DLN: 93493135068133

OMB No 1545-0047 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)

Open to Public Inspection

Department of the Treasury

Form **990**

Internal Revenue Service

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

A Fo	r the	2012 cal	endar year, or tax year beginning 01-01-2012 , 2012, and ending 1	2-31-2012		
B Ch	eck ıf a	pplicable	C Name of organization Pioneer Electric Cooperative Inc		D Employer	identification number
☐ Add	dress ch	nange	<u>'</u>		63-0033	945
┌ Na	me cha	nge	Doing Business As			
┌ Init	ial retu	ım	Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Telephone	number
Г Теі	mınate	ed	PO Box 468			
┌ Am	ended	return	City or town, state or country, and ZIP + 4		(334)38	2-6636
Г _{Арі}	olication	n pending	Greenville, AL 36037		G Gross recei	pts \$ 29,430,259
			F Name and address of principal officer	H(a) ⊺	s this a group ret	· · · · · · · · · · · · · · · · · · ·
			Terry Moseley PO Box 468		ffiliates?	Γ Yes Γ No
			Greenville, AL 36037	H(b) A	ro all affiliator in	ncluded? TYes TNo
						ist (see instructions)
I Ta	x-exem	npt status	501(c)(3) ✓ 501(c) (12) ◀ (insert no)		Group exemption	number b
J W	ebsite	e: 🗕 ww	w pioneerelectric com	H(c) (Stoup exemption	number F
K For	n of or	ganızatıon	✓ Corporation Trust Association Other ►	L Year	of formation 1940	M State of legal domicile AL
Pa	rt I	Sum	mary	•		
	1	Briefly d	escribe the organization's mission or most significant activities			
	:	To safel	y deliver reliable service, in a timely and courteous manner, at the lo	west possib	le cost to our me	mbers
Governance						
Ē	:					
ĕ.	2	Check th	nis box 🔭 if the organization discontinued its operations or dispose	ed of more th	an 25% of its ne	t assets
	3	Number	of voting members of the governing body (Part VI, line 1a)		1 -	3 9
Activities &	I		of independent voting members of the governing body (Part VI, line			4 9
Ě			mber of individuals employed in calendar year 2012 (Part V, line 2a		-	5 56
€			mber of volunteers (estimate if necessary)			6 0
∢			related business revenue from Part VIII, column (C), line 12		· · · · · —	Za 23,086
	I		elated business taxable income from Form 990-T, line 34		⊢	'b 6,787
			·		Prior Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		C	0
≅	9		am service revenue (Part VIII, line 2g)		30,771,969	29,035,037
Rayente	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)		259,833	123,674
ά	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		371,456	271,548
	12		al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		21 402 250	20.420.350
	42				31,403,258	
	13 14		ts paid to or for members (Part IX, column (A), lines 1-3)		175,774 2,976,137	
	15		es, other compensation, employee benefits (Part IX, column (A), line		2,970,137	3,200,055
\$	12	5-10)		:5	977,243	856,342
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		C	0
ੜੇ	ь	Total fu	ındraısıng expenses (Part IX, column (D), lıne 25) ▶0	_		
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,274,104	25,373,862
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25	5)	31,403,258	29,430,259
	19	Reven	ue less expenses Subtract line 18 from line 12		C	0
Net Assets or Fund Balances				Begir	nning of Current Year	End of Year
Sets San	20	Total	assets (Part X, line 16)		67,005,751	. 72,303,713
AB.	21		liabilities (Part X, line 26)		58,783,833	
2 E E	21		ssets or fund balances Subtract line 21 from line 20	`. ' 	8,221,918	
	1311		ature Block	•	0,221,310	11,121,373
my k	nowled arer ha	as any ki	perjury, I declare that I have examined this return, including accomplete, it is true, correct, and complete. Declaration of preparer (othe nowledge ** https://docs.org/pubmed/sept.com/sept.com/pubmed/sept.com/sept.com/sept.com/sept.com/sept.com/sept.com/sept.com/sept.			
			or print name and title			
			Print/Type preparer's name Preparer's signature	Date	Check If PT	
Paid	d	<u> </u>	PATRICK COOPER Firm's name → Jackson Thornton & Co PC	2013-05-14	self-employed P0 Firm's EIN ► 63-10	0856177 035228
Pre	pare	r L				
Use	On	lv F	Firm's address 🕨 P O Box 96		Phone no (334) 83	34-7660

