DLN: 93493227008003

Form **990**

Department of the Treasury Internal Revenue Service

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)

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

2012

Open to Public Inspection

A Fo	r the	2012 ca	lendar year, or tax year beginniı	ng 01-01-2012 , 2012, and ending	12-31-2012					
B Ch	eck if a	applicable	C Name of organization FIRST ELECTRIC COOPERATIVE CO	DRPORATION		D Emplo	oyer ider	itification number		
☐ Ad	dress cl	hange	Doing Business As			71-0	056715	j		
∏ Na	me cha	ange	Dolling Dusiness As							
∏ Inı	tıal retu	ım	•	mail is not delivered to street address) Roo	m/suite	E Teleph	one numl	per		
Г Te	rmınate	ed	1000 S JP WRIGHT LOOP ROAD			(5.0.1	(501)982-4545			
☐ An	nended	return	City or town, state or country, and JACKSONVILLE, AR 720765264	ZIP + 4		(301	7 7 0 2 4	3+3		
ГАр	plicatio	n pending	JACKSONVILLE, AK 720703204			G Gross	receipts \$	178,861,789		
				F Name and address of principal officer H(a) Is this						
			BRUCE ANDREWS 1000 S JP WRIGHT LOOP	ROAD		affiliates?		┌ Yes 🗸 No		
			JACKSONVILLE, AR 7207	765264	Н(b)	Are all affiliate	es inclu	ded?		
		npt status		◀ (insert no)		If "No," attacl	n a list	(see instructions)		
				(Insert no) 4947(a)(1) 01 527	— H(c)	Group exemp	tıon nun	nber ►		
J W	ebsite	e: ► W\	WW FIRSTELECTRIC COOP							
			n 🔽 Corporation 🗌 Trust 🗀 Associati	on Cther 🕨	L Yea	r of formation 1	937 M	State of legal domicile AR		
Pa	rt I	Sun	nmary							
				ion or most significant activities ND AFFORDABLE ELECTRIC SERV	ICE TO MEN	IDEDC OF TH	E COO!	DED A TIVE		
e e		TO PRO	TVIDE QUALITY, RELIABLE AT	ND AFFORDABLE ELECTRIC SERV	ICE TO MEN	IBERS OF TH	L COOF	LKATIVE		
E E										
Ë	,	Chack t	this how T if the organization d	liscontinued its operations or dispos	and of more t	han 25% of its	not ac	cotc		
Governance	-	CHECK	ins box Fig. If the organization of	iscontinued its operations of dispos	sed of filore t	11a11 25 70 01 10	s ilet as:	sets		
	3	Number	of voting members of the gover	nıng body (Part VI, lıne 1a)			3	9		
Activities &	4	Number	of independent voting members	of the governing body (Part VI, line	e 1b)		4	7		
Ĭ	5	Total nu	umber of individuals employed in	calendar year 2012 (Part V, line 2	a)		5	300		
্ব	6 Total number of volunteers (estimate if necessary)						6	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34						7a	768		
	b	Net unr	elated business taxable income	from Form 990-1, line 34	· · · ·		7b	Current Year		
	8	Contr	abutions and grants (Part VIII	line 1 h)		Prior Year	0	Current Year		
ē		8 Contributions and grants (Part VIII, line 1h)				172,267,		174,419,638		
Rayenue	10	_		in (A), lines 3, 4, and 7d)		2,272,		2,696,649		
Ë	11	O the	r revenue (Part VIII, column (A)), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,375,	.283	1,271,868		
	12			venue—add lines 8 through 11 (must equal Part VIII, column (A), line			262	170 200 155		
	13			t IX, column (A), lines 1-3)		175,915,263		178,388,155		
	14			IX, column (A), line 4)		16,177,		21,595,247		
	15			vee benefits (Part IX, column (A), lir						
Expenses		5-10				16,369,		17,266,576		
₹	16a		-	, column (A), line 11e)			0	0		
ठ	b		undraising expenses (Part IX, column (_	112.260	F.C.F.	139,511,791		
	17 18			, lines 11a-11d, 11f-24e) ust equal Part IX, column (A), line 2						
	19			e 18 from line 12	· -	173,913,	0	178,388,155		
<u>~~</u>	1	.,,,,,				inning of Curre	ent			
Net Assets or Fund Balances						Year		End of Year		
Ass. Ba	20		assets (Part X, line 16)			417,646,		430,941,061		
2 N	21		liabilities (Part X, line 26) .			224,575,		223,712,004		
	22 rt 111	_	nature Block	t line 21 from line 20	•	193,070,	.003	207,229,057		
				kamined this return, including accon	nnanving sch	edules and sta	atement	s and to the best of		
my k	nowle	dge and		mplete Declaration of preparer (oth						
		***	***	2013-08-13						
Sigi		Sign	nature of officer	Date						
Her			JCE ANDREWS CFO e or print name and title							
		17	Print/Type preparer's name	Preparer's signature	Date	Charle F .	PTIN			
Pai	d	L	WILLIAM M MILLER		2013-08-13	3CII CITIPIO YCU	P00439			
	u pare		Firm's name BOLINGER SEGARS G	ILBERT AND MOSS LLP		Firm's EIN 🕨 7	75-088203	37		
	On		Firm's address ► 8215 NASHVILLE AVEN	IUE		Phone no (80	6) 747-38	06		
	. •	· · ·	LUBBOCK, TX 79423							

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

✓ Yes 厂No

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		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? <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		Νo
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		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 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? If "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	Yes	
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "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 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 direct or indirect 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		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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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?	38	Yes	

GП	Statements Regarding Other IRS Filings and Tax Compliance			_
	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 263			-110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
а	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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		3-		NI a
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
ı	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	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			
	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		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	 		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
1	organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions?	oa		INC
,	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		
	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		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	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.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12			
	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)			
	Section 4947(a)(1) non-everynt charitable tweete. Is the everyntation films form 000 in liquid form 10413	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," optor the amount of tax-exempt interest received or asserted during the	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	134		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) 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. Section 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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
	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.)
		evenu	ye Cod	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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 taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 ▶BRUCE ANDREWS 1000 S JP WRIGHT LOOP ROAD JACKSONVILLE, AR (501)982-4545

