DLN: 93493317000302

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 A For the 2011 D Employer identification number **B** Check if applicable FIRST ELECTRIC COOPERATIVE CORPORATION 71-0056715 Address change E Telephone number Doing Business As Name change (501) 982-4545 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 176,333,750 1000 S JP WRIGHT LOOP ROAD Terminated City or town, state or country, and ZIP + 4 JACKSONVILLE, AR 720765264 Amended return Application pending Name and address of principal officer Is this a group return for **BRUCE ANDREWS** 1000 S JP WRIGHT LOOP ROAD JACKSONVILLE, AR 720765264 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c)(3) ✓ 501(c) (12) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW FIRSTELECTRIC COOP K Form of organization
✓ Corporation
✓ Trust
✓ Association L Year of formation 1937 M State of legal domicile AR Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE QUALITY, RELIABLE AND AFFORDABLE ELECTRIC SERVICE TO MEMBERS OF THE COOPERATIVE Activities & Governance Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 8 Number of independent voting members of the governing body (Part VI, line 1b) . 6 4 5 285 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 0 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,453 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 2,453 **Prior Year Current Year** O 0 8 Contributions and grants (Part VIII, line 1h) . 172,823,997 172,267,919 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,910,927 2,272,061 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,245,974 1,375,283 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 175,980,898 175,915,263 13 0 6,964 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 21,569,699 16,177,870 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 15,956,512 16,369,864 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 138,454,687 143,360,565 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 175.980.898 175,915,263 19 Revenue less expenses Subtract line 18 from line 12 . 0 (Assets or delatables) **Beginning of Current End of Year** Year 407,164,574 417,646,600 20 Total assets (Part X, line 16) . . . Met./ 21 Total liabilities (Part X, line 26) 224,649,657 224,575,737 193,070,863 22 Net assets or fund balances Subtract line 21 from line 20 182,514,917 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ***** 2012-11-08 Signature of officer Sign Here BRUCE ANDREWS CFO Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's 2012-11-08 WILLIAM M MILLER (see instructions) P00439459 Paid employed 🕨 🧧 Preparer's BOLINGER SEGARS GILBERT AND MOSS LLP Firm's name (or yours EIN > 75-0882037

8215 NASHVILLE AVENUE

LUBBOCK, TX 79423

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

if self-employed), address, and ZIP + 4

Use Only

Phone no (806) 747-3806

1 0111	1 9 9 0 (.	2011)						Page Z
Par	t III			e Accomplishme nse to any question ir				
1	Brief	y describe the orga	nızatıon's mıssıon					
IMPI	ROVIN	G QUALITY OF LIF	E THROUGH RELI	ABLE AND AFFORDA	BLE ELECTRIC	SERVICE TO THE MEM	BERS	
2	the pr	or Form 990 or 990	0-EZ?			which were not listed on	┌ Yes ┌ No	
		s," describe these n						
3	servi	ces?		ike significant change		ducts, any program	┌ Yes ┌ No	
	If "Ye	s," describe these c	hanges on Schedul	e O				
4	exper	ses Section 501(c)(3) and 501(c)(4)	organizations and sec	tion 4947(a)(1	e largest program service) trusts are required to re program service reported	port the amount	
	(Code	e) (Expenses \$	ıncludıng	grants of \$) (Revenue \$)
		IDING ELECTRIC ENERG ALLOCATION OF PATRON				PROVIDED ELECTRICITY ON A	COOPERATIVE BASIS	THROUGH
4b	(Code	2) (Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4c	(Code	е) (Expenses \$	including :	grants of \$) (Revenue \$)
			(D. 1 5 :					
4d		er program services enses \$		lule O) ling grants of \$) (Revenue \$)	
4e	Tota	l program service ex	kpenses►\$					

Part IV	Checklist o	f Rec	uired	Sche	dules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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 1	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, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{7}$ If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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 hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	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, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	178			
L				
D	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			
٠	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4-		
	account)?	4a		No_
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		טכ		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6-	Does the erganization have annual gross receipts that are normally greater than #100,000, and did the			N.o.
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
а	services provided to the payor?	/a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
		75		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
u	These, indicate the number of forms 8282 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club acilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
D	year			
13	· · · · · · · · · · · · · · · · · · ·			
	Is the organization licensed to issue qualified health plans in more than one state?			
а	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is needed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand			
4.4		4.4.		NI -
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_

