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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2009

OMB No 1545-0047

Open to Public

A For							-
			r, or tax year beginning 01-01- C Name of organization	2009 and ending 12-31-2009)	D Employer ide	entification number
_	k if applica	i icasc	North West Rural Electric Cooperat	ive			
_	ess change	label or	Doing Business As			42-140416 E Telephone nu	
	e change	print or type. See				(712) 707	4935
Initia	l return	Specific Instruc-		mail is not delivered to street addres	ss) Room/suite	G Gross receipts	
Term	ıınated	tions.	PO Box 435			d Gloss receipts	
- Amer	nded retur	rn e	City or town, state or country, and	ZIP + 4	1		
– Applı	cation pen	nd ing	Orange City, IA 51041				
		F Nat	L ne and address of principal offic	rer	W/a) Takk		- f
		Lyle D				ıs a group returı ites?	TYes ▼No
		PO Bo	k 435 e City,IA 51041				
		Orange	: City,1A 51041			ll affiliates includ	·
Tax-	exempt s	tatus 🔽 501(c) (12) ◀ (insert no)	1) or $\ \ \ \ \ \ \ \ $		o," attach a list ip exemption nu	(see instructions)
		www nwrec co		, ,	н(с) что	ip exemption nu	milber F
			tion Trust Association Other	<u> </u>	I Year of fo	rmation 1938	1 State of legal domicile IA
Part		ummary	doily flusty Association other	<u>r</u>	L real of to	illiation 1936 F	1 State of legal dofficile 14
			e organization's mission or mo:	st significant activities			
_		•	with safe, reliable, environment	-	le electricity		
	<u> </u>					250/ of the most of	
		•	if the organization discontinu				
		_	members of the governing body	•			
	4 Nu	mber of indeper	ndent voting members of the go	verning body (Part VI, line 1b)	. 4	1
	5 Tot	tal number of er	nployees (Part V , line 2a) .			5	
	6 Tot	tal number of vo	olunteers (estimate if necessar	y)		6	-
	7a Tot	tal gross unrela	ted business revenue from Par	t VIII, column (C), line 12 .	•	78	144,84
	b Net	t unrelated bus	iness taxable income from Forn	n 990-T, line 34		71	b
				Prio	or Year	Current Year	
	8 C	ontributions an	d grants (Part VIII, line 1h) .			(
월	9 Pr	rogram service	revenue (Part VIII, line 2g) .		25,930,334	34,584,502	
. I	10 In	nvestment inco	me (Part VIII, column (A), line:		381,160 38		
ë :	11 0	ther revenue (P	art VIII, column (A), lines 5, 6		3,916 -1,		
	12 To	otal revenue—a	dd lines 8 through 11 (must eq	ual Part VIII, column (A), line	1		·
						26,315,410	34,966,02!
;			ar amounts paid (Part IX, colun	• • • • • • • • • • • • • • • • • • • •			(
:	14 Be	enefits paid to o	or for members (Part IX, columi	n (A), line 4)			(
: ا م		•	ompensation, employee benefit	s (Part IX, column (A), lines 5	-	3 004 501	2 244 024
38 (¥) 140 € (¥)		0)				3,084,581	3,241,930
<u>क्</u> ः			raising fees (Part IX, column ((
5	b _{To}	otal fundraising exp	enses (Part IX, column (D), line 25)	<u>•</u> 0			
			(Part IX, column (A), lines 11a			22,019,563	29,211,23
:	18 To	otal expenses	Add lines 13–17 (must equal P	art IX, column (A), line 25)		25,104,144	32,453,163
	19 Re	evenue less ex	penses Subtract line 18 from l	ne 12		1,211,266	2,512,862
နှင့် မြို့						g of Current	End of Year
- I					 	rear	
).# #	20 To		rt X, line 16)			67,479,203	70,508,867
Baran :		otal liabilities (I	Part X, line 26)			39,940,999	40,934,036
and Balan	21 To			om line 20	1	27,538,204	29,574,831
	21 To		id balances Subtract line 21 fr	om me 20		-	
	21 To 22 N	Signature Bl	ock			•	
	21 To 22 No 111 S	Signature Bloder penalties of pe	ock erjury, I declare that I have examined	this return, including accompanying			
	21 To 22 No 111 S	Signature Bloder penalties of pe	ock	this return, including accompanying			
Part	21 To 22 No 111 S	Signature Bloder penalties of pe	ock erjury, I declare that I have examined	this return, including accompanying	d on all informat		
Part ign	21 To 22 No 111 S	Signature Bl Ider penalties of penalties o	ock ergury, I declare that I have examined correct, and complete Declaration of	this return, including accompanying	d on all informat	ion of which prepar	
Part ign	21 To 22 No 111 S	Signature Bloder penalties of p	ock ergury, I declare that I have examined correct, and complete Declaration of	this return, including accompanying	d on all informat	ion of which prepar	
Part ign	21 To 22 No 111 S	der penalties of ped belief, it is true, ****** Signature of office	ock ergury, I declare that I have examined correct, and complete Declaration of ergonal control of the control	this return, including accompanying	d on all informat	ion of which prepar	
Part ign	21 To 22 No 311 S	der penalties of ped belief, it is true, ****** Signature of office Lyle D Korver CE Type or print name	ock ergury, I declare that I have examined correct, and complete Declaration of ergonal control of the control	this return, including accompanying preparer (other than officer) is based	d on all informat	ion of which prepar	er has any knowledge
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ign ere	21 To 22 No 22 No 25 III S Un an Pre sig	der penalties of ped belief, it is true, ****** Signature of office Lyle D Korver CE Type or print name eparer's nature Laurie	ergury, I declare that I have examined correct, and complete Declaration of error on the and title Hanson EIDE BAILLY LLP	this return, including accompanying preparer (other than officer) is based Date 2010-06-17	2010-Date	Preparer's identi	fying number

