DLN: 93493194003112

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)

2011

OMB No 1545-0047

Open to Public

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

		I					Inspection
		2011 calendar year, or tax year beginning 01-01-2011 and ending 12-	31-2011	1	D Employe	er ide	ntification number
_	eck if ap dress cha	WOODRUFF ELECTRIC COOPERATIVE CORP			71-019	530	n
_	me char	Doing Business As		·	E Telephoi		
_					(870)6	33-2	262
_	tıal retur	PO BOY 1619	Room/suite				\$ 43,870,360
_	rmınated			. •			
Am —	nended r	eturn City or town, state or country, and ZIP + 4 FORREST CITY, AR 72335					
- Ap	plication	pending					
		F Name and address of principal officer		<b>H(a)</b> Is thus	a group r	eturn	
		BILLY C MARTIN III 3190 N WASHINGTON STREET		affiliat	es?		⊤Yes 🔽 No
		FORREST CITY, AR 723359578		H(b) Are all	affiliates in	ıclude	ed?
				If"No	," attach a	list	(see instructions)
<b>r</b> Ta	ıx-exem	pt status	527	H(c) Group	exemptio	n nur	mber ►
J W	ebsite	:► WWW WOODRUFFELECTRIC COM					
<b>K</b> For	m of ora	anization		L Year of for	nation 1937	7 M	State of legal domicile AR
	rt I	Summary					otato or logal dominono 7 in
		Briefly describe the organization's mission or most significant activities					
		O MAKE ELECTRIC ENERGY AVAILABLE TO IT'S MEMBERS AT TH		т соsт со	NSISTENT	r wit	TH SOUND
9	<u> </u>	CONOMY AND GOOD MANAGEMENT					
Governance	-						
<u>=</u>	_						
5	2	Check this box দ if the organization discontinued its operations or dis	posed of r	more than 2!	5% of its n	et as	sets
	3 1	Number of voting members of the governing body (Part VI, line 1a)				з	9
က် ယ	4 1	Number of independent voting members of the governing body (Part VI,	lıne 1b)			4	0
Ė	5 T	otal number of individuals employed in calendar year 2011 (Part V, lin	e 2a) .			5	93
ACTIVITIES &	6 T	otal number of volunteers (estimate if necessary)				6	
4	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12				7a	0
	Ь №	Net unrelated business taxable income from Form 990-T, line 34				7b	
				Prior	Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	[		2,357,52	20	0
Ē	9	Program service revenue (Part VIII, line 2g)		43,116,01	8 ا	43,305,021	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			510,41	. 7	450,259
二	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 13		-4,39	77	9,189	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column			45,979,55	۱ ۵	43,764,469
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).			73,373,33	<del>"</del>	73,707,707
	14	Benefits paid to or for members (Part IX, column (A), line 4)	ŀ	5,034,290			4,876,419
	15	Salaries, other compensation, employee benefits (Part IX, column (A))		3,034,290			4,070,419
\$	13	5–10)	,		4,762,17	'4	4,895,805
<u>a</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)				$\perp$	0
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	[		36,183,09	₹4	33,992,245
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), lin	ie 25)		45,979,55	58	43,764,469
	19	Revenue less expenses Subtract line 18 from line 12					0
8 8 9 8			Ī	Beginning		: [ ]	End of Year
9.45 9.45		Tabal accepts (Davit V. June 15)			e <b>ar</b> 25 252 54	+	
4 B	20	Total labilities (Part X, line 16)			35,252,56		141,393,921
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			80,108,44 55,144,12		81,893,712 59,500,209
	122 1211	Signature Block			33,144,12	. 2	39,300,209
		Signature block ties of perjury, I declare that I have examined this return, including accompa	nuina sah	dulas and st	atamonto a	nd to	the best of my
now	ledge a	and belief, it is true, correct, and complete. Declaration of preparer (other the					
(now	ledge.						
		*****		30:	2.06.10		
Sigr		Signature of officer		Da	. <u>2-06-19</u> :e		
Her		BILLY C MARTIN III PRESIDENT/CEO					
		Type or print name and title					
		Preparer's L Date	Che	eck if	Preparer's	taxpa\	ver identification number
Paid		signature JEFF L WICKER CPA 2012-07-09	self-		(see instru		
	arer's	Firm's name (or yours  THOMAS SPEIGHT & NOBLE CPA'S	pioyeu F			_	
•	Only	ıf self-employed),			EIN 🕨		
_ •	····· <b>y</b>	address, and ZIP + 4 PO BOX 17167			Phone no	) (Q.	
		JONESBORO, AR 724036721					
Мау	the IRS	5 discuss this return with the preparer shown above? (see instructions)					▼ Yes