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

CHAIRMAN	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
(1) ROBERT HILL CHAIRMAN (2) AV (2) LARRY WOOD (3) ROBERT MAERTEINS (4) 100 Y SWAFFAR (4) 100 Y SWAFFAR (5) JIMME CROCKETT (5) JIMME CROCKETT (6) PEGEY CUSICK (7) TOM HASTY JR (7) TOM HASTY JR (8) ROBERT WAS AV (8) ROBERT WAS AV (9) ROBERT WAS AV (10) ROBERT WAS AV (10) ROBERT WAS AV (10) JIMME CROCKETT (10) LARRY WOOD (10) JIMME CROCKETT (11) LARRY WAS AV (10) JIMME CROCKETT (11) LARRY WAS AV (11) LARRY WAS AV (11) LARRY WAS AV (12) LARRY WAS AV (13) LARRY WAS AV (14) LARRY WAS AV (15) LARRY WAS AV (16) LARRY WAS AV (17) JAMES S BRANSCUM (18) AV (18)		organizations below	Individual trustee or director		Officei	Key employee	Highest compensated employee	Former			organızatıon and related	
CHAIRMAN (2) LARRY WOOD (3) ROBERT MARRTENS (3) ROBERT MARRTENS (4) JODY SWAFFAR (4) JODY SWAFFAR (5) JIMBIE CROCKETT (6) Z3/12-12/31/12) (5) JIMBIE CROCKETT (6) PEGGY CUSICK (6) PEGGY CUSICK (7) TOM HASTY JR (8) RICK LOVE (8) RICK LOVE (8) RICK LOVE (9) DAVID LIEBKE (10) DON CRABBE (10) DON CRABBE (10) DON CRABBE (11) GRAD FORD (12) SRUCE ANDREWS (13) JOHATHAN JOYCE (14) JOHATHAN JOYCE (15) JOHATHAN JOYCE (16) THEORORE JR (16) JOHATHAN JOYCE (16) JOHATHAN JOYCE (17) JOHATHAN JOYCE (18) RICK HAPP (14) LARRY HARP (14) LARRY HARP (15) JOHATHAN JOYCE (15) JOHATHAN JOYCE (16) JOHATHAN JOYCE (17) JOHATHAN JOYCE (16) JOHATHAN JOYCE (17) JOHATHAN JOYCE (18) RICK HAPP (19) CORPORED JR (10) JOHATHAN JOYCE (17) JOHATHAN JOYCE (18) GOOD (19) GROUP JR (18) JOHATHAN JOYCE (19) JOHATHAN JOYCE (19) JOHATHAN JOYCE (110) JOHATHAN JOYCE (110) JOHATHAN JOYCE (110) JOHATHAN JOYCE (111) JOHATHAN JOYCE (112) GRUCE ANDREWS (113) JOHATHAN JOYCE (114) LARRY HARP (145) LARRY HARP (147) JOHATHAN JOYCE (157) JOHN HAWKINS (158) JOHN HAWKINS (159) JOHN HAWKINS (159) JOHN HAWKINS (159) JOHN HAWKINS (150) JOHN HAWKINS (1	(1) ROBERT HILL	8 80	×		х				34,956	0	0	
X	CHAIRMAN								ŕ			
(3) ROBERT MAERTENS		5 80	×		x				38,053	0	0	
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DIRECTOR	(5) JIMMIE CROCKETT	4 30	x						30,737	0	0	
DIRECTOR (7) TOM HASTY JR 5 30 X DIRECTOR (8) RICK LOVE (9) DAVID LUEBKE (10) DAVID LUEBKE (11) DAN CRABBE (12) BRAD FORD (13) JONATHAN JOYCE (13) JONATHAN JOYCE (14) LARRY HARP (15) JONATHAN JOYCE (16) THEODORE DEWEESE JR (16) THEODORE DEWEESE JR SERVICEMAN (17) JAMES S BRANSCUM (17) JAMES S BRANSCUM (17) JAMES S BRANSCUM (17) JAMES S BRANSCUM (17) JOMES S BRANSCUM (17) JOMES S BRANSCUM (17) JOMES S BRANSCUM (18) JONATHAN JOYCE (10) DON CRABBE (11) DON CRABBE (12) JONATHAN JOYCE (13) JONATHAN JOYCE (14) LARRY HARP (15) JOHN HAWKINS (17) JONES S BRANSCUM (18) JONATHAN JOYCE (18) DON CRABBE (19) DON CRABBE (18) DON	DIRECTOR								ŕ			
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(8) RICK LOVE 6 90 X 33,428 0 0 0 DIRECTOR (9) DAVID LUEBKE 5 20 X 32,256 0 0 0 DIRECTOR (10) DON CRABBE 45 00 X 373,677 0 378,644 PRESIDENT/CEO (11) BRAD FORD 45 00 X 184,809 0 116,228 COO (12) BRUCE ANDREWS 45 00 X 200,981 0 101,077 CFO (13) JONATHAN JOYCE 45 00 X 149,585 0 132,229 VP - ENGINEERING X 147,642 0 144,558 CREW CHIEF (16) THEODORE DEWEESE JR 60 00 X 116,017 0 23,708 SERVICEMAN 45 00 X 106,086 0 48,383	DIRECTOR		×						29,256	0	0	
(9) DAVID LUEBKE DIRECTOR (10) DON CRABBE 45 00 X X 373,677 0 378,644 PRESIDENT/CEO (11) BRAD FORD 45 00 X 184,809 0 116,228 COO (12) BRUCE ANDREWS 45 00 X 184,809 0 116,228 CFO (13) JONATHAN JOYCE 45 00 X 144,558 VP - ENGINEERING (14) LARRY HARP 45 00 X 107,708 CREW CHIEF (16) THEODORE DEWESE JR SERVICEMAN 45 00 X 106,086 0 48,383	(8) RICK LOVE	6 90	х						33,428	0	0	
X 32,256 0 0	DIRECTOR					_					_	
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X 184,809 0 116,228	PRESIDENT/CEO					_					·	
COO (12) BRUCE ANDREWS	(11) BRAD FORD	45 00			×				184,809	0	116,228	
X 200,981 0 101,077	COO					<u> </u>					<u>, </u>	
CFO 45 00 X 149,585 0 132,229 VP - ENGINEERING X 149,585 0 132,229 VP - ENGINEERING X 147,642 0 144,558 VP - OPERATIONS X 147,642 0 144,558 (15) JOHN HAWKINS 55 00 X 107,708 0 19,546 CREW CHIEF X 116,017 0 23,708 SERVICEMAN X 116,017 0 23,708 (17) JAMES S BRANSCUM 45 00 X 106,086 0 48,383	(12) BRUCE ANDREWS	45 00			x				200,981	0	101,077	
VP - ENGINEERING X 149,585 0 132,229 (14) LARRY HARP 45 00 X 147,642 0 144,558 VP - OPERATIONS X 147,642 0 144,558 (15) JOHN HAWKINS 55 00 X 107,708 0 19,546 CREW CHIEF X 116,017 0 23,708 SERVICEMAN X 116,017 0 23,708 (17) JAMES S BRANSCUM 45 00 X 106,086 0 48,383	CFO (42) JONATIAN JONAS										·	
VP - ENGINEERING 45 00 X 147,642 0 144,558 VP - OPERATIONS 55 00 X 107,708 0 19,546 CREW CHIEF X 116,017 0 23,708 SERVICEMAN X 106,086 0 48,383	(13) JONATHAN JOYCE	45 00					×		149,585	0	132,229	
X	VP - ENGINEERING					_					·	
VP - OPERATIONS (15) JOHN HAWKINS 55 00 X 107,708 0 19,546 CREW CHIEF (16) THEODORE DEWEESE JR 60 00 X 116,017 0 23,708 SERVICEMAN (17) JAMES S BRANSCUM 45 00 X 106,086 0 48,383	(14) LARRY HARP	45 00					×		147,642	0	144,558	
X 107,708 0 19,546	VP - OPERATIONS										<u>, </u>	
CREW CHIEF (16) THEODORE DEWEESE JR 60 00 X 116,017 0 23,708 SERVICEMAN (17) JAMES S BRANSCUM 45 00 X 106,086 0 48,383	(15) JOHN HAWKINS	55 00					×		107,708	0	19,546	
X 116,017 0 23,708 (17) JAMES S BRANSCUM	CREW CHIEF											
SERVICEMAN 45 00 X 106,086 0 48,383	(16) THEODORE DEWEESE JR	60 00					×		116.017	0.	23.708	
X 106,086 0 48,383	SERVICEMAN						<u> </u>		223,317			
	(17) JAMES S BRANSCUM	45 00					×		106 086	n	48 383	
Form 990 (2012)	DISTRICT MANAGER								100,000			

