DLN: 93493269005021

Form **990**

Department of the Treasury

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)

2010

OMB No 1545-0047

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

iternal Re			to reporting			Inspection
		2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 C Name of organization		D Emplo	yer id	lentification number
Check Addre		Cherokee County Electric Cooperative Association		75-01	-	
- Name		Doing Business As				
Initial				E Teleph	ione n	number
Temi		PO Box 257	Room/suite	(903)	683	-2248
Amen				G Gross r	receipt	s \$ 38,387,892
_		eturn City or town, state or country, and ZIP + 4 Rusk, TX 757850257 pending				
Applic	auon					
		F Name and address of principal officer Greg Jones	H(a) Isthisa	group return fo	or affilia	tes? Yes No
		PO Box 257 Rusk,TX 757850257	H(b) Are all a	affiliates incl	luded?	┌ Yes ┌ No
		Kusk, 1 × 757630257				(see instructions)
Tax-	exem	pt status	H(c) Group	exemption	on nu	mber 🟲
Wel	sit e	:► N/A				
		anization	L Year of form	nation 103	, I M	State of logal demosile. T
Part	_	Summary	L Year of for	nation 193	59 M	State of legal domicile TX
		sriefly describe the organization's mission or most significant activities				
		o provide electric energy to rural areas at cost on a cooperative basis				
	-					
	-					
	2 0	heck this box দ if the organization discontinued its operations or disposed of	more than 25	% of its i	net as	ssets
	3 N	lumber of voting members of the governing body (Part VI, line 1a)		L	3	7
	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)			4	7
	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a) .		L	5	7:
		otal number of volunteers (estimate if necessary)		-	6	(
		otal unrelated business revenue from Part VIII, column (C), line 12		-	7a	(
_	b N	let unrelated business taxable income from Form 990-T, line 34	T		7b	(
		Contributions and grants (Part VIII line 1b)	Prior	Year	0	Current Year
ا يا	8 9	Contributions and grants (Part VIII, line 1h)		34,150,5		38,261,476
1	LO	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,5	_	59,941
i j	L1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,2		66,475
1	L2	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				22.22.20
١.	 L3	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		34,260,3	0	38,387,892
	L3 L4	Benefits paid to or for members (Part IX, column (A), line 4)			0	
	. . L5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-			\dashv	
		10)		1,392,0	71	1,402,907
Ē 1	L6a	Professional fundraising fees (Part IX, column (A), line 11e)			0	C
3	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$				
	L7	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		31,211,7		33,924,252
	L8	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		32,603,8		35,327,159
	L9	Revenue less expenses Subtract line 18 from line 12	Beginning	1,656,4	-	3,060,733
300 E				ar		End of Year
Fund Bafances	20	Total assets (Part X, line 16)		68,137,7	88	76,218,632
꽃 2	21	Total liabilities (Part X, line 26)		37,549,9		43,172,112
	22	Net assets or fund balances Subtract line 21 from line 20		30,587,8	23	33,046,520
Part		Signature Block	-4-4			- N
	lge a	ties of perjury, I declare that I have examined this return, including accompanying sch nd belief, it is true, correct, and complete. Declaration of preparer (other than officer)				
		****	1 204	1-09-26		
gn		Signature of officer	Dat			
ere		Greg Jones General Manager				
		Type or print name and title				
		Print/Type Preparer's signature Ronnie Herrington CPA Preparer's signature Ronnie Herrington CPA Dat	E 1	heck if self- mployed •	_	PTIN
iid	<u> </u>	Firm's name F Goff & Herrington PC		pioyeu F	•	Firm's EIN
epar	- 11	Firm's address 2833 Ted Trout Drive Suite D				
se Or	ıly	Lufkin, TX 75904				Phone no (936) 875- 3317
av th		Educates this return with the preparer shown above? (see instructions)				Tyes The