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

Check if Schedule i) contains a response to	any question in this Part VI										٠,١	_
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Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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 V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 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 720765264 (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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	Position more unless	on (de thar	C) o no n one son er ar	t che e bo: is bo nd a stee)	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) ROBERT HILL CHAIRMAN	9 00	х		Х				35,271	0	0
(2) LARRY WOOD VICE CHAIR	6 80	х		Х				38,645	0	0
(3) ROBERT MAERTENS SEC/TREAS	8 20	Х		Х				35,682	0	0
(4) BJ SWAFFAR DIRECTOR (1/1/11-7/5/11)	1 90	х						14,634	0	0
(5) JIMMIE CROCKETT DIRECTOR	5 30	Х						30,720	0	0
(6) PEGGY CUSICK DIRECTOR	6 40	х						26,079	0	0
(7) TOM HASTY JR DIRECTOR	6 10	Х						31,016	0	0
(8) RICK LOVE DIRECTOR	7 80	Х						33,117	0	0
(9) DAVID LUEBKE DIRECTOR	5 60	Х						31,616	0	0
(10) DON CRABBE PRESIDENT/CEO	47 00			Х				354,872	0	317,264
(11) BRAD FORD COO	45 00			Х				177,103	0	103,669
(12) BRUCE ANDREWS CFO	45 00			Х				181,582	0	87,235
(13) JONATHAN JOYCE VP - ENGINEERING	40 00					х		141,894	0	107,009
(14) LARRY HARP VP - OPERATIONS	45 00					х		141,523	0	126,905
(15) JOHN HAWKINS CREW CHIEF	59 00					х		112,489	0	15,855
(16) THEODORE DEWEESE JR SERVICEMAN	60 00					х		111,956	0	19,958
(17) TODD SCHROEDER DISTRICT MANAGER	45 00					х		101,273	0	16,374

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

(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e thar	n on son er ai	e bo ıs b nd a	x, oth		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima mount of compens from ganizat relat	ated of other sation the ion and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officel	Key employee	Highest compensated employee	Former			MISC)		reiat organiza	
											_		
											_		
											<u> </u>		
to Total from continuation sheets				•	•		*				+		
d Total (add lines 1b and 1c) .				•	•		P		1,599,472		0		794,269
2 Total number of individuals (incl \$100,000 of reportable compen					ted	above) who	receive	d more tha	n			
												Yes	No
3 Did the organization list any for on line 1a? If "Yes," complete Sci											3		No
4 For any individual listed on line organization and related organiz												W = =	
5 Did any person listed on line 1a	receive or accru	ie comp	• oensa	- ition	• ı fror	n any	- unrel	lated org	 Janization d	r individual for	4	Yes	
services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suct	h per:	son .			5		No
Section B. Independent Con	tractors												
1 Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
Nar	(A) ne and business add	dress							Descr	(B) iption of services		(C Comper	
UNDERGROUND UTILITY CONTRACTORS INC PO BOX 5095 CABOT, AR 72023									DISTRIBUTIO CONSTRUCT:			4	,904,821
AECI 1 COOPERATIVE WAY LITTLE ROCK, AR 722194208									RIGHT OF W	AY CLEARING		3	3,209,515
APPLE TREE SERVICE INC 316 N CEDAR STREET NORTH LITTLE ROCK, AR 72114									RIGHT OF W	AY CLEARING		1	.,360,717
OSMOSE UTILITIES SERVICE INC PO BOX 8000									POLE INSPEC MAPPING	TION,TREATMENT, &			649,577
BUFFALO, NY 14267 HERMAN REEVES DIRT WORKS INC 2811 STEEL BRIDGE ROAD										ION AND CLEARING			591,035

