



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public  
InspectionDepartment 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	C Name of organization <b>First Electric Trust</b>	D Employer identification number <b>31-1586917</b>
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) <b>1000 South JP Wright Loop Road</b>	E Telephone number <b>501-982-4545</b>
<input type="checkbox"/> Name change	Room/suite	
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4 <b>Jacksonville, AR 72076</b>	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**

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

J Tax-exempt status (check only one) —  501(c) ( 3 ) ► (insert no)  4947(a)(1) or  527

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.)			
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 \$ . . . . . of contributions reported on line 1) . . . . .	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	
10 Grants and similar amounts paid (attach schedule) <b>SCHEDULE #1</b> . . . . .	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 ► <b>Schedule #2</b> . . . . .)	16	4,055	
17 Total expenses. Add lines 10 through 16 ► . . . . .	17	72,754	
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.)			
22 Cash, savings, and investments . . . . .	(A) Beginning of year	(B) End of year	
23 Land and buildings . . . . .	34,925	22	42,874
24 Other assets (describe ► . . . . .)		23	
25 Total assets . . . . .		24	
26 Total liabilities (describe ► . . . . .)	34,925	25	42,874
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .		26	
	34,925	27	42,874

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

Cat No 106421

Form 990-EZ (2009)

6-08-16-17-18

6

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

**What is the organization's primary exempt purpose?      Schedule #1**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 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 ▶  28a 72,754

29 \_\_\_\_\_

(Grants \$  ) If this amount includes foreign grants, check here  ▶  29a

30

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here   **30a**

**31 Other program services (attach schedule) . . . . .**

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  31a

32 Total program service expenses (add lines 28a through 31a) . . . . . ► 32 72,754

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Ruth Ann Alley	Director, 1	575	0	0
P.O. Box 5018, Jacksonville, AR 72078				
Lois Ann Bryant	Director, 1	575	0	0
P.O. Box 5018, Jacksonville, AR 72078				
Lois Ann Burks	Director, 1	575	0	0
P.O. Box 5018, Jacksonville, AR 72078				
Shirley Engquist	Director, 1	575	0	0
P.O. Box 5018, Jacksonville, AR 72078				
JoAnn Harkey	Director, 1	575	0	0
P.O. Box 5018, Jacksonville, AR 72078				
James Phillips	Director, 1	425	0	0
P.O. Box 5018, Jacksonville, AR 72078				
Reedy Ray	Director, 1	450	0	0
P.O. Box 5018, Jacksonville, AR 72078				
Teddy Riedel	Director, 1	425	0	0
P.O. Box 5018, Jacksonville, AR 72078				
Wetzel Stark	Director, 1	575	0	0
P.O. Box 5018, Jacksonville, AR 72078				

## 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.? . . . . . If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 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.

	Yes	No
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	✓
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	✓
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."		

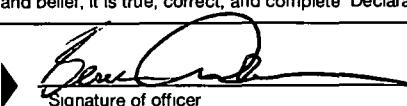
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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 . . . ►

<b>Sign Here</b>	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		
		11/11/2010	Date
	Signature of officer		
	Bruce Andrews, CFO		
	Type or print name and title		

<b>Paid Preparer's Use Only</b>	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		<input type="checkbox"/> EIN	►
			<input type="checkbox"/> Phone no	►

May the IRS discuss this return with the preparer shown above? See instructions . . . . ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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 1 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 33 1/3 % 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 33 1/3 % 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?  
 (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? . . . . .  
 (ii) A family member of a person described in (i) above? . . . . .  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10 . . . . .						361,260
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <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 <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . 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 <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . 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 <b>Private foundation.</b> 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 . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> ► <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**

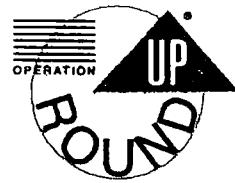
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%
<b>19a 33 1/3% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> 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.



First Electric  
Cooperative

Your Touchstone Energy® Cooperative



## **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](http://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

### 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

### 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
<b>Scholastic Achievement</b>	<b>30</b>	
ACT	10	_____
GPA	7	_____
Class Rank/Size	3	_____
School Activities	5	_____
Scholastic Achievements	5	_____
Recommendations	0	_____
<b>School &amp; Community Involvement</b>	<b>20</b>	
Community activities	10	_____
Work	10	_____
<i>Consider number of activities, level of involvement, leadership capacities, etc.</i>		
<b>Financial Need</b>	<b>40</b>	
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>		
<b>Essay</b>	<b>10</b>	
<i>Consider completeness of thought, structure and accuracy, level of authenticity, etc.</i>		
<b>Total Points</b>		_____

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

Chairman

**REJECTED**

Date

FECC

**First Electric Trust**  
**2009 Form 990**  
**#31-1586917**

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

<b>Purpose</b>	<b>Number</b>	<b>Total Amount</b>
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
<b>Total</b>	<b>56</b>	<b>48,700</b>

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**

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