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

-011	n 990 (2011)			Page <b>2</b>
Pa		Service Accomplishmer a response to any question in		r
	Briefly describe the organization's n MAKE ELECTRIC ENERGY AVAILABI OD MANAGEMENT	nission		ITH SOUND ECONOMY AND
2	Did the organization undertake any s the prior Form 990 or 990-EZ? . If "Yes," describe these new service			on
3	Did the organization cease conducti services?	ng, or make significant change:		
4	Describe the organization's program expenses Section 501(c)(3) and 50 grants and allocations to others, the	1(c)(4) organizations and sect	tion 4947(a)(1) trusts are required	to report the amount of
4a	(Code ) (Expenses PROVIDE ELECTRICITY - RURAL AREAS	\$ 43,764,469 including	grants of \$ ) (Reve	nue \$ )
4b	(Code ) (Expenses	\$ including g	grants of \$ ) (Reven	ue \$ )
<b>4</b> c	(Code ) (Expenses	\$ including g	grants of \$ ) (Reven	ue \$ )
4d	Other program services (Describe (Expenses \$	ın Schedule O ) ıncludıng grants of \$	) (Revenue \$	)
4e	Total program service expenses▶\$	43,764,469		

Part IV	Checklist o	f Rec	uired	Sche	dules

	•		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		No
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? If "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 2	8		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		Νo
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? 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	Yes	
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		No
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
е	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? If "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		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, Part I	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 U S? If "Yes," complete Schedule F, Part 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, Part 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	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		Νo
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? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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		
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, 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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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
	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? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line $2$	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Complia	ance	•				
	Check if Schedule O contains a response to any question in this Part V						

			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	<b>1b</b> 0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities			
	account)?	4a		No
b	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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		
·a	organization solicit any contributions that were not tax deductible?			- N O
b	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).	ОВ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?	<u> </u>		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	   7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
)	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.			
	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		
	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 Enter			
	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 )			
2a	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			
3	year  Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	the states in which the organization is licensed to issue qualified health plans  Enter the aggregate amount of reserves on hand	1		
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI 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.

Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . .

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
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		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
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
40-	Ded the consequence have been been been been shown in the consequence of the beauty	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did 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?			
	The organization's CEO, Executive Director, or top management official	15a		No
Ь	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	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

- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 WOODRUFF ELECTRIC COOPERATIVE CORP HIGHWAY 1 NORTH FORREST CITY, AR 723359578

# 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, 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, 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 org	anızatıon nor any re	lated o	rganı	zatıc	ons	compe	nsat	ed any current or fo	ormer officer, direct	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er aı	e bo ıs bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) W WAYNE BEADLES DIRECTOR	7 40	х						29,108	14,959	0
(2) JA WAMPLER DIRECTOR	4 60	х						17,289	16,785	0
(3) JACK CAPERTON III DIRECTOR	8 00	х						30,892	0	0
(4) CHARLES C BURROW III DIRECTOR	7 30	х						27,858	0	0
(5) AB THOMPSON JR DIRECTOR	6 10	х						27,310	0	0
(6) JERRY BROWN DIRECTOR	3 50	х						22,608	0	0
(7) JOE WHITTENTON III DIRECTOR	4 20	х						21,908	0	0
(8) JIMMY N BICKERSTAFF DIRECTOR	3 50	х						21,758	0	0
(9) J BYRON PONDER DIRECTOR	6 40	х						14,252	0	0
(10) BILLY C MARTIN III PRES/CEO	60 00			Х				190,173	8,555	83,522