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►19

Form 99								Page 9
	/	Statement o			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated cam	ipaigns 1a					
<u> </u>	Ь	Membership du	ues 1 b					
ts. ⊞	C	_	ents 1c					
<u>≅</u> ,ਰੁ <u>ੱ</u>	d		zations 1d					
ins, Sim	e	Government grant			ļ	ļ		
e de	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above					
き	g		ibutions included in					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	🕨				
				Business Code				
Program Service Revenue	2a	SALE OF ELECTRIC	СПҮ	221000	163,294,889	163,294,889		
exe Ex	ь	PATRONAGE DIVID	DENDS	221000	7,877,636	7,877,636		
e.	c	SERVICE FEES		221000	1,095,394	1,095,394		
er E	d		_					
Ø E	e							
Za	f	All other progra	am service revenue					
ξ	g	Total. Add line:	s 2a-2f		172,267,919			
	3		come (ıncludıng dıvıden		, ,			
		and other sımıl	aramounts)	▶ [1,745,661			1,745,661
	4		stment of tax-exempt bond					
	5	Royalties .			1,718			1,718
	6a	Gross rents	(ı) Real	(11) Personal 1,377,782				
	Ъ	Less rental		606				
	_c	expenses Rental income		1,377,176				
	d	or (loss)	me or (loss)		1,377,176	235,494	3,453	1,138,229
	"	Net rental inco	(i) Securities	(II) Other	1,3.7,173	233,131	3,.33	1,130,223
	7a	Gross amount from sales of assets other than inventory	(i) decanties	681,017				
	ь	Less cost or other basis and sales expenses		154,617				
	c	Gain or (loss)		526,400	F26 400			F26 400
	d 8a	Net gain or (los	ss) from fundraising	` · · · · ▶	526,400			526,400
Other Revenue		events (not inc \$ of contributions						
L ds			а					
ŧ	b c		(loss) from fundraising	events •				
Ĭ	9a	Gross income f	from gaming activities ne 19 a					
	b c		openses b (loss) from gaming acti					
	10a	Gross sales of returns and allo		259,653				
	b c		oods sold b (loss) from sales of inv	263,264	-3,611	-3,611		
		Mıscellaneou	s Revenue	Business Code				
	11a							
	b							
	C .	A.II						
	d	All other reven						
	12		s 11a-11d	· · · · •				
	1		-		175,915,263	172,499,802	3,453	3,412,008

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) ✓ Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 6,964 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 Benefits paid to or for members 16,177,870 5 Compensation of current officers, directors, trustees, and 1,498,505 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 9,160,160 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 1,582,477 Other employee benefits 3,378,509 750,213 10 Fees for services (non-employees) 11 Management Legal Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Other 12 Advertising and promotion . . . Office expenses 13 Information technology 14 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 20 10,219,658 21 Payments to affiliates 22 Depreciation, depletion, and amortization 13,035,236 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) **PURCHASED POWER** 101,278,973 DISTRIBUTION EXPENSE 12,575,090 ADMIN & GENERAL EXP 3,194,239 **CUSTOMER SERVICE** 2,726,362 d е f All other expenses 331,007 25 Total functional expenses. Add lines 1 through 24f 175,915,263 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) (B) Beginning of year End of year 3,172,389 2,317,017 1 12.217.228 10.707.282 2 2 3 3 11.585.455 13.625.031 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 176.682 8 169.311 9 1,140,423 1,306,107 Prepaid expenses and deferred charges 421,893,988 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b b Less accumulated depreciation 123, 259, 791 290,262,400 10c 298,634,197 11 11 12 12 Investments—other securities See Part IV, line 11 13 79,725,941 13 86,160,312 Investments—program-related See Part IV, line 11 . . 14 14 8,884,056 15 4,727,343 15 407, 164, 574 417,646,600 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 4,068,976 17 2,741,335 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 193.763.682 23 191,207,364 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 26,816,999 30,627,038 25 D 26 224,649,657 26 224,575,737 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶

and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

 and complete lines 30 through 34. ö 687,745 696,230 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 181,827,172 192,374,633 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 182.514.917 33 193.070.863 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 407.164.574 34 417.646.600

Ра	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		175.9	915,263
2	Total expenses (must equal Part IX, column (A), line 25)	2			915,263
3	Revenue less expenses Subtract line 2 from line 1	3			C
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		182,5	514,917
5	Other changes in net assets or fund balances (explain in Schedule O)	5		10,5	555,946
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		193,0	70,863
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			দ	
				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
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 71-0056715