Par	: 1111			Accomplishments se to any question in this Part III		
1	Brief	y describe the orgai	nızatıon's mıssıon			
To pr	ovide	electric energy to ru	ral areas at cost on a	a cooperative basis		
2				program services during the year	which were not listed on	ΓYes Γ No
	If "Ye	s," describe these n	ew services on Sche	dule O		
3	servi	es?		e significant changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these c	hanges on Schedule	0		
4	Secti	on 501(c)(3) and 50	1(c)(4) organization	or each of the organization's three s and section 4947(a)(1) trusts a revenue, if any, for each program s	re required to report the am	
	(Cod) (Expenses \$	including grants of \$) (Revenue \$)
	•			ers in 4 counties Members were provided	, ,	rough approximately 18,750
	conne	ected meters		·		
	(Cod) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4D	(Cou	3) (Expenses \$	including grants or \$) (Revenue \$,
4c	(Cod	e) (Expenses \$	including grants of \$) (Revenue \$)
4d	Othe	er program services	(Describe in Schedu	ıle O)		
	(Exp	enses \$	ıncludı	ng grants of \$) (Revenue \$)
4e	Tota	I program service ex	rpenses ⊧ \$			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
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</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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	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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

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 25			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
r	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		
	account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country			
	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		Νο
	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?	ЭD		
C	1. 165 to line 54 of 50, and the organization meronin 0000-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
-	organization solicit any contributions that were not tax deductible?			
Ь	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	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
_	za rest, mateure the maniper strongs deed and my the year. I i i i i i i i i i i i i i i i i i i			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e 7f		
	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	/1		
g	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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		
	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	1 1			
	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)			
	, ,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13				
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule 0	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		N o
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		NO
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 make these available. Check all that apply			

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization February Kenneth Hicks

PO Box 257

Rusk,TX 757850257

(903) 683-2248

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

Check if Schedule O contains a response to any question 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, and current key employees 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 organize	•	ated or	ganız	atıo	n co	mpens	ate	d any current office	r, dırector, or trust	e e
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	rrom tne organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Jack Cheek Director/President	10 00	х		х				3,928	0	0
(2) Wes Barron Director/V P	3 00	Х		х				18,100	0	0
(3) BR Darby Jr Director/Sect/Treas	20 00	х		х				3,923	0	0
(4) Kyle Griffith Director	4 50	х						18,265	0	0
(5) DB Langford Director	2 00	х						4,287	0	0
(6) Jim Tarrant Jr Director	2 00	Х						18,100	0	0
(7) Keith Youngblood Director	3 00	Х						5,306	0	0
(8) Greg Jones General Manager	50 00			х				130,498	0	74,532
(9) Kenneth Hicks Accounting Manager	40 00			х				69,519	0	44,823

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

	(A) Name and Title	(B) A verage hours	1	tion (che)		iII		Repo compe	D) rtable nsation	(E) Reportable compensation from related	(F) Estima amount o	ated fother		
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	n the ation (W- 9-MISC)	organizations		compens from t organizati relat organiza	the on and ed	
		0)													
												1			
												1			
1b	Sub-Total					٠.		 							
С	Total from continuation sheets	to Part VII, Sec	tion A				•	-		271 026				110 055	
	Total (add lines 1b and 1c). Total number of individuals (incl	udına but not lir					· ahove		receive	271,926 d more tha		0		119,355	
_	\$100,000 in reportable compen	_					42010	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u 111010 tilla					
													Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci					ey e	mploy •	ee, o	r highest	compens	ated employee	3		N o	
4	For any individual listed on line					pens	- sation	and o	other con	npensatior	from the	3		N o	
	organization and related organiz	ations greater t	han \$15	0,00	02.	If "Y	es," co	mple •	ete Schedu	le J for su	ch	4	Yes		
5	Did any person listed on line 1a	receive or accr	ue comp	ensa	ition	fror	many	unrel	lated orga	anızatıon d	r individual for	-	162		
	services rendered to the organiz	ration? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or sucl	h pers	son .		•	5		No	
Se	ection B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from			ndep	end	ent d	ontra	ctors	that rec	eived more	e than				
	·	(A) ne and business ad								Descr	(B) Iption of services		(C Comper		
	Line Service Co Inc x 7165									Right-of-way				,586,378	
Longv	iew, TX 75607 exas Utility Service Inc														
PO Bo	x 1673 onville, TX 75766									Electrical Distribution & Transmission C 286,				286,876	
5117	ord Construction Co Inc Steel Road								I	Electrical Distribution & Transmission				224,864	
Daffro	TX 757033041 on & Associates Inc Business 61 South					Computer Software Provider &					108,484				
	ng Green, MO 63334								Maintenance					100,484	
	Total number of independent cont	ractors (includi	na hut n	ot lin	nite	d to	those	liste	d above)	who receiv	ed more than				