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The mission of North West REC is to provide our members with a safe, reliable, environmentally responsible and affordable source of electric power and to provide other services that enhance their quality of life

2			rogram services during the year whi		Yes ✓ No
	If "Yes," describ	e these new services on Sched	ıle O		
3			significant changes in how it condu	_	Yes ▽ No
	If "Yes," describ	e these changes on Schedule O			
4	Section 501(c)(3) and 501(c)(4) organizations	each of the organization's three larg and section 4947(a)(1) trusts are r venue, if any, for each program serv	equired to report the amount	
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	•	, , , ,	North West REC serves 7,026 members and	, ,	•
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4-	(Codo) (Evnances d	maluding grants of t) (Dougnus d	1
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	Other program	services (Describe in Schedule	٠٠)		
Tu	(Expenses \$) (Revenue \$)
			, 3 0. 4	, (/
4e	iotai program s	service expenses►\$			

Part IV	Checklist	of Red	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
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 term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> 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? <i>If</i> " <i>Yes," complete Schedule F, Part II</i>	15		Νο
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	16		Νο
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? <i>If</i> "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		N o
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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		N o
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		Νο
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? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		Νο
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			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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		Νο
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	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		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		Νο
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	
		F	orm 990	(2009)

Part V	Statements	Regarding	Other IRS	Filings and	d Tax	Compliance
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	Statements Regarding enter the runnings and run eemphanes		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		165	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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, securities account, or other financial account)?	4a		No
Ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, 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		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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 facilities			
11	Section 501(c)(12) organizations. Enter			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1505 Albany Place SE PO Box 435 Orange City, IA 510419678

(712) 707-4935

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.

Se	ction A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 11					
b	Enter the number of voting members that are independent 11					
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		Νο		
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		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5				
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the					
	governing body?	7a	Yes			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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		Νο		
Se	ction B. Policies (This Section B requests information about policies not required by the Internal					
	venue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
		11	Yes			
11A	A Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?	12b	Yes			
	describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does 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?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
	Other officers or key employees of the organization	15b	Yes			
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions)		103			
	11 Tes to fine a of b, 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	Yes			
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes			
Se	ction C. Disclosure	_00	,			
17	List the States with which a copy of this Form 990 is required to be filed►IA					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)					
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes 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 Korver	ie orga	mizatior	ı F		

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	•	ate any	curr	ent o	or fo	rmer o	ffıc e	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	Posi	((C) (che	ckal			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Steve Brown Director	5 00	х						5,800	0	0
Delbert Beyer Director	5 00	х						4,875	0	0
Jeff Rehder Director	4 00	х						4,790	0	0
Steve Abma Director	5 00	х						4,875	0	0
Tom Wagner Director	3 00	х						4,040	0	0
Lee Grage Director	1 00	х						2,500	0	0
Kenneth Maas Director	1 00	х						1,500	0	0
Joel Orthmann President	8 00	х		х				10,080	0	0
Alan Lucken Vice-President	4 00	Х		Х				4,040	0	0
Kenneth Bower Secretary	4 00	х		Х				5,880	0	0
Charles Rohlf Treasurer	4 00	х		Х				4,790	0	0
Gerald Klemme Asst Secretary/Treasure	5 00	х		х				5,280	0	0
Lyle D Korver CEO	46 00			х				174,580	0	20,086