Name: FIRST ELECTRIC COOPERATIVE CORPORATION

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493317000302

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization Employer identification number FIRST ELECTRIC COOPERATIVE CORPORATION 71-005<u>6715</u> Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Раг	Organizations Maintaining Collections of Art, i	115	tori	cai	rreas	ures, or Oti	ne	Similar	ASSE	:LS (CO	<u>ntinuea)</u>
3	Using the organization's accession and other records, check any outems (check all that apply)	f th	e fol	lowi	ng that a	ire a significan	it u	se of its col	lection	า	
а	Public exhibition	d	Γ	Lo	an or ex	change progra	ms				
b	Scholarly research	е	Γ	01	:her						
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain Part XIV	how	v the	y fu	rther the	organization's	ex	empt purpo	se in		
5	During the year, did the organization solicit or receive donations or assets to be sold to raise funds rather than to be maintained as pa							ılar	Г	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 990,					n answered	"Y	es" to For	m 990),	
1a	Is the organization an agent, trustee, custodian or other intermedincluded on Form 990, Part X?	ary	ford	ont	rıbutıons	or other asse	ts r	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV and complete the fol	low	ing t	able					A		
_							_		Amou	ınt	
C	Beginning balance						.c				
d	Additions during the year					<u> </u>	.d				
e	Distributions during the year					<u> </u>	e e				
Т	Ending balance					_ 1	.f				_
2a	Did the organization include an amount on Form 990, Part X, line 2	117							ļ	Yes	No
	If "Yes," explain the arrangement in Part XIV				154 11 . 1 -	F 000 F			10		
Рa	rt V Endowment Funds. Complete if the organization a		wer Prior					t IV, IINE : Three Years Ba)Four Ye	ears Back
1a	Beginning of year balance	(-,			(3).		()		(3	<i>,</i> ,	
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year end balance held as										
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
За	Are there endowment funds not in the possession of the organizati	on t	hat	are	neld and	administered	for	the			
	organization by							Г	2 (1)	Yes	No
	(i) unrelated organizations		•	•			•	!	3a(i) 3a(ii)		
b	(ii) related organizations						•	· · · [3b	<u> </u>	
4	Describe in Part XIV the intended uses of the organization's endow						•			l	
Pai	rt VI Land, Buildings, and Equipment. See Form 990,										
	Description of property		(a)	Cost	or other estment)	(b) Cost or othe basis (other)	er	(c) Accumula		(d) Boo	ok value
1a	Land					3,684,1	52			:	3,684,152
b	Buildings					14,152,9	_	4,300	0,929		9,852,024
	Leasehold improvements					, ,	\dashv	•			· ·
	Equipment					397,763,3	07	118,958	3,862	27	8,804,445
e	Other					6,293,5	\rightarrow	<u> </u>			5,293,576
	II. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column	(B)	. lıne	100	(c).) .			▶			8,634,197

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of the of year market value
(2)Closely-held equity interests		
Other		
_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
See Additional Data Table		+
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	00/200/022	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(u) Descrip	7.011	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	<i>F</i>)	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(b) A mount	
	(b) Amount	
Federal Income Taxes		
CONSUMER DEPOSITS AND PREPAYMENTS	6,136,828	
INTEREST PAYABLE	939,379	
ACCUMULATED PROVISION FOR PENSIONS AND OTHER POST-RETIREMENT BENEFITS	15,910,545	
DEFERRED CREDITS	2,360,080	
	2,300,000	
OTHER CURRENT AND ACCOUNT ITARITY ITTEC	1 401 004	
OTHER CURRENT AND ACCRUED LIABILITIES ACCRUED PROPERTY TAXES	1,491,004	
ACCRUED PROPERTY TAXES	2,700,000	
ACCRUED PROPERTY TAXES	2,700,000	
ACCRUED PROPERTY TAXES	2,700,000	
ACCRUED PROPERTY TAXES	2,700,000	