\$100,000 in compensation from the organization \-4

	90 (2010)				Pa	ge 9
Part V	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	Susiness Code				
Program Service Revenue	Electricty Energy b Patronage Capital - G& c Patronage Capital - CF d e f All other program service revenue g Total. Add lines 2a-2f	221000 221000 221000	37,209,415 933,159 118,902 38,261,476			
	6a Gross Rents b Less rental expenses c Rental income or (loss)	(II) Personal	59,941			59,941
anne	Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Gross income from fundraising events (not including \$	(II) O ther				
Other Revenue	of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events b Less direct expenses					
	11a Pole Rental b c	Susiness Code 221000	66,475			66,475
	e Total. Add lines 11a-11d		66,475 38,387,892	38,261,476 Fo		126,416

Part IX Statement of Functional Expenses

o no	l other organizations must complete column (A) but are not required to co t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		· .
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	271,926			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,007,955			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	123,026			
9	Other employee benefits				
0	Payroll taxes				
а	Fees for services (non-employees) Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	176,355			
2	Advertising and promotion	6,085			
3	Office expenses	265,060			
ŀ	Information technology				
5	Royalties				
5	Occupancy	123,658			
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	7,584			
)	Interest	1,792,414			
L	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,389,219			
3	Insurance	67,403			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Cost of purchased power	22,585,410			
b	Distribution - Maintena	2,785,412			
с	Distribution - O peratio	1,616,850			
d	Consumer Accounts	984,030			
е	Administrative and Gene	889,603			
f	All other expenses	235,169			
5	Total functional expenses. Add lines 1 through 24f	35,327,159			
:6	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 118,468 6,777,738 1 457.778 2 2 479.950 3 3 3,938,880 4 4,130,163 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 8 707,054 623,899 246,498 168,847 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 82,932,238 10a Part VI of Schedule D 10b 27.662.552 ь Less accumulated depreciation 54.863.486 10c 55.269.686 11 11 12 12 Investments—other securities See Part IV, line 11 7,798,941 8,761,666 13 13 Investments—program-related See Part IV, line 11 . . 14 14 6.683 15 6,683 15 16 68,137,788 16 76,218,632 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2,513,010 17 4,159,134 17 Accounts payable and accrued expenses . 18 18 693.642 19 19 3.649.796 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 33.594.335 23 34.591.245 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 748.978 25 771,937 Other liabilities Complete Part X of Schedule D 43,172,112 26 37.549.965 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶
☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. 5 30 479,894 30 479.950 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 30,107,929 32 32,566,570 Retained earnings, endowment, accumulated income, or other funds ¥ 30,587,823 33,046,520 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 68.137.788 76,218,632

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38,3	387,89
2	Total expenses (must equal Part IX, column (A), line 25)	2			327,159
3	Revenue less expenses Subtract line 2 from line 1	3		3,0	060,73
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		30,5	587,82
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 6	502,03
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		33,0	046,520
Par	Table 1 Financial Statements and Reporting Check of Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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DLN: 93493269005021