Montgomery, AL 361010096

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

	770 (2012)				Page Z
Par		ent of Program Service A Schedule O contains a response	ccomplishments to any question in this Part III .		
1	Briefly describe	the organization's mission			
Tosa	afely deliver reliab	ole service, in a timely and court	eous manner, at the lowest possibl	e cost to our members	
2			ogram services during the year wh		「Yes ▼ No
	If "Yes," describ	e these new services on Schedu	le O		
3	services?		significant changes in how it condu	cts, any program	┌ Yes ┌ No
	If "Yes," describ	e these changes on Schedule O			
4	expenses Section		omplishments for each of its three anizations are required to report the program service reported		
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Pioneer Electric Co- included parts of A	operative, Inc primarily covered Butler, utauga, Crenshaw, Covington, Conecul	rural areas of four South Central Alabama of Lowndes, Dallas and Wilcox counties Its in and Monroe counties Utilizing approxima Incritic energy to its cooperative members in 2	service area also extended into five tely 2,737 miles of electric distribution	other counties which
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		services (Describe in Schedule			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program s	service expenses 🗠			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	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? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 United States? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than $$5,000$ of grants 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		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, 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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, highest 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 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		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		1	
		28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? 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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <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 11b and 19?	20	Yes	

αı	Statements Regarding Other IRS Filings and Tax Compliance			г
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 25			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
,	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)	20	res	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
,	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			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
ı	If "Yes," indicate the number of Forms 8282 filed during the year	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds 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		
	Sponsoring organizations maintaining donor advised funds.	بّ		
	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		
	Section 501(c)(7) organizations. Enter	<u> </u>		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
ı	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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		
	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			
	Enter the amount of reserves on hand	ļ ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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.

	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	4		No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			
b		10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	No
b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes	No
b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	

- List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Joseph Watts 300 Herbert Street Greenville, AL (334) 382-6636

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list	(C) Position (do not check more than one box, unless person is both an officer						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)			ecto	r/tr	ustee		organization (W- 2/1099- MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) Thomas Thompson	7 70	х						32,759	0	0	
Trustee - President (2) John Henry	13 40										
Trustee - Vice President		Х						21,989	0	0	
(3) Melvia Carter Trustee - Secretary	4 40	х						19,759	0	0	
(4) David Lyon Jr	8 20	х						24,489	0	0	
Trustee (5) Thomas Duncan	6 30	Х						21,489	0	0	
Trustee (6) George Thompson	6 90	Х						20,509	0	0	
Trustee (7) Glenn E Branum	6 90	Х						22,239	0	0	
Trustee (8) Melvin Dale	13 20	Х						22,009	0	0	
Trustee (9) Linda Arnold	11 30	Х						23,009	0	0	
Trustee (10) Terry Moseley	40 00			X				62,046	0	29,192	
General Manager	40.00							5_,310			
(11) Joseph Watts Chief Financial Officer	40 00			Х				149,044	0	48,049	
(12) Cleveland Poole VP of Administration	40 00			Х				119,464	0	60,460	
(13) Jason Settle	40 00			Х				121,582	0	58,254	
VP of Engineering and Oper	†										
										Form 900 (2012)	

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

	(A) Name and Tıtle	(B) Average hours per week (list any hours	A verage Position (do not check Reportation of the compensation of						table Reportable compensation from related tion (W- organizations (V		,_	ted other ation he		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	C	organizati relate organiza	ed .
												+		
												+		
												+		
												+		
	C.I. T. I.											_		
1b c	Sub-Total	 sto Part VII S	· · ection /	٠.	•			•						
d	Total (add lines 1b and 1c) .				٠.	٠.		•		660,387		0		195,955
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited	to the	se l	ıste		e) wl	ho receive	d more th	an	•		
													Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
	ation D. Tadonoudous C.													
<u>S∈</u> 1	ection B. Independent Co Complete this table for your five		ensate	d inde	epen	dent	contr	acto	rs that red	eived mo	re than \$100.000	of		
	compensation from the organiz	ation Report co									thin the organizat			
	N	(A) ame and business	address							Des	(B) cription of services		(C) Compen	

