATIVE'S ANNUAL MEMBER MEETING. THE MEMBERS ARE THE
ONLY ONES ALLOWED TO VOTE IN THE ANNUAL ELECTION OF BOARD MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B: CERTAIN DECISIONS, SUCH AS BY-LAW CHANGES, MUST BE APPROVED BY THE MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11: THE FILING REQUIREMENTS OF FORM 990 IN GENERAL AND THIS FORM 990 SPECIFICALLY
WERE REVIEWED WITH THE BOARD OF TRUSTEES AND CERTAIN MEMBERS OF MANAGEMENT BY THE MANAGER OF FINANCE.
FORM 990, PART VI, SECTION B, LINE 12C: AN ANNUAL DISCLOSURE OF ANY CONFLICTS OF INTEREST IS REQUIRED BY ALL OFFICERS,
TRUSTEES AND KEY EMPLOYEES, AND THE BOARD OF TRUSTEES REVIEW THE DISCLOSURES.
FORM 990, PART VI, SECTION B, LINE 15: THE GENERAL MANAGER'S ANNUAL COMPENSATION IS BASED ON VARIOUS CRITERIA THAT
ARE REVIEWED BY THE BOARD OF TRUSTEES IN APPROVING SUCH COMPENSATION. ANNUAL COMPENSATION FOR CERTAIN OTHER
EMPLOYEES IS INITIALLY SET BY THE GENERAL MANAGER AND IS THEN SUBJECT TO TRUSTEE APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19: SUCH INFORMATION IS AVAILABLE TO THE PUBLIC UPON RECEIPT OF A REASONABLE
REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN ASSETS
RETIREMENT OF MEMBERS' PATRONAGE CAPITAL -556,083.
DECREASE IN MEMBERSHIPS -1,030.
TOTAL TO FORM 990 PART XI LINE 5 .557 113

Schedule O (Form 990 or 990-EZ) (2011)		Page Z
Name of the organization TRI-COUNTY ELECTRIC COOPERATIVE, INC.	Employer identification number 59-0485704	
FORM 990, PART XII, LINE 2C:		
THE BOARD OF TRUSTEES AND ITS DESIGNEES ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE CO	OOPERATIVE'S AUDITORS.	THIS
PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.		

FORM 990 PAGE 10

	9	9								
Current Year , Deduction	2,382,516	2,382,516								
Current Sec 179		0								
Accumulated Depreciation	23,901,357	23,901,357								
Basis For Depreciation	85,454,789	85,454,789								
Reduction In Basis		0								
Bus % Excl										
Unadjusted Cost or Basis	85,454,789	85,454,789								
Line No.	16					1				
Life	000									
Method	VAR									
Date Acquired	VARIES									
Description	ELECTRIC PLANT - IN 1 SERVICE	* TOTAL 990 PAGE 10 DEPR								
Asset No.	1									