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal	Revenue Service Attach to F	Form 990. ► See separate instructions.		Inspe	ction
	ne of the organization rokee County Electric Cooperative Association		Empl	loyer identification nun	nber
	VIII Overninations Maintaining Days	duised Funds on Other Circle		0184514	lata e the
Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 9		runas (or Accounts. Comp	iete ir the
		(a) Donor advised funds	(b) Funds and other acc	ounts
	Total number at end of year				
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		onor advi:	sed Tye s	s 「No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	nefit of the donor or donor advisor, or for	any othe	r purpose Ye :	
व	t II Conservation Easements. Complete		' to Form	<u>1 990, Part IV, line 7</u>	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	tion or pleasure) Preservation of Preservation of	a certified	cally importantly land a	rea
	Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	illified conservation contribution in the fol	rm or a co	Held at the End of t	he Vear
а	Total number of conservation easements		2a	neid de the Liid of t	iic rear
ь	Total acreage restricted by conservation easement	rs.	2b		
С	Number of conservation easements on a certified hi		2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d		
	Number of conservation easements modified, transf the taxable year ▶	ferred, released, extinguished, or termina	ated by th	e organization during	
	Number of states where property subject to conserv	vation easement is located 🟲			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		andling of	violations, and Ye s	s ┌ No
	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation ease	ements du	uring the year ►	
	A mount of expenses incurred in monitoring, inspect	ring, and enforcing conservation easeme	nts during	the year 🟲 \$	
	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of s	ection	Γ Ye:	s 「No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financ	•	•	
ar	Organizations Maintaining Collection Complete if the organization answered		, or Oth	ner Similar Assets	
а	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or rese	arch in fur		
b	If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research			
	(i) Revenues included in Form 990, Part VIII, line	► \$			
	(ii) Assets included in Form 990, Part X			▶ \$	
	If the organization received or held works of art, his following amounts required to be reported under SFA		for financ	cial gain, provide the	
а	Revenues included in Form 990, Part VIII, line 1			► \$	
b	Assets included in Form 990, Part X			► \$	

Part	IIII Organizations Maintaining Co	llections of Art	t, HIS	TOFI	cai ir	reasi	ires, or c	Juic	i Jillillai As	sets (.onunueu j
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	that aı	re a sıgnıfıc	ant u	ise of its collect	ion	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams			
b	Scholarly research		e	Γ	Other	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	/ furthe	erthe	organızatıoı	n's ex	kempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									┌ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions	or other as:	ets		☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing ta	able		ſ		An	nount	
c	Beginning balance						-	1c			
d	A dditions during the year										
e	Distributions during the year							1e			
f	Ending balance						}	1f			
2a	Did the organization include an amount on Fo	orm 990 Part V lin	a 212				L			┌ Yes	No
			G Z I '							, 165	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n and	Wer	ad "Ve	s" to	Form 990	Dar	t IV line 10		
Fai	Endowment i unus. Complete i	(a)Current Year		Prior \			vo Years Back		Three Years Back	(e) Four '	Years Back
1a	Beginning of year balance										
b	Contributions							†			
c	Investment earnings or losses							\top			
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment										
с	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	re held	d and a	admınıstere	d for	the	Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(II), are the related organizatio	•						•	31)	1
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S								
					Cost or		(b)Cost or c		(c) Accumulated depreciation	(d) B	
	Description of investment			basis	(invest	ment)	basis (othe	=1)	ucpreciation		ook value
1 a L	Description of investment			basis	s (ınvestı	ment)	Dasis (Oth	=1)	чергестатіон		ook value
	·		•	basis	s (investi	ment)	Dasis (Oth		depreciation		ook value
b E	and			basis	s (investi	ment)	Dasis (Other	=1)	исупсывают		ook value
b E	and		· · ·	basis	s (Investi	ment)	Dasis (Other	=1)	исупсывают		ook value
b E c L d E e C	and						82,93	,		2	55,269,686

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment in associated organization - CFC	1,019,916	
(2) Patonrage Capital - CFC, CRC	683,591	
(3) Patronage Capital - TEX-LA	7,058,159	
	0.764.666	
Part IX Other Assets. See Form 990, Part X, col (B) line 13)	-77	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Customer Deposits	771,937	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	771,937	
	1/1,33/	

Part XI, Line 8 - Other Adjustments

	Identifier Peturn Peterence Fy	nlanation	
Part	t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com litional information		
	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4 Part IV line	s 1h and 2h
5 Par	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) rt XIV Supplemental Information	5	35,327,159
с -	Add lines 4a and 4b	. 4c	0
Ь	Other (Describe in Part XIV)	l	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
3	Subtract line 2e from line 1	. 3	35,327,159
e	Add lines 2a through 2d	. 2e	0
d	Other (Describe in Part XIV) 2d		
c	Other losses		
b	Prior year adjustments		
а	Donated services and use of facilities		
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
1	Total expenses and losses per audited financial statements	1	35,327,159
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Re	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		38,387,892
с	Add lines 4a and 4b	. 4c	0
b	Other (Describe in Part XIV) 4b		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
3	Subtract line 2e from line 1	. 3	38,387,892
e	Add lines 2a through 2d	. 2e	0
d	Other (Describe in Part XIV) 2d		
c	Recoveries of prior year grants		
b	Donated services and use of facilities		
а	Net unrealized gains on investments		
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	38,387,892
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,458,697
9	Total adjustments (net) Add lines 4 - 8	9	-602,036
8	Other (Describe in Part XIV)	8	-602,036
7	Prior period adjustments	7	
6	Investment expenses	6	
5	Donated services and use of facilities	5	
4	Net unrealized gains (losses) on investments	4	<u> </u>
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,060,733
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,327,159
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	38,387,892
Par	TEXIS Reconciliation of Change in Net Assets from Form 990 to Financial Stat	ements	