Sched	ule D (Form 990) 2011		Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	175,915,263
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	175,915,263
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	0
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	10,555,946
9	Total adjustments (net) Add lines 4 - 8	9	10,555,946
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,555,946
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	175,923,003
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	7,740
3	Subtract line 2e from line 1	3	175,915,263
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	175,915,263
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	159,745,133
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	7,740
3	Subtract line 2e from line 1	3	159,737,393
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 XIV)		
c	Add lines 4a and 4b	4c	16,177,870
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	175,915,263
Par	XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X	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 8 - Other Adjustments		NET INCREASE IN MEMBERSHIPS 8,485 OTHER COMPREHENSIVE INCOME PROVISION FOR POSTRETIREMENT BENFITS -1,868,491 UNCLAMINED CAPITAL CREDIT RETIREMENTS RETAINED PER STATE LAW 51,852 PATRONAGE CAPITAL RETIREMENTS - 3,813,770 PATRONAGE CAPITAL ASSIGNABLE 16,177,870 Total to Schedule D, Part XI, Line 8 10,555,946
Part XII, Line 2d - Other Adjustments		TOWER RENTAL EXPENSES ALLOCATED TO TOWER RENTAL INCOME 606 GENERAL EXPENSES RECLASSED TO NON-OPERATING MARGINS 7,134
Part XIII, Line 2d - Other Adjustments		TOWER RENTAL EXPENSES ALLOCATED TO TOWER RENTAL INCOME 606 GENERAL EXPENSES RECLASSED TO NON-OPERATING MARGINS 7,134
Part XIII, Line 4b - Other Adjustments		PATRONAGE CAPITAL ASSIGNABLE 16,177,870
		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 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 OR 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
PATRONAGE CAPITAL - CFC	4,937,411	С
PATRONAGE CAPITAL - AECC	61,291,620	С
PATRONAGE CAPITAL - AECI	4,890,602	С
PATRONAGE CAPITAL - NISC	288,050	C
PATRONAGE CAPITAL - FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE	425,741	С
PATRONAGE CAPITAL - NRTC	63,675	С
PATRONAGE CAPITAL - ARESIT	219,828	С
CAPITAL TERM CERTIFICATES - CFC	12,654,360	С
MEMBER CAPITAL SECURITIES	1,000,000	С
INVESTMENT IN CRC	20,778	С
OTHER INVESTMENTS	3,200	С
ENERGY EFFICIENCY LOANS	191,709	C
EXECUTIVE COMPENSATION OFFSET	173,338	C

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Schedule I

(Form 990)

Department of the Treasury

ta - DLN: 93493317000302

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

2011

Open to Public
Inspection

Internal Revenue Service Employer identification number Name of the organization FIRST ELECTRIC COOPERATIVE CORPORATION 71-0056715 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed............... (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (f) Method of (g) Description of (h) Purpose of grant (e) A mount of nonorganization section valuation non-cash assistance or assistance grant cash or government ıf applıcable assistance (book, FMV, appraisal, other)

(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 assistanc

Part IV Supplem	Supplemental Information. Complete this part to provide the information required in Part I, line 2, 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							

DLN: 93493317000302

OMB No 1545-0047

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

FIRST ELECTRIC COOPERATIVE CORPORATION

Employer identification number

71-0056715

Pa	It I Questions Regarding Compensati	ion			
				Yes	Νo
1 a		provided any of the following to or for a person listed in Form 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		e organization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain	1b		
2	•	to reimbursing or allowing expenses incurred by all cive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organize organization's CEO/Executive Director Check al	Il that apply			
	Compensation committee	Written employment contract			
	✓ Independent compensation consultant	✓ Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	0, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	rol payment?	4a		Νo
b	Participate in, or receive payment from, a suppler	mental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity	/-based compensation arrangement?	4c		Νo
	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 compensation contingent on the revenues of \ensuremath{E}	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III	Ţ			
6	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of $% \left\{ 1,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,	A , line 1a, did the organization provide any non-fixed ," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	I, paid or accured pursuant to a contract that was d in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebuttable presumption procedure described in Regulations			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

	ζ= , (= , ,) (= , ,) (= , ,) (= , ,) (= ,)									
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ		
(1) DON CRABBE	(I) (II)	307,136 0	555 0	·	298,726 0	18,538 0	672,136 0	0		
(2) BRAD FORD	(I) (II)	162,231 0	570 0	· · · · · · · · · · · · · · · · · · ·	89,141 0	14,528 0	280,772 0	0		
(3) BRUCE ANDREWS	(I) (II)	177,637 0	570 0	3,375 0	75,434 0	11,801 0	268,817 0	0 0		
(4) JONATHAN JOYCE	(ı) (ıı)	138,715 0	568 0		92,358 0	14,651 0	248,903	0 0		
(5) LARRY HARP	(I) (II)	136,587 0	600 0		110,591 0	16,314 0	268,428 0	0 0		