For	n 990 (2009)			Page 8
1b	Total	0		20,086
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services	=	(C Comper	
		\Rightarrow		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\blacktriangle 0 \)			
		F	orm 99 0	(2009)

Form 9		•						Page 9
Part	V 1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
इ	1a	Federated cam	paigns 1a	·				
필등	ь	Membership du	ıes 1b					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	ents 1c					
<u>#</u>	d	Related organiz	zations 1d					
Ξ̈́	e	Government grant	s (contributions) 1e					
캶	f	All other contribute	ons, gifts, grants, and 1f					
看着	g		ibutions included in					
펄	١.							
<u>ٽ ≂</u>	h	Total. Add lines	s 1a-1f					
e				Business Code				
κeπ	2a	Electric Power Sale		221,000	32,897,900	32,753,052	144,848	
Program Service Revenue	b	Cooperative Capita	al Cr	221,000	1,686,602	1,686,602		
	°							
	d							
an an	e							
Ď	'	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f		34,584,502			
	3		ome (including dividen		204 202			204.205
	١.		ar amounts) stment of tax-exempt bond	F	384,202			384,202
	4 5			`				
		Royalties .	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) itaai	(ii) i discilar				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)					
	<u> </u>	Tractical into	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other						
	Ь	than inventory Less cost or		716				
		other basis and sales expenses						
	c	Gain or (loss)		-716				
	d		ss)	▶	-716			-716
eune	8a	events (not inc \$						
Other Revenue		See Part IV, lır	ne 18 a					
ŧ	b		penses b (loss) from fundraising					
•	9a	Gross income f	from gaming activities	events ·				
	b c		a penses b (loss) from gaming acti					
		Gross sales of						
		returns and allo	owances .	252,862				
	Ь		oods sold b	254,825 entory . •	-1,963	-1,963		
	С	Net income or i	(loss) from sales of inv	Business Code	-1,903	-1,903		
	11a	miscenalieou	5 NOVEHUE	Dusiness Code				
	ь							
	_ c							
	d	All other reven	ue					
			s 11a-11d	·				
				▶				
	12	Total revenue.	See Instructions .	▶[

34,966,025

Part IX Statement of Functional Expenses

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

Α	ll other organizations must complete column (A) but are not required to		s (B), (C), and		
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	265,757			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,493,134			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	283,161			
9	Other employee benefits				
10	Payroll taxes	199,878			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,264,673			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,777,897			
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Cost of Power	24,519,501			
b	Distribution Expense -	1,264,438			
c	Administrative and Gene	1,096,861			
d	Distribution Expense -	949,413			
e	Allocated Expenses	-1,661,550			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	32,453,163			
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet								
					(A)		(B)			
	_				Beginning of year	_	End of year			
	1	Cash—non-interest-bearing		0.000.405	1	5 000 070				
	2	Savings and temporary cash investments	6,882,465		5,208,879					
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net			4,550,583	4	5,410,275			
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	ables from current and former officers, directors, trustees, key employees, and t compensated employees Complete Part II of							
		Schedule L		5						
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and						
		Schedule L				6				
ssets	7	Notes and loans receivable, net			6,966,706	7	7,174,376			
Ass	8	Inventories for sale or use			884,857	8	655,573			
	9	Prepaid expenses and deferred charges			66,504	9	63,627			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	63,234,265						
	ь	Less accumulated depreciation	10b	19,008,259	41,510,591	10c	44,226,006			
	11	Investments—publicly traded securities				11				
	12	Investments—other securities See Part IV, line 11	1,500,409	12	1,231,997					
	13	Investments—program-related See Part IV, line 11		5,028,374	13	6,435,694				
	14	Intangible assets		14	_					
	15	Other assets See Part IV, line 11	88,714	15	102,440					
	16	Total assets. Add lines 1 through 15 (must equal line 34)			67,479,203	16	70,508,867			
	17	Accounts payable and accrued expenses .			5,144,523	17	3,804,426			
	18	Grants payable				18				
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities				20				
68	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
Lia		persons Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrelated third parties			19,971,828	23	23,443,578			
	24	Unsecured notes and loans payable to unrelated third parties			2,800,000	24	2,800,000			
	25	Other liabilities Complete Part X of Schedule D	12,024,648	25	10,886,032					
	26	Total liabilities. Add lines 17 through 25	39,940,999	26	40,934,036					
5		Organizations that follow SFAS 117, check here ▶ ☐ and comp	lete li	ines 27						
Ф		through 29, and lines 33 and 34.								
an	27	Unrestricted net assets				27				
Fund Balance	28	Temporarily restricted net assets		28						
돧	29	Permanently restricted net assets				29				
Fu		Organizations that do not follow SFAS 117, check here ► 🗸 an	d com	plete						
oľ		lines 30 through 34.					_			
	30	Capital stock or trust principal, or current funds			0		0			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0			
	32	Retained earnings, endowment, accumulated income, or other fu	nds		27,538,204		29,574,831			
Net	33	Total net assets or fund balances			27,538,204		29,574,831			
	34	Total liabilities and net assets/fund balances	67,479,203	34	70,508,867					