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot	not box h ar	checl k, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensatior from related organizations	on amount of o compensat ns from the		ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organiz	ated
(18) BJ SWAFFAR	0 00						l , l	44.070				
RETIRED DIRECTOR							×	11,072		이		0
							H			+		
										4		
							\vdash			+		
					_		\square			+		
										+		
							\Box			+		
										+		
1b Sub-Total						P						
c Total from continuation sheets to Part	VII, Section A					*						
d Total (add lines 1b and 1c)	<u></u>					•		1,660,790	0			964,373
Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rece	eived more than				
											Yes	No
3 Did the organization list any former offi	cer, director or	truste	e, ke	v em	יסומר	vee.o	r hıa	hest compensate	d employee			
on line 1a? If "Yes," complete Schedule 3			•		•					3	Yes	
4 For any individual listed on line 1a, is the	ne sum of report	able c	ompe	ensa	ition	and	ther	compensation fro	om the			
organization and related organizations	greater than \$1	50,000)? <i>If</i>	"Yes	s," c	omple	te Sc	hedule J for such				
ındıvıdual		• •	•	•	•	•	•			4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?									ı			
Services rendered to the organization?	i. ics, comple		Juic	J 1 01	Juc	pers	.011		L	5		No_
Section B. Independent Contracto	ors											
1 Complete this table for your five highes		ındepe	nder	ıt co	ntra	ctors	that	received more th	an \$100,000 c	of		
compensation from the organization Re		tion for	the	cale	nda	r year	end	ing with or within	the organizatio	n's t	ax year	
	(A) usiness address								(B) on of services		(C) Compen	
UTILITY LINES CONSTRUCTION INC PO BOX 827464 PH		82						POWERLINE CON		十		,347,258
AECI 1 COOPERATIVE WAY LITTLE ROCK AR 722194208								CONTRACTORS RIGHT OF WAY O	CLEARING	+		,346,652
APPLE TREE SERVICE INC 316 N CEDAR STREET NORT		72114						RIGHT OF WAY O	CLEARING			,116,715
OSMOSE UTILITIES SERVICE INC PO BOX 8000 BUFFALO	O NY 14267							POLE INSPECTIO MAPPING	N,TREATMENT, &			619,978
MULTI STATES ELECTRIC INC 15223 IRONTON RD LITT	LE ROCK AR 72206	5653						TRANSFORMER F	REPAIR	\pm		446,594
2 Total number of independent contractors	(including but i	not lim	ıted t	o th	iose	listed	abo	ve) who received	more than	T		

\$100,000 of compensation from the organization \blacktriangleright 12

Part V	/	Statement of Revenue					
		Check if Schedule O contains a respon	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
	1a	Federated campaigns 1a					314
Contributions, Giffs, Grants and Other Similar Amounts	Ь	Membership dues 1b					
3ra nou							
S. A	C	-					
Giff ilar	d	Related organizations 1d					
ığ.	e	Government grants (contributions) 1e					
ţi S z	f	All other contributions, gifts, grants, and 1f similar amounts not included above					
tributio Other	و ا	Noncash contributions included in lines					
a d		1a-1f \$					
Cont	h	Total. Add lines 1a-1f	· · · · •				
<u> </u>			Business Code				
æm	2a	SALE OF ELECTRICITY	221000	165,343,296	165,343,296		
æ	b	PATRONAGE DIVIDENDS	221000	7,941,485	7,941,485		
93	C	SERVICE FEES	221000	1,016,706	1,016,706		
<u>.</u>	d	OTHER PROGRAM REVENUE	221000	118,151	118,151		
Ē	e						
Program Serwce Revenue	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f		174,419,638			
	3	Investment income (including dividen		2,417,509			2,417,509
	4	and other similar amounts) Income from investment of tax-exempt bond	l l	2,117,303			2,117,303
	5	Royalties	proceeds •	10,867			10,867
		(i) Real	(II) Personal				21,531
	6a	Gross rents	1,262,922				
	ь	Less rental	8				
	_c	expenses Rental income	1,262,914				
		or (loss)		1 262 014	240,401	76.0	1 012 665
	d	Net rental income or (loss)		1,262,914	249,481	768	1,012,665
	7a	Gross amount from sales of assets other	(II) O ther 515,405				
	ь	than inventory Less cost or other basis and	236,265				
	c	sales expenses Gain or (loss)	279,140				
	ď	Net gain or (loss)		279,140			279,140
une		Gross income from fundraising events (not including					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 a					
the	ь	Less direct expenses b					
0	С	Net income or (loss) from fundraising	events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .	235,448				
	Ь	Less cost of goods sold b	· · · · · · · · · · · · · · · · · · ·				
		Net income or (loss) from sales of inv	237,361 entory ►	-1,913	-1,913		
	Ť	Miscellaneous Revenue	Business Code	,	, -		
	11a	2	2 2 2 3 3 2				
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue. See Instructions .	_				
	**	iotal levenue. See Instructions .	· · · · •	178,388,155	174,667,206	768	3,720,181