(A) Name and business address	(B) Description of services	(C) Compensation
John P Utsey Jr Contractor PO Box 457 Butler AL 36904	Right of Way Clearing	542,436
Tru Check Inc PO Box 1515 Somerset KY 42502	Utility Meter Services	166,836
Osmose Utilities Services Inc 980 Ellicott St Buffalo NY 14209	Pole Treatment	123,543
2. Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

Part V		Statement of Revenue Check if Schedule O contains a respo	nse to any question	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
					function revenue	revenue	tax under sections 512,513,or 514
<u> 9</u> 42	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ا يِقْ ق	С	Fundraising events 10	:				
iffs,	d	Related organizations 1d					
# E	e	Government grants (contributions) 1e	<u> </u>				
Sii	f	All other contributions, gifts, grants, and			ł		
outi her	-	sımılar amounts not ıncluded above			ļ		
	g	Noncash contributions included in lines 1a-1f \$					
Cont	h	Total. Add lines 1a-1f	· · · •				
æ.			Business Code				
Program Service Revenue	2a	Sales of electricity	221000	27,994,558	27,994,558		
Fe V	b	Patronage allocations	221000	1,040,479	1,040,479		
JC 6	С						
Zer	d						
Ē	е						
150 0	f	All other program service revenue					
<u>\$</u>	g	Total. Add lines 2a-2f		29,035,037			
	3	Investment income (including divider and other similar amounts)		104,601		23,086	81,515
	4	Income from investment of tax-exempt bond					
	5	Royalties	🕨				
		(ı) Real	(II) Personal				
	6a	Gross rents	237,533				
	b	Less rental expenses	U				
	С	Rental income or (loss)	237,533				
	d	Net rental income or (loss)		237,533			237,533
	7a	(i) Securities Gross amount	(II) O ther				
	74	from sales of assets other than inventory	19,073				
	b	Less cost or other basis and	0				
	c	sales expenses Gain or (loss)	19,073				
	d	Net gain or (loss)		19,073			19,073
une	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
the	b	Less direct expenses b	,				
δ	С	Net income or (loss) from fundraising	events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming act	ivities				
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b					
		Net income or (loss) from sales of inv	rentory				
		Miscellaneous Revenue	Business Code				
	11a	Non-operating income	221000	34,015	34,015		
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🕨	34,015			
	12	Total revenue. See Instructions .		29,430,259	29,069,052	23,086	338,121

Form 990 (2012) Part IX Statement of Functional Expenses

Sect	ection 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)							
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u>.</u>			
	ot include amounts reported on lines 6b, b, 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 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	Benefits paid to or for members	3,200,055						
5	Compensation of current officers, directors, trustees, and key employees	856,342						
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							
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees)							
а	Management							
b	Legal							
C	Accounting							
d	Lobbying							
e	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)							
12	Advertising and promotion							
13	Office expenses							
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	2,478,004						
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	2,242,520						
23	Insurance							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
а	Unrelated business inco	1,537						
b	Cost of power	14,269,996						
c	Distribution - Maintena	2,342,202						
d	Distribution - Operatio	1,207,047						
е	All other expenses	2,832,556						
25	Total functional expenses. Add lines 1 through 24e	29,430,259						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