Retirement of patronage -602,036

Compensation Information

DLN: 93493269005021

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

Che	rokee County Electric Cooperative Association		75-0184514			
Pa	rt I Questions Regarding Compensation		1			
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			1b		
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that	appl	У			
	Compensation committee		Written employment contract			
	Independent compensation consultant	고	· · · · · · · · · · · · · · · · · · ·			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt from the organization or a related organization?	4a		No
ь	Participate in, or receive payment from, a supplementa	ıl non	iqualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and prov					
	Only 501(c)(3) and 501(c)(4) organizations only must	comi	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		
ь	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, lin compensation contingent on the net earnings of	e 1 a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lii payments not described in lines 5 and 6? If "Yes," des		, , , , , , , , , , , , , , , , , , , ,	7		
8	Were any amounts reported in Form 990, Part VII, pair subject to the initial contract exception described in R					
	ın Part III			8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	able presumption procedure described 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Greg Jones	(ı) (ıı)	112,308 0	300 0	17,890 0	57,029 0	17,503 0	205,030	0	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	Ident if ier	Return Reference	Explanation
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Schedule J (Form 990) 2010

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2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
Cherokee County Electric Cooperative Association

Employer identification number

75-0184514

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The cooperative has one class of members. Each member has the right to receive electricity, to vote, and to receive patronage capital

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The members of the cooperative have the right to vote for directors or any other matter noted on the ballot at the annual meeting of the membership. An appointed nominating committee composed of 1 member from each director district selects 1 nominee from each appropriate district. A member may also be nominated by petition with a minimum of fifty (50) signatures of members from the appropriate district. Directors are then elected by mail ballot. Ten percent (10%) of the total number of members of the cooperative constitutes a quurum for the mail ballot election. The elected directors are responsible for governing the cooperative.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		See above

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The board of directors determines whether the Form 990 will be reviewed by all directors, an existing committee, or a special committee appointed for such purpose prior to filing. Once the return is completed, it is provided to the directors or the committee responsible for reviewing. Employees of the cooperative responsible for filing are available to respond to questions or provide background as needed. Once the directors responsible for reviewing the Form 990 are satisfied it is complete, the return is filed. Subsequently, the return is made available to all directors for their review.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Each director, officer, and key employee of the cooperative is covered under the conflict of interest policy. The board of directors interprets and enforces the policy. The cooperative's legal counsel annually reviews the policy with all officials. The minutes of all board meetings record all disclosures, votes, authorizations, and other actions taken under the policy. Each official annually completes and signs the conflict of interest certification and disclosure form and delivers the completed and signed form to the President or General Manager. If an official discovers any information or fact that could impact another officials compliance with the policy, then the official must disclose the information or fact to the President or General Manager.

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The compensation of the General Manager is determined by the board of directors and is reviewed annually Surveys of area cooperatives and national compensation surveys are used in determining compensation. The board of directors compares the compensation packages with other cooperatives of comparable size for General Managers and executives with comparable responsibilities and assesses the performance of the cooperative and the General Manager through the year. The salaries of all other cooperative employees are set by the General Manager using comparable information for employees with similar responsibilities in cooperatives of similar size.

Identifier	Return Reference	Explanation	
	Form 990, Part VI, Section C, line 19	The cooperative's governing documents, conflict of interest policy and financial statements are available to the public by submitting a written request on a member information request form to the General Manager. If the request meets certain requirements described in the cooperative's policy, the member will be furnished the information requested.	

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Retirement of patronage -602,036 Total to Form 990, Part XI, Line 5 - 602,036