Form 990 (2012) Part IX Statement of Functional Expenses

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 Part IX							
	ot include amounts reported on lines 6b, o, 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	14,541						
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	21,595,247						
5	Compensation of current officers, directors, trustees, and key employees	1,618,629						
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	9,635,116						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,662,382						
9	Other employee benefits	3,576,008						
10	Payroll taxes	774,441						
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	9,965,024						
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	13,468,311						
23 24	Other expenses Itemize expenses not covered above (List							
_	of line 25, column (A) amount, list line 24e expenses on Schedule O)	04 500 000						
a	PURCHASED POWER DISTRIBUTION EXPENSE	94,538,800						
b	ADMIN & GENERAL EXP	15,652,122						
c d	UNRELATED BUS INC TAX	2,855,467						
a e	All other expenses	3,031,644						
25	Total functional expenses. Add lines 1 through 24e	178,388,155						
<u>26</u>	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 Fig if following SOP 98-2 (ASC 958-720)	170,300,133						

Part X Balance Sheet

Pai	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,317,017	1	2,402,166
	2	Savings and temporary cash investments	10,707,282	2	9,481,379
	3	Pledges and grants receivable, net		3	
Assets	4	Accounts receivable, net	13,625,031	4	11,354,765
	5	Loans and other receivables from current and former officers, directors, trustees, employees, and highest compensated employees. Complete Part II of Schedule L	key	_	
	6	Loans and other receivables from other disqualified persons (as defined under se $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing emploand sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiorganizations (see instructions) Complete Part II of Schedule L	yers	5	
	_			6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	169,311	8	143,925
	9	Prepaid expenses and deferred charges	1,306,107	9	3,262,193
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 434,91	<u>'</u>		
	b	Less accumulated depreciation	4,747 298,634,197	10c	304,148,685
	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	86,160,312	13	91,876,175
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,727,343	15	8,271,773
	16	Total assets. Add lines 1 through 15 (must equal line 34)	417,646,600	16	430,941,061
	17	Accounts payable and accrued expenses	2,741,335	17	3,932,346
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>\$</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>ge</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	191,207,364	23	187,527,709
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	30,627,038	25	32,251,949
	26	Total liabilities. Add lines 17 through 25	224,575,737	26	223,712,004
φ		Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
3uc	27	Unrestricted net assets		27	
<u> </u>	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
٥	30	Capital stock or trust principal, or current funds	696,230	30	707,350
ets ets	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
Assets	32	Retained earnings, endowment, accumulated income, or other funds	192,374,633	32	206,521,707
Net A	33	Total net assets or fund balances	193,070,863	33	207,229,057
	34	Total liabilities and net assets/fund balances	417,646,600	34	430,941,061
		rotar nabilities and het assets/fulla balances	417,040,000	34	450,341,001

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				 고
	Check in Schedule & Contains a response to any question in this vare XI	· ·		•	• •,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		178,3	388,155
2	Total expenses (must equal Part IX, column (A), line 25)	2			888,155
3	Revenue less expenses Subtract line 2 from line 1	3		2,0,0	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			1026	
5	Net unrealized gains (losses) on investments	5		193,0	70,863
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		14,1	158,194
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		207,2	229,057
Par	t XII Financial Statements and Reporting	•	,		
	Check if Schedule O contains a response to any question in this Part XII				. 区
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	ırate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it 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 th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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DLN: 93493227008003

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Open to Public Inspection

	e of the organization FELECTRIC COOPERATIVE CORPORATION		Employer identification number					
TKS	LLLCTRIC COOPERATIVE CORPORATION		71-0056715					
Pa	Organizations Maintaining Donor Ad organization answered "Yes" to Form 990), Part IV, line 6.	<u> </u>					
		(a) Donor advised funds	(b) Funds and other accounts					
L	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
1	Aggregate value at end of year							
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		or advised Yes No					
5	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit?							
Par	Conservation Easements. Complete i	f the organization answered "Yes" to	Form 990, Part IV, line 7.					
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education) Preservation of an Preservation of a c	ertified historic structure					
•	easement on the last day of the tax year	a quanned conservation contribution in the	ie form of a conservation					
		Γ	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 hist	oric structure included in (a)	2c					
d	Number of conservation easements included in (c) ac historic structure listed in the National Register	quired after 8/17/06, and not on a	2d					
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	d by the organization during					
	the tax year 🛌							
ŀ	Number of states where property subject to conserva	tion easement is located ►	_					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ling of violations, and Yes No					
5	Staff and volunteer hours devoted to monitoring, insper-	ecting, and enforcing conservation easem	ents during the year					
7	Amount of expenses incurred in monitoring, inspectin	g, and enforcing conservation easements	during the year					
3	►\$ Does each conservation easement reported on line 20 and section 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	(ion 170(h)(4)(B)(i)					
9	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the		expense statement, and					
	the organization's accounting for conservation easem	ents						
ar	Organizations Maintaining Collection Complete if the organization answered "		or Other Similar Assets.					
La	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	r research in furtherance of public					
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	ets held for public exhibition, education, o						
	(i) Revenues included in Form 990, Part VIII, line 1		► \$					
	(ii) Assets included in Form 990, Part X		►\$					
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS		'					
а	Revenues included in Form 990, Part VIII, line 1	, , , <u></u>	▶ \$					