re	T X	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,098,908	1	2,951,642
	2	Savings and temporary cash investments			3,500,000	2	0
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,035,760	4	3,228,501
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Paschedule L	art II d	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			404,530	8	650,870
	9	Prepaid expenses and deferred charges			1,435,386	9	7,205,121
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	i	65,205,528	, ,		
	ь	Less accumulated depreciation	10b	20,373,709	43,713,135	10c	44,831,819
	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			11,919,636	13	12,408,846
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			898,396	15	1,026,914
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			67,005,751	16	72,303,713
	17	Accounts payable and accrued expenses			2,292,012	17	2,891,631
	18	Grants payable	_,,	18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Scho				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali			21		
Liabiliti		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		55, 104, 137	23	56,595,634
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D			1,387,684	25	1,394,475
	26	Total liabilities. Add lines 17 through 25			58,783,833	26	60,881,740
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	┌ and	complete			
<u>a</u>	27	Unrestricted net assets				27	
ထို	28	Temporarily restricted net assets				28	
됟	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h	ere 🟲	√ and			
5		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other			8,221,918	32	11,421,973
Ř	33	Total net assets or fund balances			8,221,918	33	11,421,973
	34	Total liabilities and net assets/fund balances			67,005,751	34	72,303,713

Pai	t XI Reconcilliation of Net Assets				
	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		29.4	130,259
2	Total expenses (must equal Part IX, column (A), line 25)				
		2		29,4	130,259
3	Revenue less expenses Subtract line 2 from line 1	3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
		4		8,2	221,918
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
		6			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3.7	200,055
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	-			.00,033
	column (B))	10		11,4	121,973
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie	wed on			
	a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	nt of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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DLN: 93493135068133

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Interna	al Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
	me of the organ			Emp	loyer identification number
PIO	neer Electric Cooper	ануе тис		63-0	0033945
Pa			rised Funds or Other Similar Fu		
	organiz	zation answered "Yes" to Form 990		1	(I) Funda and all an account
	Total number a	t and afvent	(a) Donor advised funds		(b) Funds and other accounts
1 2	Total number a	tributions to (during year)			
3		nts from (during year)			
4		ue at end of year			
		•		or advu	cod
5	funds are the o	organization's property, subject to the or			☐ Yes ☐ No
6	used only for c conferring imp	haritable purposes and not for the benef ermissible private benefit?	onor advisors in writing that grant funds it of the donor or donor advisor, or for an	ny othe	r purpose Yes No
	•	•	the organization answered "Yes" to	o Forn	n 990, Part IV, line 7.
1	Preservation Preservation	of natural habitat on of open space	or education) Preservation of an Preservation of a c	ertifie	d historic structure
2	•	he last day of the tax year	a qualified conservation contribution in tl	ne iorn	
а	Total number o	of conservation easements	-	2a	Held at the End of the Year
a b		restricted by conservation easements	-	2a 2b	
c	-	servation easements on a certified histo	oric structure included in (a)	2c	
d	Number of con	servation easements included in (c) acquired listed in the National Register	` ′	2d	
3			ے ed, released, extinguished, or terminate	d by th	ne organization during
		<u> </u>	, , , , , , , , , , , , , , , , , , , ,	ŕ	
4	Number of stat	tes where property subject to conservat	ion easement is located 🛌		
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	violations, and Yes No
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents d	luring the year
7	A mount of exp	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during	g the year
	► \$				
8		nservation easement reported on line 2(o?0(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ι)
9	balance sheet,	, and include, if applicable, the text of the	nservation easements in its revenue and e footnote to the organization's financial		
5-		on's accounting for conservation easeme		01	han Cinnilan Assats
Pal	Compl	ete if the organization answered "Y	<u> </u>		
1a	works of art, hi	storical treasures, or other similar asse	16 (ASC 958), not to report in its reven ts held for public exhibition, education, o o its financial statements that describes	or rese	arch in furtherance of public
b	works of art, hi		16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o e items		
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$
	(ii) Assets inc	luded in Form 990, Part X			► \$
2		tion received or held works of art, histor ints required to be reported under SFAS	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items	r finan	cial gain, provide the
а	Revenues incli	uded in Form 990, Part VIII, line 1			▶ \$
		•			