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Information		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, HO WEVER, 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 BEING EQUAL 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 \$293,826 401(K) EMPLOYER MATCH 4,900 TOTAL COLUMN C 298,726 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (293,826) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 83,568 TOTAL COOPERATIVE CASH CONTRIBUTION \$88,468 BRAD FORD ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$85,783 401(K) EMPLOYER MATCH 3,358 TOTAL COLUMN C 89,141 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (85,783) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 44,411 TOTAL COOPERATIVE CASH CONTRIBUTION \$47,769 BRUCE ANDREWS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$1,825 ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 47,871 TOTAL COOPERATIVE CASH CONTRIBUTION \$51,480 JONATHAN JOYCE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$89,470 401(K) EMPLOYER MATCH 2,888 TOTAL COLUMN C 92,358 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (89,470) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 37,944 TOTAL COOPERATIVE CASH CONTRIBUTION TO DEFINED BENEFIT PLAN (107,746) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN (107,746)

Schedule J (Form 990) 2011

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DLN: 93493317000302

OMB No 1545-0047

Schedule L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

2011

Open to Public Inspection

Name of the organization FIRST ELECTRIC COOPERATIVE CORPORA	TION						E	mployer i	dent if ica	tion numb	er
THE ELECTRIC COST ENTITE CORT OF THE	1011						7	1-00567	15		
Part I Excess Benefit Trai											
Complete If the organizat	ion ans	wered "	Yes" on Forr	n 990, F I	Part IV, line 25a d	or 25b,	or Form	990-EZ,	Part V , I	ine 40b	(-)
1 (a) Name of disq	ualıfıed	person		(b) Description of transaction					Cor	(c) rected?	
		F			(2) 5 6 5 6	pc	. or crano	400.011		Yes	No
2 Enter the amount of tax impos section 4958		ne orgai		-	disqualified pers		_	year unde	r · s		
3 Enter the amount of tax, if any	, on line	2, abo	ve, reimburs	ed by th	e organization .			🕨	\$		
Part II Loans to and/or I Complete if the organiz) Part IV line 26	or Fo	rm 990-l	F7 Part V	line 38	а	
		oan to	1		,,,		, , ,	(f)	,		
(a) Name of interested person and	1 ' '	m the	(c)0 rig	ınal	() > 5	(e)		Approv		(g)Writi	
purpose	organı	zation?	principal a		(d)Balance due	dela	default? by board or committee?		agreement?		
	То	From				Yes	No	Yes	No	Yes	No
	<u> </u>										
							_				
	+						+				
	1						1				
「otal				▶ \$	•						
Part IIII Grants or Assistar Complete if the orga						/ line	27				
					een interested per						
(a) Name of Interested pers	on		an	d the or	ganızatıon		(c) An	nount or g	rant or ty	pe of assi	stance
		_									

Part IV Business Transactions Involving Interested Persons.

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

arıng of zatıon's nues?
No
No
No
No

Part V Supplemental Information

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493317000302

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.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization	Employer ident if i	cation number
FIRST ELECTRIC COOPERATIVE CORPORATION		
	71-0056715	

ldentifier	Return Reference	Explanation
RECLASSIFICATION OF BENEFITS PAID TO MEMBERS	Form 990, Part I, Line 14	THE INSTRUCTIONS FOR THE 2011 FORM 990 CLARIFY THAT "BENEFITS PAID TO MEMBERS" SHOULD INCLUDE THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS OF SECTION 501(C)(12) COOPERATIVES CONSISTENT WITH THIS CLARIFICATION IN THE INSTRUCTIONS, THE COOPERATIVE HAS REPORTED ON PART I, LINE 14 FOR THE CURRENT YEAR THE AMOUNT OF PATRONAGE DIVIDENDS PAID AND/OR ALLOCATED TO THE COOPERATIVE'S MEMBERS FOR THE 2011 CALENDAR YEAR SINCE PART I SUMMARIZES BOTH PRIOR AND CURRENT YEAR DATA, THE COOPERATIVE HAS CHOSEN TO ALSO REPORT ON PART I, LINE 14 FOR THE PRIOR YEAR THE AMOUNT OF PATRONAGE DIVIDENDS PAID AND/OR ALLOCATED TO THE MEMBERS FOR THE 2010 CALENDAR YEAR BECAUSE THE INSTRUCTIONS FOR THE 2010 FORM 990 DID NOT PROVIDE FOR SUCH A CLARIFICATION, THE 2010 FORM 990 WAS NOT PREPARED IN THIS MANNER HOWEVER, SINCE THE COOPERATIVE DID IN FACT ALLOCATE PATRONAGE DIVIDENDS TO ITS MEMBERS FOR THE 2010 CALENDAR YEAR, IT BELIEVES THAT BOTH THE PRIOR YEAR AND CURRENT YEAR COLUMNS OF PART I SHOULD BE PREPARED CONSISTENTLY IN ORDER TO REFLECT THAT THE COOPERATIVE HAS A PRE-EXISTING OBLIGATION TO ALLOCATE, AND DOES ALLOCATE, PATRONAGE DIVIDENDS TO ITS MEMBERS FOR EACH YEAR THAT IT OPERATES FOR THE BENEFIT OF THE MEMBERS