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	itori	<u>cai ii</u>	<u>reası</u>	ures, or O	tne	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, cł	neck	any of	the fol	lowing that a	are a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	orex	change progi	rams			
ь	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y furthe	er the	organızatıor	ı's ex	cempt purpose i	n	
5	During the year, did the organization solicit o	or receive donation	s of ar	t, his	torıcal	treas	ures or othe	rsım	nılar		
	assets to be sold to raise funds rather than t	o be maintained as	part	of the	organ	ızatıor	n's collection	۱?		Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ıtıons	or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing	able		Г				
							-		Am	ount	
с	Beginning balance						-	1c			
d	Additions during the year						_	1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•					ļ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	n has	been ¡	provided in F	art :	KIII		Γ
Pa	rt V Endowment Funds. Complete										
	Parameter of a sample lands	(a)Current year	(b) Prior	year	b (c)	Two years back	((d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance							+			
b	Contributions							╆			
С	Net investment earnings, gains, and 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 curr	ent year end balan	ce (lır	ne 1g	, colum	n (a))	held as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment 🕒										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	_		that	are hel	d and	administere:	d for	the	Yes	No
	(i) unrelated organizations					•		•	3a(_	<u> </u>
L	(ii) related organizations							•	3a(
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the					•		•	3b	<u> </u>	<u> </u>
	t VI Land, Buildings, and Equipme					10					
T G	Description of property	inc. See Form 7.	50, 10	(a)	Cost or of the cost of the cos	other	(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d) Bo	ok value
1- '	and			\vdash			2.604	436		+	2 694 426
	and		•	\vdash			3,684 14,159		4,660,947	†	3,684,426
	_easehold improvements		•	\vdash			14,159	,011	4,000,947	+	9,498,664
	Equipment		•				411,384	75.8	126,103,800	79	5,280,958
	Other			\vdash			5,684	_	120,100,000		5,684,637
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	gual Form 990. Part	X, colu	ımn (B), line	10(c).			>	+	4,148,685
		-,	, 50,0	(- ,, .,,,	(-)	<i>,</i> · · ·	-	<u> </u>		., , 000

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		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)		
Part VIII Investments—Program Related. Se		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	. ,	Cost or end-of-year market value
See Additional Data Table		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	91,876,175	
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri	ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
CONSUMER DEPOSITS AND PREPAYMENTS	6,280,919	
INTEREST PAYABLE	914,790	
ACCUMULATED PROVISION FOR PENSIONS AND		
OTHER POST-RETIREMENT BENEFITS	18,530,911	
DEFERRED CREDITS	832,172	
OTHER CURRENT AND ACCRUED LIABILITIES	1,806,239	
ACCRUED PROPERTY TAXES	2,700,000	
ACCRUED COMPENSATED ABSENCES	1,186,918	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	32,251,949	
2 Fin 48 (ASC 740) Footpote In Part VIII provide the tex		

	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per F	Return
1	Total revenue, gains, and other support per audited financial statements	1	178,395,663
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	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	2e	7,508
3	Subtract line 2e from line 1	3	178,388,155
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	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	178,388,155
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s pe	r Return
1	Total expenses and losses per audited financial statements	1	156,800,416
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII) 2d 7,508	<u>s</u>]	
e	Add lines 2a through 2d	2e	7,508
3	Subtract line 2e from line 1	3	156,792,908
4	A mounts 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	4c	21,595,247
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	178,388,155

Part XIII 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, 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
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	THE COOPERATIVE FOLLOWS THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES
Part XI, Line 2d - Other Adjustments		TOWER RENTAL EXPENSES ALLOCATED TO TOWER RENTAL INCOME 8 GENERAL EXPENSES RECLASSED TO NON-OPERATING MARGINS 7,500
Part XII, Line 2d - Other Adjustments		TOWER RENTAL EXPENSES ALLOCATED TO TOWER RENTAL INCOME 8 GENERAL EXPENSES RECLASSED TO NON-OPERATING MARGINS 7,500
Part XII, Line 4b - Other Adjustments		PATRONAGE CAPITAL ASSIGNABLE 21,595,247
		Part IX THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART IX, LINE 15 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BEEN LEFT BLANK Part XIII, Line 4B PATRONAGE CAPITAL ASSIGNABLE - \$21,595,247 FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE DIVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL STATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPECT OF HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BASIS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED ON TO BE ALLOCATED TO THE MEMBERS IS REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS PROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

Additional Data

Software ID: Software Version:

EIN: 71-0056715

Name: FIRST ELECTRIC COOPERATIVE CORPORATION

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 - CFC	5,339,802	С
(2) PATRONAGE CAPITAL - AECC	66,631,970	С
(3) PATRONAGE CAPITAL - AECI	4,891,041	С
(4) PATRONAGE CAPITAL - NISC	316,437	С
(5) PATRONAGE CAPITAL - FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE	391,058	С
(6) PATRONAGE CAPITAL - NRTC	61,930	С
(7) PATRONAGE CAPITAL - ARESIT	290,289	С
(8) CAPITAL TERM CERTIFICATES - CFC	12,579,845	C
(9) MEMBER CAPITAL SECURITIES	1,000,000	С
(10) INVESTMENT IN CRC	20,778	С
(11) OTHER INVESTMENTS	3,200	С
(12) ENERGY EFFICIENCY LOANS	131,586	С
(13) EXECUTIVE COMPENSATION OFFSET	218,239	С

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General Information on Grants and Assistance

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545-0047

DLN: 93493227008003

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization FIRST ELECTRIC COOPERATIVE CORPORATION

Employer identification number

71-0056715

		o Governments and received					l "Yes" to
a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
FIRST ELECTRIC TRUST 00 SOUTH JP WRIGHT OP ROAD CKSONVILLE,AR 72076	31-1586917	501(C)(3)	8,891				TO PAY FOR DIRE OPERATING EXPENSES OF THE TRUST

I	Grants and Other Assistance to Individuals in the United States. Complete if the organization answere	d "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	·	,

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Schedule I, Part II	COOPERATIVES	ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE

Schedule I (Form 990) 2012

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DLN: 93493227008003

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

Compensation Information

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

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.		Inspection
Name of the organization FIRST ELECTRIC COOPERATIVE CORPORA	NTION	Employer ident if	fication number
		71-0056715	