b Assets included in Form 990, Part X

3	Organizations Maintaining Co								_		
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck :		_		significant u	ise of	ıts	
а	Public exhibition		d	ı	Loan or ex	change progi	ams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	v the	/ further the	organızatıor	's ex	empt purpos	e in		
5	During the year, did the organization solicit							ıılar	_		-
Dat	assets to be sold to raise funds rather than to t IV Escrow and Custodial Arrang		-					es" to Form		Yes	l No
	Part IV, line 9, or reported an an					ni answere	u i	es to 10111	1 990	',	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontributions	or other ass	ets i	not	_	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able	_					
									Amou	nt	
С	Beginning balance						1 c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has been	provided in F	art)	(111			Γ
Pa	rt V Endowment Funds. Complete										
	<u> </u>	(a)Current year)Prior		Two years back				Four ye	ears back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships						1				
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	e 1g	column (a)) held as					
а	Board designated or quasi-endowment										
b	Permanent endowment >										
	Temporarily restricted endowment										
C	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
	The percentages in lines 2a, 2b, and 2c shows the there endowment funds not in the posses		ation i	that :	are held and	administere	d for	the			
с За	The percentages in lines 2a, 2b, and 2c shows Are there endowment funds not in the posses organization by		ation 1	that a	are held and	administere	d for	the		Yes	No
	Are there endowment funds not in the posse:	ssion of the organiz		that a	are held and	administere	d for	_	Ba(i)	Yes	No
3 a	Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz					d for	[3	Ba(i) Ba(ii)	Yes	No
3a b	Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz	 d on S	chec	 ule R? .		d for •	[3		Yes	No
3a b 4	Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz	 d on S	chec ent fi	 ule R? . unds		d for	[3	Ba(ii)	Yes	No
3a b 4	Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz	 d on S	chec ent fi	ule R? . unds				3b		
3a b 4	Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz	 d on S	checent for	 ule R? . unds	(b)Cost or o	ther	[3	3b		No bk value
3a b 4 Par	Are there endowment funds not in the posses organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equipment Description of property	ssion of the organiz	 d on S	checent for	ule R? . unds Inne 10. Cost or other s (investment)	(b)Cost or o basis (other	ther	(c) Accumula	3b		ok value
b 4 Par	Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz	 d on S	checent for	ule R? unds Inne 10. Cost or other s (investment)	(b)Cost or o basis (other	ther r) ,041	(c) Accumula	3b ted	(d) Boo	ok value 850,331
3a b 4 Par 1a	Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz	 d on S	checent for	ule R? . unds Inne 10. Cost or other s (investment)	(b)Cost or o basis (other	ther r) ,041	(c) Accumula	3b ted	(d) Boo	ok value
3a b 4 Par 1a b c	Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz	 d on S	checent for	ule R? unds Inne 10. Cost or other s (investment)	(b)Cost or o basis (othe	ther r) ,041	(c) Accumula depreciation	ab ted n ,273	(d) Boo	850,331 3,126,612
3a b 4 Par 1a b c d	Are there endowment funds not in the posses organization by (i) unrelated organizations	ssion of the organiz	d on S dowm 00, Pa	checent for	ule R? unds Inne 10. Cost or other s (investment)	(b)Cost or o basis (other	ther r) ,041	(c) Accumula	ab ted n ,273	(d) Boo	bk value 850,331

Part VIII Investments—Other Securities. Sec	<u>e Form 990, Part X, line 12</u>	<u>2</u> .
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line:	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
See Additional Data Table		
Occ Additional Data Table		
	+	
	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	12,408,846	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Desci	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 3	(5.)	<u>k</u>
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Federal income taxes	+	
Consumer deposits	981,182	
Pension benefit obligation	288,315	
Unclaimed capital credits	121,408	
Unclaimed rebates and deposits	3,570	
	<u> </u>	
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,394,475	
3 Fin 49 (ASC 740) Footpote In Dort VIII provide the to		nization's financial statements that reports the

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
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 XIII)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts 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 XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , Part IV, lines	1b and 2b,

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

Identifier Return Reference Explanation

Additional Data

Software ID: Software Version:

EIN: 63-0033945

Name: Pioneer Electric Cooperative Inc

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Patronage Capital - CoBank	229,959	С
(2) Patronage Capital - Other	15,209	С
(3) Patronage Capital - PowerSouth Energy Cooperative	7,183,388	С
(4) Patronage Capital - GRESCO	100,404	С
(5) Patronage Capital - NRUCFC	1,495,832	С
(6) Patronage Capital - NISC	38,787	С
(7) Patronage Capital - Federated Rural Electric Insurance Exchange	74,845	С
(8) CFC Securities	400,000	С
(9) CFC Loan Retained	2,215,516	С
(10) Patronage Capital - United Utility	57,650	С
(11) Investments in economic development projects	571,255	С
(12) Other investments in associated organizations	8,759	С
(13) ERC Loans Receivable	17,242	С

DLN: 93493135068133

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

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Name of the organization Pioneer Electric Cooperative Inc **Employer identification number**

63-0033945

Pa	t I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	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 or reimbursement or provision of all of the expenses do			1b		
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directors			2		
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat apply				
	Compensation committee	Г	Written employment contract			
	☐ Independent compensation consultant	ᅜ	Compensation survey or study			
	Form 990 of other organizations	I✓	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme			4b		Νο
c	Participate in, or receive payment from, an equity-b			4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr		•			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of \ensuremath{A}	, line 1a	, did the organization pay or accrue any			
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 compensation contingent on the net earnings of \ensuremath{II}	, line 1a	, 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 payments not described in lines 5 and 6? If "Yes," of			7		
8	Were any amounts reported in Form 990, Part VII, I	oaid or a	occured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	e rebutta	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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

_								
(A) Name and Title		ì	W-2 and/or 1099-MIS	SC compensation (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported as deferred
		(i) Base compensation	incentive compensation	reportable compensation	compensation	30.1.0.1.10	(=)(.) (=)	ın prıor Form 990
(1)Joseph Watts Chief Financial Officer	(i) (ii)	143,497 0	0	5,547 0	33,665 0	14,384 0	197,093 0	0
(2)Cleveland Poole VP of Administration	(i) (ii)	118,193 0	0	1,271 0	46,554 0	13,906 0	179,924 0	0
(3)Jason Settle VP of Engineering and Oper	(i) (ii)	119,665 0	0	1,917 0	44,443 0	13,811 0	179,836 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135068133

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012

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Name of the orga Pioneer Electric Coop								Em	ploye	r ident i	fication	number	
			/						-0033				
						ind section 5						10h	
1 (a) Name (between dis	art IV, line 25	(c) Descri					d) Corre	ected?
1 (a) Name (or arsquarii	neu pers			d organizati		(c) Descrip	ption o	i ciana	action		res	No
				·	-								110
2 Enter the am	ount of tax	x ıncurre	d by organiza	ation mana	agers or disc	gualified perso	ns durina the	vearı	ınder s	ection			
4958										> \$			
3 Enter the am	ount of tax	x, ıf any,	on line 2, abo	ove, reimb	ursed by th	e organızatıon				> \$			
			rom Inter			-EZ, Part V, lı	na 30n ar Fa	OO	0 0 0 0 1	t TV/ lim	. 26 .	r .f +h a	
			n amount on l				ile 30a, 01 FU	פפ וווו	o, Pai	L I V , IIII	e 26, 0	i ii tiie	
(a) Name of			(c) Purpose			(e)Original	(f)Balance	(g)) I n	(h	1)	(i)Wri	tten
interested	with orga	nızatıon	of loan	or from		principal	due	defa	ult?	Appro	oved	agreen	
person				organizat	ion?	amount				by boa			
				То	From	-		Yes	No	Yes	No	Yes	No
				10	110111			163	110	163	140	1 1 6 3	1 140
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 Γotal	1		<u> </u>	<u></u> ► s			I		<u> </u>		1	7	
	ts or As	sistan	ce Benefit		erested F	Persons.							
						rm 990, Part	IV, line 27.						
(a) Name of inte			atıonshıp bet			fassistance	(d) Type o		tance	(e)	Purpos	e of assi	stance
person			ted person ar	nd the									
		(organization										
	I												

Part IV Business Transactions	Involving Interested	Persons.			
Complete if the organizat	<u>ion answered "Yes" on F</u>	<u>orm 990, Part IV, lın</u>	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
				Yes	No
(1) Calvin Poole	Family member of Cleveland Poole, VP of Administration	14,759	Attorney Retainer		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Schodula I /Form 000 or 000 F7\ 2012