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, line 4	ARTICLE III, SECTION 4 OF THE COOPERATIVE'S BY LAWS WAS AMENDED TO REDEFINE THE DEFINITION OF A QUORUM TO FIVE PERCENT OF THE MEMBERS PRESENT IN PERSON OR VOTING BY MAIL ARTICLE IV, SECTION 1,2,3, AND 4 OF THE COOPERATIVE'S BY LAWS WERE AMENDED TO REMOVE OUTDATED LANGUAGE, UPDATE THE ELIGIBILITY QUALIFICATIONS FOR A DIRECTOR, AND SPECIFY THE NUMBER OF MEMBERS NEEDED FOR AN INDIVIDUAL TO BE NOMINATED, AND PLACED ON THE BALLOT FOR THE BOARD OF DIRECTORS

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
	· ·	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION 3 THE DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS 4 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

Identifie	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 COOPERATIVE, 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 8% 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	Form 990, 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 \$10,658,665 LESS DIRECTORS FEES REPORTED ON 1099-MISC (276,780) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (508,168) PLUS WAGES ALLOCATED TO RENTAL ACTIVITIES 400 PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 4,226,406 RECONCILIATION TO W-3 \$14,100,523

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 \$560,290 OUTSIDE SERVICES EMPLOYED 182,027 OTHER INSURANCE 195,089 ANNUAL MEETING EXPENSE 52,258 CAPITAL CREDITS EXPENSE 62,083 DIRECTOR EXPENSES 391,071 REGULATORY COMMISSION EXPENSE 357,909 MAINTENANCE OF GENERAL PLANT 1,124,804 MISCELLANEOUS GENERAL EXPENSE 268,708 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$3,194,239

ldentifier	Return Reference	Explanation
TO PROVIDE DETAIL REGARDING OTHER EXPENSES	Form 990, Part IX, Line 24f	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS OTHER EXPENSES ON FORM 990, PART IX, LINE 24F TRANSMISSION EXPENSE \$319,099 MISCELLANEOUS GENERAL EXPENSE 4,910 TAXES 6,998 TOTAL OTHER EXPENSES PER FORM 990, LINE 24F \$331,007

BENEFITS PART V. Line PART V. L	ldentifier	Return Reference	Explanation
	PAID TO	Part IX, Line	DIVIDENDS PAID TO THE MEMBERS SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS MEMBERS THE COOPERATIVES TAX EXEMPT PURPOSE IS TO PROVIDE LECTRICITY TO ITS MEMBERS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATING ON A COOPERATIVE BASIS" AS SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL), TO ITS MEMBERS PATRONAGE DIVIDENDS (ALSO REFERRED 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 OBLIGATION, (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 Y FAR END OF DECEMBER 31 EACH ONE OF THE ESERGUREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE SY BY LAWS AND IS SUMMARIZED AS FOLLOWS (A) IN ORDER TO INDUCE PATRONAGE AND TO ASSURE THAT THE COOPERATIVE WILL OPERATE ON A NON-PROFIT BASIS, THE COOPERATIVE IS OBLIGATED TO ACCOUNT ON A PATRONAGE BASIS TO ALL ITS MEMBERS FOR ALL AMOUNTS RECEIVED AND RECEIVED AND RECEIVAL BE FROM THE PURNISHING OF ELECTRIC ENERGY IN EXCESS OF OPERATIVE IS CONTROL OF THE COOPERATIVE IS OBLIGATED TO ACCOUNT ON A PATRONAGE BASIS TO ALL ITS MEMBERS FOR ALL AMOUNTS RECEIVED WITH THE UNDERSTANDING THAT THEY ARE FURNISHED BY THE MEMBER AS CAPITAL (C) THE COOPERATIVE IS OBLIGATED TO PAY BY CREDITS TO A CAPITAL ACCOUNT OF RAY MEMBERS FRAIL HAVE THE SAME STATUS AS THOUGH THAT THEY ARE FURNISHED BY THE MEMBER IN CASH IN PURSUANCE OF A LEGAL OBLIGATION TO DO SO AND