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	□ Travel for companions □ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
_	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
_	The organization?	5a		
a	•			
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of			
а	The organization?	6a		
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, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	_		
	section 53 4958-6(c)?	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		(B) Breakdown of	f W-2 and/or 1099-MIS	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)DON CRABBE PRESIDENT/CEO	(i) (ii)	324,852 0	570 0	48,255 0	358,907 0	19,737 0	7 752,321 0 0	0
(2)BRAD FORD COO	(i) (ii)	167,904 0	585 0	16,320 0	100,413	15,815 0	301,037	0 0
(3)BRUCE ANDREWS CFO	(i) (ii)	185,017 0	585 0	15,379 0	89,212 0	11,865 0	302,058	0
(4)JONATHAN JOYCE VP - ENGINEERING	(i) (ii)	139,310 0	7,520 0	2,755 0	119,064 0	13,165 0	281,814	0
(5)LARRY HARP VP - OPERATIONS	(i) (ii)	134,419 0	7,400 0	5,823 0	128,743 0	15,815 0	292,200	0
(6)JAMES S BRANSCUM DISTRICT MANAGER	(i) (ii)	96,323 0	5,214 0	4 ,549 0	32,776 0	15,607 0	154,469 0	0
(7)BJ SWAFFAR RETIRED DIRECTOR	(i) (ii)	6,000 0	0 0	5,072 0	0	0	11,072	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
Identifier Supplemental Information	Part III	Part II, Column C INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEINGE QUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTION TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS DON CRABBE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$304,007 401(K) EMPLOYER MATCH 4,900 DEFERRED RETENTION PLAN 50,000 TOTAL COLUMN C 358,907 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (304,007) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 90,090 TOTAL COOPERATIVE CASH CONTRIBUTION \$144,990 BRUCE ANDREWS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$96,919 401(K) EMPLOYER MATCH 3,494 TOTAL COLUMN C 100,413 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$47,124 TOTAL COOPERATIVE CASH CONTRIBUTION \$50,618 BRAD FORD ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$47,124 TOTAL COOPERATIVE CASH CONTRIBUTION \$50,618 BRAD FORD ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (85,603) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN \$7,064 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$116,056 A01(K) EMPLOYER MATCH 3,008 TOTAL COLUMN C 119,064 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$1,605 A01(K) EMPLOYER MATCH 3,008 TOTAL COLUMN C 119,064 LESS BRANSCUM ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$125,783 401(K) EMPLOYER MATCH 2,960 TOTAL COLUMN C 128,743 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$125,783 401(K) EMPLOYER MATCH 2,960 TOTAL COLUMN C 128,743 LESS ACTUARIAL INCREASE IN DEFINED BEN
1		\$30,598

Schedule J (Form 990) 2012

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As Filed Data -

DLN: 93493227008003

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

Open to Public Inspection

Employer identification number Name of the organization FIRST ELECTRIC COOPERATIVE CORPORATION 71-0056715 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to (e)Original (f)Balance (i)Written (a) Name of (h) **(g)** In interested with organization of loan or from the principal due default? Approved agreement? person organization? amount by board or committee? Τо From Yes No Yes No Yes No Total \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (c) A mount of assistance (d) Type of assistance (b) Relationship between (e) Purpose of assistance person interested person and the organization

	Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
Complete if the organization	<u>on answered "Yes" on I</u>	<u>Form 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 reveni	: zation's ues?	
				Yes	No	
(1) ARKANSAS ELECTRIC COOPERATIVES INC	THE PRESIDENT/CEO AND A DIRECTOR OF THE COOPERATIVE SERVE ON AECI'S BOARD	13,546,549	THE COOPERATIVE PURCHASES ELECTRIC UTILITY SUPPLIES FROM ARKANSAS ELECTRIC COOPERATIVES, INC		No	
(2) ARKANSAS ELECTRIC COOPERATIVE CORP	THE PRESIDENT/CEO AND A DIRECTOR OF THE COOPERATIVE SERVE ON AECC'S BOARD	97,548,270	THE COOPERATIVE PURCHASES WHOLESALE ELECTRICITY FROM ARKANSAS ELECTRIC COOPERATIVE CORP		No	
(3) ARKANSAS RURAL ELECTRIC SELF INSURANCE TRUST	THE PRESIDENT/CEO SERVES ON THE TRUST'S BOARD	295,201	THE COOPERATIVE PURCHASES WORKER'S COMPENSATION INSURANCE FROM ARKANSAS RURAL ELECTRIC SELF INSURANCE TRUST		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

Schedule L (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493227008003

2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization FIRST ELECTRIC COOPERATIVE CORPORATION Employer identification number

71-0056715

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	BUSINESS RELATIONSHIP DON CRABBE (CEO) AND ROBERT HILL (DIRECTOR) BOTH SERVE ON THE BOARD OF ARKANSAS ELECTRIC COOPERATIVE CORPORATION (AECC) AT THE REQUEST OF AND FOR THE BENEFIT OF THE COOPERATIVE. DON CRABBE (CEO) AND RICK LOVE (DIRECTOR) BOTH SERVE ON THE BOARD OF ARKANSAS ELECTRIC COOPERATIVES, INC (AECI) AT THE REQUEST OF AND FOR THE BENEFIT OF THE COOPERATIVE.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, Iine 4	ARTICLE III, SECTION 2 AND ARTICLE V, SECTION 2 AND 3 OF THE COOPERATIVE'S BY LAWS WERE AMENDED TO PROVIDE THE CHAIRMAN OF THE BOARD THE AUTHORITY TO CALL SPECIAL MEETINGS OF THE BOARD INSTEAD OF THE PRESIDENT ARTICLE III, SECTION 6 AND ARTICLE XI, SECTION 6 OF THE COOPERATIVE'S BY LAWS WERE AMENDED TO REMOVE THE LIMITATION ON PROXY VOTING AND ALLOW PROXY VOTING ON ANY MOTION OR RESOLUTION PERTAINING TO THE DEBT OR MORTGAGING OF THE COOPERATIVE'S PROPERTY FINALLY, ARTICLE V, SECTION 3 OF THE COOPERATIVE'S BY LAWS WAS AMENDED TO INCLUDE EMAIL OR OTHER ELECTRONIC MEANS AS AN DELIVERY OPTION FOR NOTICE OF BOARD MEETINGS

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS

Identifier	Return Reference	Explanation
	VI, Section A, line 7b	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 AMENDMENTS TO THE ARTICLES OF INCORPORATION 2 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE 3 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION 4 THE DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS 5 INCREASE IN BONDED INDEBTEDNESS

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO the BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING

Identif	ier Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	ON AN ANNUAL BASIS, THE COOPERATIVE WILL REQUIRE THE BOARD OF DIRECTORS AND ITS OFFICERS TO COMPLETE AND SIGN A CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM AND SUBMIT THEM TO THE PRESIDENT/CEO AND BOARD CHAIRMAN

