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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**First Electric Trust**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

1000 South JP Wright Loop Road

City or town, state or country, and ZIP + 4

Jacksonville, AR 72076**D** Employer identification number**31-1586917****E** Telephone number**501-982-4545****F** Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► **N/A****J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	80,703
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ reported on line 1) of contributions	6a	0
	b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ►)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	80,703	
Expenses	10	Grants and similar amounts paid (attach schedule) SCHEDULE #1	10	48,700
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	13,338
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	6,661
	16	Other expenses (describe ► Schedule #2)	16	4,055
	17	Total expenses. Add lines 10 through 16	17	72,754
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,949
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	34,925
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	42,874

Part II Balance Sheets. (If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.)

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	34,925	42,874
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	34,925	42,874
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,925	42,874

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

6-08-10-16-17-18

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SCANNED DEC 07 2010

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28	Schedule #1		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	72,754
29			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ►	32	72,754

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41	List the states with which a copy of this return is filed. ▶ None		
42a	The organization's books are in care of ▶ Bruce Andrews Telephone no. ▶ 501-982-4545 Located at ▶ 1000 South JP Wright Loop Road ZIP + 4 ▶ 72076-5264		
b	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)?	42b	✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** 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 **46** ☐ **Yes** ☒ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☒ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☒ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☒ **No**
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ **Yes** ☒ **No**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

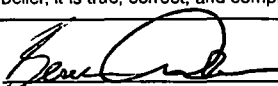
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **f**

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **d**

Sign Here	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.			
	 Signature of officer		4/11/2010 Date	
	Bruce Andrews, CFO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No			

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

First Electric Trust

Employer Identification number

31 1586917

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,121	66,540	66,863	80,033	80,703	361,260
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	67,121	66,540	66,863	80,033	80,703	361,260
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						91,234
6 Public support. Subtract line 5 from line 4.						270,026

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	67,121	66,540	66,863	80,033	80,703	361,260
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						361,260
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	74.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	74.1 %
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33⅓ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33⅓ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area for supplemental information with horizontal dashed lines.

FIRST ELECTRIC TRUST / OPERATION ROUND-UP 2009 SCHOLARSHIP PROGRAM

SCHOLARSHIP:

- Five \$2000 scholarships will be awarded to five high school seniors, funded by the First Electric Trust / Operation Round-Up fund.

ELIGIBILITY:

- Any high school senior who will be graduating at the end of the 2009 school year, whose parents or guardians are members of First Electric Cooperative.
- Must have a high school grade point average of 3.0 or higher on a 4.0 scale through the first semester of their senior year.

APPLICATION:

- The First Electric Trust Scholarship Application, a high school transcript, a 150-word essay and two letters of recommendation must be received at First Electric Cooperative by 5 p.m. on **April 1, 2009**.

SELECTION:

- Selection criteria will be based on scholastic achievement, school involvement, community involvement and financial need.

NOTIFICATION:

- Scholarship student/recipient will receive notification by First Electric Cooperative and will be presented a scholarship award certificate. A scholarship award certificate will also be made available for the applicable school award ceremonies.

DISBURSEMENT:

- Each scholarship awarded shall be up to a total of \$2000, payable in two semesters as follows:
 - The first semester check in the amount of \$1000, will be paid to the college or vocational/technical school after the student/recipient provides First Electric Cooperative with registration documentation from the college or vocational/technical school.
 - The second semester check in the amount of \$1000, will be paid to the college or vocational/technical school after the student/recipient provides First Electric Cooperative with a copy of the second semester registration documentation and an official school transcript indicating that the student/recipient successfully completed the previous semester with a grade point average of at least 3.0 on a 4.0 scale.

OTHER:

- The scholarship must be used by student/recipient to attend, on a full-time basis, any Arkansas accredited institute of higher learning.
- First Electric Cooperative employees, directors and their immediate family members are not eligible.
- Operation Round-Up Board of Trustees and their immediate family members are not eligible.
- Please call 1-800-489-7405 with any questions or visit www.firstelectric.coop.



First Electric
Cooperative

Your Touchstone Energy® Cooperative



FIRST ELECTRIC TRUST OPERATION ROUND-UP



2009 SCHOLARSHIP APPLICATION

PERSONAL INFORMATION: (Please print or type)

Applicants Full Name: _____

Social Security Number: _____ Date of Birth: _____

Home Mailing Address: _____

Parent/Guardian Name: _____

Parent/Guardian's First Electric Account Number: _____

Parent Home Phone: _____ Parent Work Phone: _____

HIGH SCHOOL INFORMATION: (To be completed by counselor)

High School: _____

ACT Composite Score _____

GPA _____

Class Rank/Size _____

Transcript _____

Guidance Counselor's Signature: _____ Phone: _____

SCHOOL ACTIVITIES: (List your high school activities in the order of interest to you)

Activity _____

Activity _____

Activity _____

Activity _____

Activity _____

SCHOLASTIC ACHIEVEMENTS: (List any special honors and awards you have won or earned)

Name of honor or award	Date Awarded
------------------------	--------------

Name of honor or award	Date Awarded
------------------------	--------------

Name of honor or award	Date Awarded
------------------------	--------------

Name of honor or award	Date Awarded
------------------------	--------------

Name of honor or award	Date Awarded
------------------------	--------------

FIRST ELECTRIC TRUST – 2009 SCHOLARSHIP APPLICATION

COMMUNITY ACTIVITIES: (List your community activities in the order of interest to you)

Activity _____

Activity _____

Activity _____

Activity _____

Activity _____

EMPLOYMENT: (List any jobs you have held since entering High School)

Employer	Duties	Dates of Employment	Hours per week
----------	--------	---------------------	----------------

Employer	Duties	Dates of Employment	Hours per week
----------	--------	---------------------	----------------

Employer	Duties	Dates of Employment	Hours per week
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COLLEGE, VOCATIONAL/TECHNICAL SCHOOL INFORMATION:

In which field do you plan to major? _____

List the colleges or vocational/technical schools you are interested in attending in the order of your preference.