ldentifier	Return Reference	Explanation
	Form 990, Part XI, line 5	NET INCREASE IN MEMBERSHIPS 8,485 OTHER COMPREHENSIVE INCOME PROVISION FOR POSTRETIREMENT BENFITS -1,868,491 UNCLAMINED CAPITAL CREDIT RETIREMENTS RETAINED PER STATE LAW 51,852 PATRONAGE CAPITAL RETIREMENTS -3,813,770 PATRONAGE CAPITAL ASSIGNABLE 16,177,870 Total to Form 990, Part XI, Line 5 10,555,946

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 AUDIT AND SELECT THE INDEPENDENT FINANCIAL STATEMENT AUDITOR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493317000302 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

Schedule R (Form 990) 2011

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FIRST ELECTRIC COOPERATIVE CORPORATION

(Form 990)

▶ 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.

				71-0056715			
Part I Identification of Disregarded Entities (Com	plete ıf the organızatıor	answered "Yes"	on Form 990, Par	t IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) nd-of-year assets	(f) Direct controlling entity		
			+ +				
Part II Identification of Related Tax-Exempt Organor more related tax-exempt organizations during		the organization	answered "Yes" o	on Form 990, Pari	t IV, line 34 becaus		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(controlled organization	
						Yes	No
(1) FIRST ELECTRIC TRUST 1000 S JP WRIGHT LOOP ROAD JACKSONVILLE, AR 72076 31-1586917	DISBURSEMENT OF FUNDS FOR CHARITABLE PURPOSES IN THIS COOP 'S SERVICE AREA	AR	501(c)(3)	Line 7	N/A		No

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) (j) Code V—UBI General or managing Schedule K-1 (Form 1065)		ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
											1/	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) FIRST ENERGY SERVICES OF ARKANSAS INC PO BOX 5018 JACKSONVILLE, AR 72078 62-1695757	INACTIVE	AR	N/A	С			100 000 %

(5)

(6)

Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Yes	" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV									
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organi	ızatıons lısted ın Part	s II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity									
b	b Gift, grant, or capital contribution to related organization(s)									
C	c Gift, grant, or capital contribution from related organization(s)									
d	Loans or loan guarantees to or for related organization(s)			10	1		No			
e Loans or loan guarantees by related organization(s)										
_					_	_	No			
	f Sale of assets to related organization(s)									
	Purchase of assets from related organization(s)			19	_		No			
	Exchange of assets with related organization(s)			11	_	_	No			
i	Lease of facilities, equipment, or other assets to related organization(s)			1	+	_	No			
i	Lease of facilities, equipment, or other assets from related organization(s)			1	+	_	No			
-	k Performance of services or membership or fundraising solicitations for related organization(s)									
	Performance of services or membership or fundraising solicitations by related organization(s)									
	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
	Sharing of paid employees with related organization(s)			11	†	\dashv	No			
o	Reimbursement paid to related organization(s) for expenses			10	,	+	No			
р	p Reimbursement paid by related organization(s) for expenses									
q	Other transfer of cash or property to related organization(s)			10	1		No			
r	O ther transfer of cash or property from related organization(s)			1	r		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	(b)		on thresholds (d)						
	(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determ	ıınıng	amou	nt			
(1) F	IRST ELECTRIC TRUST - NA LESS THAN 50000	P								
2)										
3)										
4)										
				1						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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 regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of Share of total income assets		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General managi partner		eral or agıng		
			314)	Yes	No			Yes	No		Yes	No		
													·	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011