Part XI Financial Statements and Reporting

			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		Νo			
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	2c	Yes				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	Separate basis Consolidated basis Both consolidated and separated basis						
3а	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		No			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits						

Form **990** (2009)

DLN: 93493175010000

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

th West Rural Electric Cooperative		42-	1404169
rt I Organizations Maintaining Donor A			
organization answered "Yes" to Form 9			
	(a) Donor advised funds		b) Funds and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor ad funds are the organization's property, subject to the		onor advı	sed Yes No
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit	5 5	•	
rt III Conservation Easements. Complete	e if the organization answered "Yes	" to Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	etion or pleasure)	a certifie	cally importantly land area d historic structure onservation
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 easement		2b	
Number of conservation easements on a certified h	, ,	2c	
Number of conservation easements included in (c)	acquired after 8/17/06	2d	
Number of conservation easements modified, trans the taxable year -		ated by th	e organization during
Number of states where property subject to conser			
Does the organization have a written policy regardi enforcement of the conservation easements it hold		andling of	Yes No
Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation eas	ements d	uring the year 🗠
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easeme	nts durino	ı the year ► \$
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	f the footnote to the organization's financ		•
t IIII Organizations Maintaining Collecti Complete if the organization answered		s, or Otl	ner Similar Assets.
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education or rese	arch ın fu	
If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or researc		
(i) Revenues included in Form 990, Part VIII, line	1		► \$
(ii) Assets included in Form 990, Part X			► \$
If the organization received or held works of art, his following amounts required to be reported under SF.		for finan	
Revenues included in Form 990, Part VIII, line 1			▶ \$

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reası	ures, or O	<u>the</u>	<u>r Similar</u>	Ass	ets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	owing	that a	re a significa	int u	se of its col	lectio	n	
а	Public exhibition		d	Γ	Loan	orexo	hange progr	ams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w the	y furthe	erthe	organızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	itions	or other ass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Γ			A mo	unt	
c	Beginning balance							1c				
d	Additions during the year						 	1d				
e	Distributions during the year							1e				
f	Ending balance						 	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to	Form 990.	Par	t IV. line	10.		
	Endownient i andor complete	(a)Current Year		Prior			vo Years Back		Three Years Ba		e)Four Y	ears Back
1a	Beginning of year balance											
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 yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
с	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	thata	re hel	dand	admınıstered	for	the		W	T
	organization by (i) unrelated organizations		_	_		_		-		3a(i)	Yes	No
	(ii) related organizations									3a(ii)		
ь	If "Yes" to 3a(II), are the related organization							٠.	· . · . · .	3b		
4	Describe in Part XIV the intended uses of th	•							L			-
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, P	art X, line	10.				
	Description of investment				Cost or s (invest		(b) Cost or ot basis (othe		(c) Accumula depreciation		(d) Bo	ok value
1a	_and						36	,998				36,998
Ь	Buildings						2,768	_				2,768,347
	Leasehold improvements						,					
	Equipment						4,476	,917	3,32	2,316		1,154,601
	Other						55,952		15,68			0,266,060
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,), line	10(c).				▶	· -		4,226,006
			. , ,		. , ,				Schedu	le D (90) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Investments in Associated Companies	6,435,694	С
	+	
	6 425 604	
Part IX Other Assets. See Form 990, Part X, col (B) line 13)	, ,	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Other Deferred Credits	(b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Other Deferred Credits Postretirement Benefit Obligation	(b) A mount 10,236,963 368,248	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,966,025
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,453,163
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,512,862
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	-476,235
9	Total adjustments (net) Add lines 4 - 8	9	-476,235
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,036,627
Par	t 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	34,875,288
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	34,875,288
4	A mounts 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) 4b 90,737		
c	Add lines 4a and 4b	4c	90,737
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	34,966,025
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	32,362,426
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) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	32,362,426
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) 4b 90,737		
с	Add lines 4a and 4b	4c	90,737
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	32,453,163
Par	t XIV Supplemental Information		
C	and the manufacture of the december of the form of the part of the	117	l 4 b 4 3 b