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Ine 15	THE BOARD OF DIRECTORS USE A RETENTION AND COMPENSATION PLAN COMMITTEE AND THE EXPERTISE OF AN INDEPENDENT COMPENSATION CONSULTANT WHEN DETERMINING THE COMPENSATION OF THE PRESIDENT/CEO THE INDEPENDENT COMPENSATION CONSULTANT ANALYZES THE COMPENSATION PAID TO THE CEOS OF ELECTRIC COOPERATIVES OF SIMILAR SIZE STATEWIDE AND NATIONWIDE. THE CEO USES THE EXPERTISE OF AN INDEPENDENT COMPENSATION CONSULTANT AND A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE COOPERATIVES OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEES, IF ANY THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT ARKANSAS AND THE NATION

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	THE COOPERATIVE PROVIDES A SUMMARIZED COPY OF THE AUDITED FINANCIAL STATEMENTS TO ALL MEMBERS OF THE COOPERATIVE PRIOR TO THE ANNUAL MEETING THE COOPERATIVE'S BY LAWS AND ANNUAL REPORT ARE ALSO AVAILABLE ON THE COOPERATIVE'S WEBSITE. THE COOPERATIVE MAKES A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS AVAILABLE AT THE ANNUAL MEETING AND UPON REQUEST OF ANY MEMBER

ldentifier	Return Reference	Explanation
INDEPENDENT DIRECTORS	Form 990, Part VI, Line 1b	RICK LOVE PER IRS FORM 990 INSTRUCTIONS IS NOT AN INDEPENDENT DIRECTOR BECAUSE HE IS ON THE BOARD OF ARKANSAS ELECTRIC COOPERATIVES, INC (AECI) THE COOPERATIVE PURCHASES ELECTRIC UTILITY SUPPLIES FROM AECI THE COOPERATIVE IS ALSO A MEMBER OF AECI AS SUCH, MR LOVE IS THE COOPERATIVE'S REPRESENTATIVE ON AECI'S BOARD MR LOVE HAS NO OWNERSHIP INTEREST IN AECI AND RECEIVES NO DIRECT OR INDIRECT BENEFIT FROM THE COOPERATIVE DOING BUSINESS WITH AECI ROBERT HILL, SR PER IRS FORM 990 INSTRUCTIONS IS NOT AN INDEPENDENT DIRECTOR BECAUSE HE IS ON THE BOARD OF ARKANSAS ELECTRIC COOPERATIVE CORP (AECC) THE COOPERATIVE PURCHASES ITS ELECTRIC ENERGY FROM AECC THE COOPERATIVE IS ALSO A MEMBER OF AECC AS SUCH, MR HILL IS THE COOPERATIVE'S REPRESENTATIVE ON AECC'S BOARD MR HILL HAS NO OWNERSHIP INTEREST IN AECC AND RECEIVES NO DIRECT OR INDIRECT BENEFIT FROM THE COOPERATIVE DOING BUSINESS WITH AECC

ldentifier	Return Reference	Explanation
TO PROVIDE DETAIL REGARDING OFFICER'S OTHER COMPENSATION	Form 990, Part VII, Column F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO 10% OF A PARTICIPATING EMPLOYEE'S BASE SALARY BASE FOR ALL EMPLOYEES HIRED IN 2006 OR LATER YEARS. FOR ALL EMPLOYEES HIRED PRIOR TO 2006 THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION OF UP TO 2% FOR ALL PARTICIPATING EMPLOYEES. ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN. CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS. ONLY EMPLOYEES HIRED PRIOR TO 2006 ARE ELIGIBLE TO PARTICIPATE IN THE MULTI-EMPLOYER DEFINED BENEFIT PLAN. THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, THROUGH A QUALIFIED PLAN. THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER OR KEY EMPLOYEE ARE COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN FOR THE OFFICER, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THE BENEFIT OF THE OFFICER OR KEY EMPLOYEE. IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN. THE PER PERSON VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED.

ldentifier	Return Reference	Explanation
PATRONAGE DIVIDENDS	Form 990, Part VIII, Line 2	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSMISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST TO COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS

ldentifier	Return Reference	Explanation
ACCOUNTING SYSTEM	Form 990, Part IX	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE UNIFORM SYSTEM OF ACCOUNTS AS PRESCRIBED BY THE FEDERAL ENERGY REGULATORY COMMISSION FOR CLASS A AND B ELECTRIC UTILITIES MODIFIED FOR ELECTRIC BORROWERS OF THE NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION (CFC) THE UNIFORM SYSTEM OF ACCOUNTS DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE WILL BREAK OUT SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 WILL BE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS

ldentifier	Return Reference	Explanation
RECONCILIATION OF WAGES PER RETURN TO FORM W-3	Part IX, Lines 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE. IN AN EFFORT TO EXPLAIN WHY THE AMOUNTS REPORTED ON LINES 5-7 DO NOT AGREE TO THE W-3 THE FOLLOWING RECONCILIATION IS PROVIDED. TOTAL PER LINES 5-7 \$11,203,745 LESS DIRECTORS FEES REPORTED ON 1099-MISC (263,213) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (545,949) PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 4,143,835 RECONCILIATION TO W-3 \$14,538,418

ldentifier	Return Reference	Explanation
BREAKDOWN OF EXPENSES INCLUDED IN ADMINISTRATIVE AND GENERAL	Form 990, Part IX, Line 24	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS ADMINISTRATIVE AND GENERAL EXPENSE ON FORM 990, PART IX, LINE 24 OFFICE SUPPLIES AND EXPENSE \$672,863 OUTSIDE SERVICES EMPLOYED 247,707 OTHER INSURANCE 194,755 ANNUAL MEETING EXPENSE 52,822 CAPITAL CREDITS EXPENSE 116,947 DIRECTOR EXPENSES 106,786 REGULATORY COMMISSION EXPENSE 366,527 MAINTENANCE OF GENERAL PLANT 508,617 MISCELLANEOUS GENERAL EXPENSE 588,443 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$2,855,467

ldentifier	Return Reference	Explanation
TO PROVIDE DETAIL REGARDING OTHER EXPENSES	Form 990, Part IX, Line 24E	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS OTHER EXPENSES ON FORM 990, PART IX, LINE 24E CUSTOMER SERVICES & ACCOUNTS \$2,749,830 TRANSMISSION EXPENSE 269,737 MISCELLANEOUS GENERAL EXPENSE 4,910 TAXES 7,167 TOTAL OTHER EXPENSES PER FORM 990, LINE 24E \$3,031,644