School	Date Applied	Date Accepted
--------	--------------	---------------

School	Date Applied	Date Accepted
--------	--------------	---------------

School	Date Applied	Date Accepted
--------	--------------	---------------

List any scholarships you have applied for or have received.

Scholarship	Amount Per Year	Received	Not Yet Awarded
-------------	-----------------	----------	-----------------

_____	_____	_____	_____
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_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
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Where do you plan to live? (check one) In a college dormitory _____ Off campus _____ Home _____ Other _____

What activities do you plan to participate in during college?

FIRST ELECTRIC TRUST – 2009 SCHOLARSHIP APPLICATION

FINANCIAL NEED INFORMATION: (This section must be completed by a parent or guardian of the applicant.)

List the ages of the dependent children in your family and the school they attend. Do not include applicant.

Age	School
Age	School
Age	School

List your employer and occupation:

Parent/Guardian Name	Employer	Occupation
Parent/Guardian Name	Employer	Occupation

Please circle the category that represents your gross annual household income (before taxes):

Below \$25,000	\$75,000 - \$100,000
\$25,000 - \$50,000	\$100,000 - \$125,000
\$50,000 - \$75,000	Over \$125,000

List any savings you have for this applicant's education. _____

List any other information you would like to volunteer regarding your financial situation or family circumstances that would be helpful in the consideration for a scholarship.

Parent or guardian signature _____

Date _____

Please attach the following required documents to complete your application:

- A copy of your high school transcript.
- A 150-word or less typed essay about the following:
 - The college or vocational/technical school you plan to attend.
 - Your career aspirations.
 - Your need for this scholarship or financial aid.
- Two letters of recommendation from a teacher, counselor, employer, minister, family friend, etc.

Please return application by April 1, 2009 to: **First Electric Trust Scholarship Program
P.O. Box 5018
Jacksonville, AR 72078**

Operation Round-Up

2009 Scholarship Evaluation Form

Applicant #: _____

Criteria	Possible Points	Points Awarded
Scholastic Achievement	30	
ACT	10	_____
GPA	7	_____
Class Rank/Size	3	_____
School Activities	5	_____
Scholastic Achievements	5	_____
Recommendations	0	_____
 School & Community Involvement	 20	
Community activities	10	_____
Work	10	_____
 <i>Consider number of activities, level of involvement, leadership capacities, etc.</i>		
 Financial Need	 40	
Scholarships	10	_____
College living accommodations	10	_____
Number of dependents	10	_____
Household Income	10	_____
 <i>Consider number of siblings in college, value of other scholarships received, etc.</i>		
 Essay	 10	
 <i>Consider completeness of thought, structure and accuracy, level of authenticity, etc.</i>		

Total Points		_____

Judge's Comments:



FIRST ELECTRIC TRUST

P O Box 5018 • Jacksonville, AR 72078 • (501) 982-4545

APPLICATION FOR DONATION ORGANIZATION AND/OR AGENCY

1. Name of Organization: _____

2. Address: _____

Street or P O Box

City

State

Zip Code

3. Contact Person: _____

Name

Title

4. Telephone Number: _____

Work

Home

5. Is the organization requesting funding, exempt from payment of income tax?

Yes _____ No _____

If yes, please attach a copy of an IRS letter indicating your organization's 501(c)3 status

6. A copy of the financial statement(s) for the most previous year should be provided.

Statement attached Yes _____ No _____

7. Have you previously received funding from Operation Round-Up?

Yes _____ No _____

If yes, please list the date and amount you received

8. Describe the purpose for the funds requested. Please include the amount requested and specifics of how the funds will be used. Use an additional sheet if necessary.

9. List other sources of funding being used in the request described above.

10. Is your organization served electric power by First Electric Cooperative? If so, do you authorize permission to enroll your organization's account(s) in Operation Round-Up, if awarded funds?

The information contained in this statement is for the purpose of obtaining funding from the First Electric Trust on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the First Electric Trust may consider this statement as continuing to be true and correct until a written notice of change is provided. The First Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization: _____

Representative's Signature: _____ Date: _____

FOR FIRST ELECTRIC TRUST USE ONLY

_____ APPROVED _____	_____
Date	Amount Approved
_____ REJECTED _____	_____
Date	Chairman
	FECC

First Electric Trust
2009 Form 990
#31-1586917

Schedule #1
Part 1, Line 10
Part 3, Line 28

Purpose	Number	Total Amount
First Electric Trust provided funding for non-profit organizations/agencies and individuals with regard to food, shelter, clothing, health care, equipment, community improvement projects, education and other special needs items in the 17 county service territory of First Electric Cooperative through "Operation Round-Up."		
Scholarships (\$1,000)	8	8,000
Donations (\$500 to \$2,000)	48	40,700
Total	56	48,700

First Electric Cooperative Corporation administers the trust and collects all donations on behalf of the trust and funds all operating expenses.

First Electric Trust
2009 Form 990
#31-1586917

Schedule #2
Part I, Line 16

PART I Other Expenses	
Mileage Reimbursement	1,266
Transportation Cost	1,818
Meals Expense	651
Miscellaneous	320
Total - Line 16	4,055