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Part X, FASB Accounting Standards Codification Topic ASC 740-10 The Cooperative has adopted the provisions of FASB Accounting Standards Codification Topic ASC 740-10 (previously Financial Interpretation No 48, Accounting for Uncertainty in Income Taxes), on January 1, 2009 The implementation of this standard had no impact on the financial statements As of both the date of adoption, and as of December 31, 2009, the unrecognized tax benefit accrual was zero. The Cooperative will recognize future accrued interest and penalties related to unrecognized tax benefits in income tax expense if incurred. The Cooperative is no longer subject to Federal tax examinations by tax authorities for years before 2006.
Part XI, Line 8 - Other Adjustments		Retirement of capital credits - Estates -12567 retirement of capital credits - General -768311 Donated capital credits 4643 Economic development grants 300000
		Part XII, Line 4b Reclassification of DirecTV Expenses Part XIII, Line 4b Reclassification of DirecTV Expenses

DLN: 93493175010000

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Nor	th West Rural Electric Cooperative		. ,			
	·		42-1404169			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided					
	990, Part VII, Section A, line 1a Complete Part III to p	rovide any relevant information regardi	ng these items			
	First-class or charter travel	Housing allowance or residence for	personal use			
	Travel for companions	Payments for business use of perso				
		Health or social club dues or initiat				
	Discretionary spending account	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organiz reimbursement orprovision of all the expenses described			1b		
2	Did the organization require substantiation prior to reimb officers, directors, trustees, and the CEO/Executive Dire	· · · · · · · · · · · · · · · · · ·		2		
3	<u> </u>	•	e			
	<u> </u>	Approval by the board or compensa	ation committee			
	, Total 550 of other organizations	Approval by the board of compense	ition committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VII, Section A , line 1a with respect to t	the filing organization			
а	Receive a severance payment or change-of-control paym	nent?		4a		Νo
b	Participate in, or receive payment from, a supplemental r	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 co	omplete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of		ıny			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line : compensation contingent on the net earnings of	1a, did the organization pay or accrue a	ıny			
а	The organization?			6a		
Ь	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descr		n-fixed	7		
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Reg in Part III			8		
9	If "Yes" to line 8, did the organization also follow the rebi	uttable presumption procedure describe	ed in Regulations			

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name								
		(i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & ncentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Lyle D Korver	(I) (II)	173,780		800	6,622	15,100	196,302	
-								
		ı		I .			ı	

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

2009

OMB No 1545-0047

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

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization
North West Rural Electric Cooperative

Employer identification number

42-1404169

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		One class of membership
Form 990, Part VI, Section A, line 7a		One class of membership with each member receiving one vote
Form 990, Part VI, Section A, line 7b		One class of membership with each member receiving one vote to make changes to the Articles of Incorporation
Form 990, Part VI, Section B, line 11		A copy of the Form 990 will be given to the board members and reviewed during a meeting of the governing board. The Form 990 will be filed with the IRS subsequent to the said board meeting.
Form 990, Part VI, Section B, line 12c		Disclosure statement is completed annually. Persons covered by the policy include Board Directors and all employees. Management and supervisors determine whether a conflict exists. Management and Board Directors review and investigate actual conflicts. Persons imposed with a conflict are restricted from decision making. Appropriate disciplinary and corrective action is taken.
Form 990, Part VI, Section B, line 15		NRECA Compensation surveys are used to determine compensation. The compensation process was completed in 2009
Form 990, Part VI, Section C, line 18		Form 990 is available for public inspection at each location
Form 990, Part VI, Section C, line 19		Not available to the public

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DLN: 93493175010000

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

▶ 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.

Related Organizations and Unrelated Partnerships

Name of the organization North West Rural Electric Cooperative

Employer identification number

42-1404169

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign country)

Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

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) Disproprtionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	al or ging
							Yes No		Yes	No
Le Mars Communications LLP	•									
2496 Lincoln Ave SW Le Mars, IA51031 91-2081975	Communications	IA		Unrelated	7,361	171,073	B No		Yes	

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

(4)

(5)

(6)

Cile	dule k (Form 990) 2009		Pag	ge .
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		Ž
d	Loans or loan guarantees to or for other organization(s)	1d		Ż
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	1g		N
h	Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
o	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1p		Ne
q	Other transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	1r		N
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of other organization (b) Transaction Autype(a-r)		(c) : involve	ed
1) 2)				
• \				
3)				

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)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID:

Software Version:

EIN: 42-1404169

Name: North West Rural Electric Cooperative

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Cost of Power	24,519,501			
Distribution Expense -	1,264,438			
Administrative and Gene	1,096,861			
Distribution Expense -	949,413			
Allocated Expenses	-1,661,550			