ldentifier	Return Reference	Explanation
BENEFITS PAID TO MEMBERS	Form 990, Part IX, Line 4	THE FORM 990 INSTRUCTIONS SPECIFICALLY STATE THAT THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS SHOULD BE REPORTED ON PART IX, LINE 4. THE HIFRASE "PATRONAGE DIVIDENDS PAID" REPERS TO THE PROCESS. SUBSEQUENT TO YEAR-BID, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS MEMBERS. THE COOPERATIVE STAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS MEMBERS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATIOS ON A COOPERATIVE DASS" AS SUBGRIPATION. ON A COOPERATIVE DASS TAX LAW DEFINES "OPERATIOS ON A COOPERATIVE DASS" AS SUBGRIPATION. OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST. THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REPERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL). TO ITS MEMBERS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLICATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR MEMBERS, AND (3) IN A FAIR AND EQUITABLE BASIS ON THE BASIS OF PATRONAGE (I.E. PURCHASES). ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVES YEAR-BID OF DECEMBER 31. EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVES YEAR-BID OF DECEMBER 31. EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS REVOLUDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE WILL OPERATE ON A NON-PROFIT BASIS, THE COOPERATIVE IS OBLICATED TO ACSULAT ON A PATRONAGE BASIS TO ALL ITS MEMBERS FOR ALL ANOUNTS RECEIVED AND RECEIVALUBE FROM THE COOPERATIVE WILL OPERATE ON A NON-PROFIT BASIS, THE COOPERATIVE IS OBLICATED TO ACCOUNT ON A PATRONAGE BASIS TO ALL ITS MEMBERS FOR ALL ANOUNTS RECEIVED AND PRECEIVALUBE FROM THE PROVISION OF ELECTRIC BHERGY IN EXCESS OF OPERATIVE IS OBLICATED TO THE MEMBERS AS CAPITAL (C) THE COOPERATIVE IS OBLICATED TO ANOUNT ON A PATRONAGE BASIS TO ALL TIME

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	NET INCREASE IN MEMBERSHIPS 11,120 OTHER COMPREHENSIVE INCOME PROVISION FOR POSTRETIREMENT BENFITS -1,287,090 UNCLAIMED CAPITAL CREDIT RETIREMENTS RETAINED PER STATE LAW 1,028,945 PATRONAGE CAPITAL RETIREMENTS -7,190,028 PATRONAGE CAPITAL ASSIGNABLE 21,595,247

ldentifier	Return Reference	Explanation
AUDIT COMMITTEE	Form 990, Part XII, Line 2c	THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO OVERSEE THE FINANCIAL STATEMENT AUDITOR

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DLN: 93493227008003

2012

Open to Public Inspection

Employer identification number

71-0056715

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization

FIRST ELECTRIC COOPERATIVE CORPORATION

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

Part I Identification of Disregarded Entities (Comple	ete if the organization	answered "Yes" to	Form 990, Part	: IV, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) nd-of-year assets	Dir	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the second control of the secon	zations (Complete if the tax year.)	he organization ar	nswered "Yes" to	o Form 990, Pa	art IV, I	line 34 because it	had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	512(tontrolle sity?
(1) FIRST ELECTRIC TRUST 1000 S JP WRIGHT LOOP ROAD JACKSONVILLE, AR 72076 31-1586917	DISBURSEMENT OF FUNDS FOR CHARITABLE PURPOSES IN THE COOP 'S SERVICE AREA	AR	501(c)(3)	Line 7	I	N/A	Tes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5 Y			Schedule R (Form	2 990) 3	012

Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate (a)															
(a) Name, address, and related organizati	EIN of on	(b) Primary activity	(c) Legal domicile (state or foreign country)	entit	et P ling inc y ex	(e) Predominant come(related unrelated, xcluded from tax under ections 512- 514)		(g) Share of ne end-of-year assets	(h Disprop r allocai	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percen owner	itage
									Yes	No		Yes	No		
Part IV Identification of Related line 34 because it had one									swere	ed "Ye	s" to Form	990,	Part	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(b) (c)			(d) Direct con entit	trolling Typ y (Co	(e) be of entity forp, S corp, or trust)	(f) Share of total income	Shar o	(g) re of end f-year assets	(h) Percent owners	age		(i) Section 5 (b)(13) controlle entity?) ≘d >
(1) FIRST ENERGY SERVICES OF ARKANSAS INC	INACTIVE			ľ	I/A	С					100 00	0 %			No No
PO BOX 5018 JACKSONVILLE, AR 72078 62-1695757		AR													

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?								
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity										
b	Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s)										
c	Gift, grant, or capital contribution from related organization(s)				1c		No				
d	Loans or loan guarantees to or for related organization(s)				1d		No				
e	Loans or loan guarantees by related organization(s)				1e		No				
f	Dividends from related organization(s)				1f		No				
g	g Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h		No				
i	Exchange of assets with related organization(s)				1i		No				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No				
ı	I Performance of services or membership or fundraising solicitations for related organization(s)										
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
0	Sharing of paid employees with related organization(s)				10	Yes					
р	Reimbursement paid to related organization(s) for expenses				1 p		No				
q	Reimbursement paid by related organization(s) for expenses				1q	Yes					
r	O ther transfer of cash or property to related organization(s)				1r		No				
s	Other transfer of cash or property from related organization(s)				1s		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds							
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount II	nvolved					
1) F:	IRST ELECTRIC TRUST - NA LESS THAN 50000	В									
2) E	IDET ELECTRIC TRUCT - NA LECC THAN EGOOD	0									
2) F.	IRST ELECTRIC TRUST - NA LESS THAN 50000										
3) F	IRST ELECTRIC TRUST - NA LESS THAN 50000	Q									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization. See instructions re	egardıng exclu	ision for ce	ertaın ınvestn	ment	partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under section 512-	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	Share of total	re of Share of tal end-of-year	end-of-year	total end-of-year	end-of-year	allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	int in managing 20 partner? edule 1		managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No							
]	l						
				ш				\	-		<u> </u>	ш							

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

EIN: 71-0056715

Name: FIRST ELECTRIC COOPERATIVE CORPORATION

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