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

	<b>(A)</b> Name and Tıtle	(B) A verage hours per week (describe	unles an	on (d e thai	n on son er ai	e bo ıs b nd a	x, oth		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		Estima amount o compen from organizat	ated of other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organıza	
							_							
												4		
							<u> </u>					+		
												+		
												+		
												+		
												+		
								<u> </u>				+		
1b	Sub-Total			<del></del>	<u> </u>	٠.		<u> </u>				1		
С	Total from continuation sheets							<b>&gt;</b>						
	Total (add lines 1b and 1c) .  Total number of individuals (incli							) who	rocolyc	403,156	40,2	99		83,522
2	\$100,000 of reportable compens					teu	above	) WIIC	receive	iu iliole tila	111			
													Yes	No
3	Did the organization list any <b>forr</b> on line 1a? <i>If</i> "Yes," complete Sch	•			•	•			_			ı _		
4	For any individual listed on line 1											3		No
	organization and related organiza											4	Yes	
5	Did any person listed on line 1a	receive or accru	ie comį	pensa	tion	fror	many	unrel	lated org	janization (	or individual for	-+	165	
	services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suci	h pers	son .		•	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Compe	
PO BO	TREE SERVICE 0X 55362									ROW MAIN	ĬΤ		1	.,573,248
AECI PO BO	E ROCK, AR 72215 CONSTRUCTION SERVICES DX 194208 E ROCK, AR 72219									SUBSTATION	CONS			840,864
UTILI PO BO	TY SUPPORT SYSTEMS DX 265									POLE INSPEC	CTION			380,788
DAFFI	GLASVILLE, GA 30133  RON & ASSOCIATES INC UTION PLACE									COMPUTER	MAINT			112,339
BOLIN	IG GREEN, MO 63334									COPIFOTER	, a.v.			112,337
PO BO	X 1000 HIS, TN 38148									ENGINEERIN	G			103,107

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

\$100,000 of compensation from the organization  $\blacktriangleright$ 5

Part V	7444	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
듄등	Ь	Membership dues 1b				
ಕ್ಕಾ	c	Fundraising events 1c				
∳ स्ट ≝						
<u> </u>	d	Related organizations 1d				
<u>∞</u> '≣	e	Government grants (contributions) 1e				
돌쬬	f	All other contributions, gifts, grants, and <b>1f</b>				i i
草屋		similar amounts not included above				
불통	g	Noncash contributions included in				
돌		lines 1a-1f \$				
ठॅ व	h	Total. Add lines 1a-1f				
nu n		Business Code				
Ě	2a	OPERATING REVENUES	41,591,423	41,591,423		
e Ke	ь	COT AND OTHER CARTAL CREDITS				
<u> </u>	"	G&T AND OTHER CAPITAL CREDITS	1,699,268	1,699,268		
<u> </u>	C	NONOPERATING REVENUES	14,330	14,330		
<u>.</u> -	d					
Q)	e					
Program Service Revenue	f	All other program service revenue				<del>                                     </del>
8	'	All other program service revenue				
Δ	g	<b>Total.</b> Add lines 2a – 2f	43,305,021			
	3	Investment income (including dividends, interest				
		and other similar amounts)	450,259	450,259		
	4	Income from investment of tax-exempt bond proceeds				
	5					
	3	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income				
	l .	or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount from sales of				
		assets other				
	Ь	than inventory Less cost or				
	"	other basis and				
	_	sales expenses Gain or (loss)				
	C	L. L				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
÷		events (not including				
듄		\$ of contributions reported on line 1c)				
<u>6</u>		See Part IV, line 18				
Other Revenue		a				
<u>a</u>	b	Less direct expenses b				
₹	c	Net income or (loss) from fundraising events				
_	9a	Gross income from gaming activities				
	"	See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances .				
		a   115,080				
	ь	Less cost of goods sold <b>b</b> 105,891				
	c	Net income or (loss) from sales of inventory	9,189	9,189		
		Miscellaneous Revenue Business Code		•		
	11a	Business Code				
		<u> </u>				<u> </u>
	b					
	c					<u>                                       </u>
	d	All other revenue				
	e	<b>Total.</b> Add lines 11a-11d				
		▶				
	12	Total revenue. See Instructions	10 75	40 -61 -11		
	1		43,764,469	43,764,469		ı l

#### Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 4,876,419 5 Compensation of current officers, directors, trustees, and 403,156 key employees . . . 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 4,492,649 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . Other employee benefits . . . . . . 10 Fees for services (non-employees) 11 Management . . . . . . Legal . . . . . . . . . . Accounting . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 26,708,448 g 12 Advertising and promotion . . . . Office expenses . . . . . . 13 Information technology . . . . . 14 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . . 19 Conferences, conventions, and meetings . . . . Interest . . . . . . . . . . . . 3,750,727 20 21 Payments to affiliates . . . . . . . 22 Depreciation, depletion, and amortization . . . . . 3,533,070 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) b d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 43,764,469 0 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

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			371,015	1	291,937
	2	Savings and temporary cash investments $\ldots$ $\ldots$ .			10,397,271	2	11,711,011
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,413,743	4	3,722,908
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		1 4958(f)(1)) and			
76		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
88	8	Inventories for sale or use			1,303,509	8	1,452,865
⋖	9	Prepaid expenses and deferred charges			299,897	9	398,733
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	129,372,728			
	b	Less accumulated depreciation	10b	23,088,970	103,122,178	10c	106,283,758
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		16,276,523	12	17,485,279	
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			68,431	15	47,430
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			135,252,567	16	141,393,921
	17	Accounts payable and accrued expenses .			2,050,360	17	2,244,160
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20	_		
	21	Escrow or custodial account liability Complete Part IV of Schedu		21			
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ig:		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			74,923,545	23	76,114,137
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par	ed thu t X of	rd parties, Schedule	2 424 540	25	2 525 445
		D			3,134,540	25	3,535,415
	26	Total liabilities. Add lines 17 through 25			80,108,445	26	81,893,712
Balances		Organizations that follow SFAS 117, check here ► ☐ and comp through 29, and lines 33 and 34.	olete I	ines 27			
lar	27	Unrestricted net assets				27	
8	28	Temporarily restricted net assets				28	
Fund	29	Permanently restricted net assets				29	
Ŧ		Organizations that do not follow SFAS 117, check here ► 🔽 ar	nd con	nplete			
2		lines 30 through 34.			245 000		245 770
¥5	30	Capital stock or trust principal, or current funds			215,980		215,770
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			47,987,182		52,501,085
	32	Retained earnings, endowment, accumulated income, or other fu	ınds		6,940,960		6,783,354
Net	33	Total net assets or fund balances			55,144,122	33	59,500,209
	34	Total liabilities and net assets/fund balances			135,252,567	34	141,393,921

Par	Check if Schedule O contains a response to any question in this Part XI			. <del> </del>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		425	764,469
2	Total expenses (must equal Part IX, column (A), line 25)	2			764,469
3	Revenue less expenses Subtract line 2 from line 1	3		,	,
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		55,1	144,122
5	Other changes in net assets or fund balances (explain in Schedule O)	5		4,3	356,087
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		59,5	500,209
Par	T XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Schedule O		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	ne	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		

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 71-0195390

Name: WOODRUFF ELECTRIC COOPERATIVE CORP

### Form 990, Special Condition Description:

**Special Condition Description** 

DLN: 93493194003112

OMB No 1545-0047

Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Name of the organization **Employer identification number** WOODRUFF ELECTRIC COOPERATIVE CORP 71-0195390

Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds o	r Accounts. Complete if the
	organization answered Tes to Form 55	(a) Donor advised funds	(b	•) Funds and other accounts
1	Total number at end of year		`	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi		or advis	ed Yes V No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for ar	ny other	☐ Yes ☐ No
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	o Form	990, Part IV, line 7.
2	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  Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year.	on or pleasure)  Preservation of an Preservation of a c	ertified	historic structure
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	۔ rred, released, extinguished, or terminate:	d by the	e organization during
	the taxable year 🛌			
4	Number of states where property subject to conserva	ation easement is located be		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— dling of v	/iolations, and
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents du	ring the year 🗠
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	the year
•	<b>▶</b> \$			
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of sec	tion	┌ Yes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	stateme	ents that describes
Par	Complete if the organization answered '		or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furt	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financ	ial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1			<b>-</b> \$