Schedule L (Form 990 or 990-EZ) 2012

OMB No 1545-0047

2012

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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
Pioneer Electric Cooperative Inc

Employer identification number
63-0033945

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	Pioneer Electric Cooperative is a not-for-profit membership organization whose members have identical voting rights and are assigned margins in accordance with the cooperative's bylaws
	Form 990, Part VI, Section A, line 7a	The members of Pioneer Electric Cooperative may elect one or more members of the governing body at the annual meeting
	Form 990, Part VI, Section A, line 7b	The membership must approve decisions that involve substantial transfers of cooperative assets, amendments to the cooperative's bylaws, as well as other decisions requiring approval of the membership by law, the Articles of incorporation, and/or the cooperative's bylaws
	Form 990, Part VI, Section B, line 11	The Form 990 was reviewed by the Chief Financial Officer, VP of Administration, and the Accounting Manager before it was presented to the Board of Trustees. The external accountant who assisted management in the preparation of the Form 990 conducted a formal review of the Form 990 with the Trustees at the monthly board meeting before the Form 990 was filed.
	Form 990, Part VI, Section B, line 12c	On an annual basis, Pioneer Electric Cooperative requires disclosure of potential conflicts of interests on a questionnaire. These are then reviewed by the accounting staff at the Cooperative. If conflicts are found, they are reported to the Board (in the case of conflicts of interest involving Board Members or the General Manager) or to the General Manager (in the case of conflicts of interest involving Key Employees)
	Form 990, Part VI, Section B, line 15	Information is gathered from state and national electric cooperative organizations to insure that levels of compensation are within statistical norms of the industry. For the General Manager's compensation, the Board of Trustees review the facts and figures and determine the rate of compensation. For the key staff, the general manager gives an overview of the salaries as they compare with state and national averages with the Board, though he makes the final determination.
	Form 990, Part VI, Section C, line 19	The governing documents, conflict of interest policy, and financial statements are available upon request at Pioneer Electric Cooperative's main office in Greenville, Alabama The Cooperative's By-Laws are also available on its Website
	Form 990, Part IX, Line 4	The instructions to the 2012 Form 990 indicate that organizations exempt under Section 501(c)(12) should report patronage dividends paid to their members in Part IX, Line 4 of the Form 990. Pioneer Electric Cooperative has interpreted the words "patronage dividends paid" in the instructions to mean margins that are assigned or assignable to the members. According to Pioneer Electric Cooperative's bylaws, the net margins of the cooperative are assigned and allocated to the members. Therefore, the amount listed in Part IX, Line 4 represents the entire net margins assignable to the members for the calendar year ended December 31, 2012.
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Patronage Assignment of Current Year Margins to Members 3,200,055
	Form 990, Part XII, Line 2	Proneer Electric Cooperative's financial statement year end differs from its tax year end. The cooperative receives audited financial statements on an annual basis for the year ended June 30th

DLN: 93493135068133 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates Identifying number Name(s) shown on return Form 990 Page 10 Pioneer Electric Cooperative Inc 63-0033945 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) · · · · · · 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0 - If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 .▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 2,242,520 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .__. Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period deduction property service only—see instructions) 19a 3-year property **b** 5-year property **c** 7-year property **d** 10-year property **e** 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MMS/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real property ΜМ Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c40-year 40 yrs ММ S/L **Summary** (see instructions) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 2,242,520 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form **4562** (2012) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

Form 4562 (2012) Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? (c) (i) (e) (b) Business/ (d) (f) (g) (h) Elected Basis for depreciation Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) period deduction service basis Convention use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -S/L -S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (f) (a) (d) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 1 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Ouestions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization Code A mortizable A mortization for Description of costs amortization period or this year amount section begins percentage

42 A mortization of costs that begins during your 2012 tax year (see instructions)

44 Total. Add amounts in column (f) See the instructions for where to report

43 Amortization of costs that began before your 2012 tax year

43

44