**b** Assets included in Form 990, Part X

Par	Organizations maintaining Collections of Art,	піѕ	TOF	cai ii	eas	ures, or our	er Sili	IIIar As	2612 (	continuea)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ne fol	lowing	that a	re a sıgnıfıcant	use of	ts collec	tion	
a	Public exhibition	d	Γ	Loan	orex	hange program	ıs			
b	Scholarly research	e	Γ	Other	r					
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain Part XIV	n hov	w the	y furthe	er the	organızatıon's	exempt	purpose	ın	
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p						mılar		┌ Yes	√ No
Pai	<b>TEXT IV</b> Escrow and Custodial Arrangements. Complet Part IV, line 9, or reported an amount on Form 990	te ıf	the	organ	ızatıo		Yes" to	Form 9	990,	
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	diary	ford	ontribu	itions	or other assets	not		┌ Yes	√ No
b	If "Yes," explain the arrangement in Part XIV and complete the fo	ollow	ving t	able						
								Ar	nount	
C	Beginning balance					10				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form 990, Part X, line	21?							│ Yes	✓ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete if the organization (a)Current Year		wer Prior					line 10. Tears Back	(e)Four	Years Back
1a	Beginning of year balance				<u> </u>	,	,			
b	Contributions									
c	Investment earnings or losses									
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 year end balance held as	5								
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
За	Are there endowment funds not in the possession of the organization	tion	that	are held	d and	admınıstered fo	r the		_	
	organization by							32	(i) Ye	s No No
	(i) unrelated organizations		•		•			. 3a	• •	No
ь	If "Yes" to 3a(II), are the related organizations listed as required							. 3		No
4	Describe in Part XIV the intended uses of the organization's endo									
Pai	t VI Land, Buildings, and Equipment. See Form 990	), Pa	rt X	, line :	10.					
	Description of property			Cost or s (invest		(b)Cost or other basis (other)		ccumulated reciation	(d)	3ook value
1a	Land					1,274,92	6			1,274,926
b	Buildings					2,217,28	5	923,78	1	1,293,504
c	Leasehold improvements									
d	Equipment					8,871,84	6	5,367,59	6	3,504,250
e	Other	1				117,008,67	1	16,797,59	3	100,211,078
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column	n (B)	). line	10(c).				<b>&gt;</b>		106,283,758

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)	. ,	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶	17,485,279		
Part VIII Investments—Program Related. See	Form 990, Part X, line :	13.	
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip	tion		(b) Book value
Table (Calumer (b) a bould arrived a cooperation of the cooperation of	<i>-</i>		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X		<u> </u>	
1 (a) Description of Liability			
	(b) Amount		
Federal Income Taxes			
CONSUMER DEPOSITS	1,423,072		
ACCRUED PROPERTY TAX	953,891		
PATRONAGE CAPITAL PAYABLE	609,214		
ACCRUED STATE SALES TAX	241,266		
EMPLOYEES VACATION	162,637		
ACCRUED INTEREST PAYABLE	132,602		
OTHER	12,733		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	3,535,415		

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	1ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,764,469
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43,764,469
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,014,161
9	Total adjustments (net) Add lines 4 - 8	9	5,014,161
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,014,161
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	43,902,211
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 XIV) 2d 137,742		
e	Add lines <b>2a</b> through <b>2d</b>	2e	137,742
3	Subtract line <b>2e</b> from line <b>1</b>	3	43,764,469
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	43,764,469
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	38,888,050
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	38,888,050
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 XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	4,876,419
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	43,764,469
	+ VIV Supplemental Information		1 73,704,

#### Part XIV Supplemental Information

Complete 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	, , , , , , , , , , , , , , , , , , ,	UNBILLED REVENUE 136,494 MISCELLANEOUS 1,248 ALLOCATED CAPITAL CREDITS 4,876,419
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	UNBILLED REVENUE 136,494 MISCELLANEOUS 1,248
	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	ALLOCATED CAPITAL CREDITS 4,876,419

#### **Additional Data**

Software ID: Software Version:

**EIN:** 71-0195390

Name: WOODRUFF ELECTRIC COOPERATIVE CORP

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
ARKANSAS ELECTRIC COOP CORP-PATR	13,887,100	С
NRUCFC - CTC	1,515,924	С
ARKANSAS ELECTRIC COOP INC-PATR CAP	1,178,053	С
NRUCFC - CAPITAL CREDIT CERTIFICATE	464,660	С
FEDERATED RURAL ELECTRIC INS CORP	273,770	С
SPECIAL FUNDS	92,808	С
AR RURAL ELECT SELF INS TRUST	37,350	С
ERMO PATRONAGE - AECI	14,558	С
COBANK - EQUITY PATRONAGE	13,706	С
FARMERS COOP OF LEE COUNTY - EQUITY	3,900	С
NRUCFC - MEMBERSHIP	1,000	С
ENERGY CONSERVATION ELEC COOP	1,000	С
COBANK EQUITY INVESTMENT	1,000	С
AUGUSTA IND DEVELOPMENT CORP	250	С
AR STATE ELECT COOP-MEMBER FEE	100	С
AECI - MEMBERSHIP FEE	100	С

**Compensation Information** 

DLN: 93493194003112

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** 

WOO	DDRUFF ELECTRIC COOPERATIVE CORP					
			71-01	95390		
Pa	rt I Questions Regarding Compensati	ion				
					Yes	No
1a	Check the appropriate box(es) if the organization p	provided a	ny of the following to or for a person listed in	Form		
	990, Part VII, Section A, line 1a Complete Part	•	•			
	First-class or charter travel	Γ	Housing allowance or residence for person	al use		
	Travel for companions	Γ	Payments for business use of personal res	ıdence		
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, ch	ıef)		
b	If any of the boxes in line 1a are checked, did the			: or		
_	reimbursement orprovision of all the expenses de			1b		-
2	Did the organization require substantiation prior t officers, directors, trustees, and the CEO/Execut			2		
3	Indicate which, if any, of the following the organiza					
	organization's CEO/Executive Director Check all	I that apply				
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation co	nmittee		
4	During the year, did any person listed in Form 990 or a related organization	0, Part VII	, Section A , line $1a$ with respect to the filing	) organization		
а	Receive a severance payment or change-of-contr	rol paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplen	nental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item in Part I	II		
	Only 501(c)(3) and 501(c)(4) organizations only	must com	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section compensation contingent on the revenues of $\ensuremath{E}$	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 compensation contingent on the net earnings of $% \left\{ 1,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$	A, 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 payments not described in lines 5 and 6? If "Yes,			7		
8	Were any amounts reported in Form 990, Part VII					
	subject to the initial contract exception described in Part III	ın Kegs :	section 53 4958-4(a)(3)? If "Yes," describ	e <b>8</b>		
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebutt	able presumption procedure described in Re	gulations <b>9</b>		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
(1) BILLY C MARTIN III	(ı) (ıı)	190,173		8,555	19,504	64,018	273,695 8,555	

Schedule J (Form 990) 2011 Page **3** 

### 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

Identifier	Return Reference	Explanation

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493194003112

**Employer identification number** 

# **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 lines 38a or 40b.

OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule L (Form 990 or 990-EZ)

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Complete if the organizat  (a) Name of disqu				1					r arc v , n		(c)
(a) Name of disqu	uaiiiieu	person			<b>(b)</b> Desc	ription	of trans	action		Yes	No
											_
Enter the amount of tax impos section 4958		_						<b>b</b>			
								•	· \$		
Enter the amount of tax, if any	, on line	2, abov	ve, reimburs	sed by th	e organization .			•	* *	a	
3 Enter the amount of tax, If any	, on line  From 1  zation a  (b) Lo  or fro	2, abov	ve, reimburs	sed by th sons. Form 990 ginal	e organization .		 n 990-E	Z, Part V  (f) Approving by boar commit	/ed d or	a (g)Writt	
Loans to and/or in Complete of the organization of interested person and	, on line  From 1  zation a  (b) Lo  or fro	Interenswered oan to m the	sted Pers	sed by th sons. Form 990 ginal	e organization .	 , or Forr (e) ]	 n 990-E	(f) Approv	/ed d or	(g)Writt	
Enter the amount of tax, if any  Loans to and/or if  Complete if the organiz  Name of interested person and	, on line  From 1  zation a  (b) Lo  or fro  organi	Interenswered oan to m the zation?	sted Pers	sed by th sons. Form 990 ginal	e organization .	, or Forr (e) I	n 990-E In It?	(f) Approv by boar commit	/ed d or tee?	<b>(g)</b> Writt agreeme	nt?
Enter the amount of tax, if any  Loans to and/or if  Complete if the organiz  Name of interested person and	, on line  From 1  zation a  (b) Lo  or fro  organi	Interenswered oan to m the zation?	sted Pers	sed by th sons. Form 990 ginal	e organization .	, or Forr (e) I	n 990-E In It?	(f) Approv by boar commit	/ed d or tee?	<b>(g)</b> Writt agreeme	nt?
Loans to and/or in Complete of the organization of interested person and	, on line  From 1  zation a  (b) Lo  or fro  organi	Interenswered oan to m the zation?	sted Pers	sed by th sons. Form 990 ginal	e organization .	, or Forr (e) I	n 990-E In It?	(f) Approv by boar commit	/ed d or tee?	<b>(g)</b> Writt agreeme	nt?
Loans to and/or in Complete of the organization of interested person and	, on line  From 1  zation a  (b) Lo  or fro  organi	Interenswered oan to m the zation?	sted Pers	sed by th sons. Form 990 ginal amount	e organization .	, or Forr (e) I	n 990-E In It?	(f) Approv by boar commit	/ed d or tee?	<b>(g)</b> Writt agreeme	nt?
Enter the amount of tax, if any  Interested person and purpose	, on line From 1 zation a	Interenswered oan to m the zation?	ested Pers d "Yes" on F  (c)Orig principal a	sed by the sons. Form 990  ginal amount	, Part IV, line 26 (d)Balance due	, or Forr (e) I	n 990-E In It?	(f) Approv by boar commit	/ed d or tee?	<b>(g)</b> Writt agreeme	nt?
Enter the amount of tax, if any  ITTII Loans to and/or if  Complete if the organiz  Name of interested person and purpose	, on line  From I zation a  (b) Lo or fro organii  To	Interenswered oan to m the zation?  From	csted Pers d "Yes" on F (c)Orig principal a	sed by the sons. Form 990  ginal amount	e organization .  , Part IV, line 26  (d)Balance due	, or Forr (e) I defau Yes	m 990-E	(f) Approv by boar commit	/ed d or tee?	<b>(g)</b> Writt agreeme	nt?
Enter the amount of tax, if any  ITTII Loans to and/or if  Complete if the organiz  Name of interested person and purpose  al	, on line From I zation a  (b) Lo or fro organii  To	Interenswered oan to m the zation?  From  inefitted answered oan to m the zation?	(c)Original and incomplete the control of the contr	sed by the sons. Form 990  ginal amount  sested Form 970  ginal amount	e organization .  , Part IV, line 26  (d)Balance due	, or Forr (e) 1 defau Yes	m 990-E In It? No	(f) A pprov by boar commit Yes	/ed d or tee? No	<b>(g)</b> Writt agreeme	No

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BILLY C MARTIN III	BOARD MEMBER	8,555	AECC/AECI BRD MEMBER		No

## Part V Supplemental Information

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

Identifier Return Reference Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493194003112

OMB No 1545-0047

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.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization WOODRUFF ELECTRIC COOPERATIVE CORP

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

71-0195390

ldentifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	PRIOR YEAR INFORMATION REGARDING BENEFITS PAID TO OR FOR MEMBERS (LINE 14, PG 1) HAS BEEN CHANGED DUE TO RECENT INTERPRETATION OF IRS INSTRUCTIONS THIS CHANGE WAS NECESSARY TO MAINTAIN CONSISTENCY OF INFORMATION REPORTED
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	MEMBERS
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE DOCUMENTS OR BY LAWS REGARDING COMPENSATION OF OFFICERS AND GOVERNING BODY
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	INTERNAL REVIEW BY ACCOUNTING STAFF, PRESIDENT/CEO, AND GOVERNING BODY
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE TO THE PUBLIC AT THEIR REQUEST
ADDITIONAL INFORMATION	FORM 990, PART XI	RETIREMENT OF CAPITAL CREDITS, CHANGE IN MEMBERSHIPS, AND OTHER MISC