

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



Return Secured By EOCU Return of C

Return of Organization Exempt From Income Tax

		Under section 501(c), 527, or 4947(a)(1) of the Internal Re		xcept bled	k lung	<u> </u>
	nt of the Treesury evenue Service	benefit trust or private foundate. The organization may have to use a copy of this return to	-	ortina real	ilrements	Open to Public Inspection
			19, and ending		MBER	, 20 09
		lease C Name of organization BLACK HILLS ELECTRIC COC				er Identification number
~~~	ui approacie	6 IRS Doing Rusiness As	JI EIOCITUE III		46	0111503
	n shanga P	bel or Number and street (or P.O. box if mail is not delivered to street address)	Room/suite			one number
Initial		уре. See PO BOX 792			(605)	673-4461
Term	101	ecific City or town, state or country, and ZIP + 4			, 0	0.0 4401
		CUSTER, SD 57730-0792			G Graes re	celpts \$ 13,767,498
~		Name and address of principal officer DANIELE HUTT		H(a) le this	V.	for stillates? Yes ZN
		O BOX 792, CUSTER SD 57330-0792		1		included? OYee ON
ı Tax-		list (age instructions)				
	bsite: ► BHE			H(c) Group e	xamption nui	mber 🕨
			Year of formation.	1940	M State of	legal domicile, SD
Part		<u> </u>				
1	Briefly desc	ribe the organization's mission or most significant activ	ities: BLACK	HILLS EL	ECTRIC	COOPERATIVE
		PROFIT, MEMBER-OWNED ORGANIZATION WHOSE I				
E I		ELECTRIC SERVICE AT THE BEST VALUE AND TO (	OFFER OTHER	R SERVIC	ES WHIC	H BENEFIT OUR
Governance S N		SAND ENHANCE OUR COMMUNITIES.				
ğ 2	Check this be	$\mathbf{x} \blacktriangleright \Box$ if the organization discontinued its operations or disposed of	more than 25% of	its net asse		
a 3		voting members of the governing body (Part VI, line 1a)		•	3	7
Activities & 9 G P P C		independent voting members of the governing body (Pa	art VI, line 1b)		4	
돌   5		er of employees (Part V. line 2a)			5	
-		er of volunteers (estimate if nocessary)			. 6	
		unrelated business revenue from Part VIII, column (C), i	ine 12 🕒		7a	<del></del>
	D MAL DILLOHA	ed business texable income from Form 990-T. line 34.	<u> </u>	Prior Ye	7b	(
	0		5.5 5011	Phor ve	ar	Current Year
§ 8		ns and grants (Part VIII, line 1h)	E E E  -	42	070 004	45 555 #65
Revenue					676,621	13,286,587
夏   10   11		income (Part VIII, column (A), lines 3, 4, and 7d) nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1		# <u> </u>	145,090 86,017	209,358
	2 Total revenu	re—add lines 8 through 11 (must equal Part VIII, column (A)	line 12)	12	907,728	48,407
í		similar amounts paid (Part IX, column (A), lines 1-3).		<u>, , , , , , , , , , , , , , , , , , , </u>	7,678	13,544,352 7,235
14		id to or for members (Part IX, column (A), line 4)			.,0.0	
		per compensation, employee benefits (Part IX, column (A), lin	no 5-10)	2.	087,168	2,150,799
ا <u>ش</u>		al fundraising fees (Part IX, column (A), line 11e)			,	
3		using expenses (Part IX, column (D), line 25) ▶			11-15-23-27	
		nses (Part IX, column (A), lines 11a-11d, 11f-24f)			513,297	10,628,422
		nses. Add lines 13-17 (must equal Part IX, column (A), li		11,	608,143	12,786,456
19	Revenue les	s expenses. Subtract line 18 from line 12			299,585	757,896
5 3			Be	dinning of Ci		End of Year
E 20	Total asset	s (Part X, line 16)		45,	689,677	45,417,278
를 21		les (Part X, Ilne 26)	🗀	33,	069,989	32,224,113
를 <b>2</b> 2	_	or fund balances. Subtract line 21 from line 20.	<u></u>	12,	619,678	13,193,169
Part		ure Block				
	Under pana	ties of perjury. I declare that I have examined this return, including according	npanying schedule	s and states	nents, and t	a the best of my knowledg
	land bener,	Is real correct; and pomplete Declaration of preparer (other than office	er) is based on all	imormation .	or writen pr	eparer has any knowledge
Sign	<b>—</b>	- wan c. wan			4-11	~010
Here	Signet	re of officer	1 44	(Dat	e	سنال مدرعا
	1 200	aniel E. Hutt Gen	eral p	lanag	er/	LYCUURING
	Type o	print name and title	T			
	Preparer's	Dat	-Nea		Preparer's t (see instruc	dentifying number tions)
Paid	signature		empk	oyed ► 🗌	CACC MISSIBLE	· recreed
repare	r's	(or print)				
	Firm's name  y if self-emple	yed).		EIN	<u> </u>	
Jse Only		JZIP+4 ♥			0 1	>

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

Cat No 11282Y

Fòrm 990 (2009) Page 2 Statement of Program Service Accomplishments Part III Briefly describe the organization's mission BLACK HILLS ELECTRIC COOPERATIVE IS A NON-PROFIT, MEMBER-OWNED ORGANIZATION WHOSE MISSION IS TO COURTEOUSLY PROVIDE SAFE, RELIABLE ELECTRIC SERVICE AT THE BEST VALUE AND TO OFFER OTHER SERVICES WHICH BENEFIT OUR MEMBERS AND ENHANCE OUR COMMUNITIES. Did the organization undertake any significant program services during the year which were not listed on ☐ Yes Ø No the prior Form 990 or 990-EZ? , , , . . . If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes 🗹 No services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: __ including grants of \$___ _) (Revenue \$ _ __) (Expenses \$ PROVIDE ELECTRIC SERVICE TO 9,049 LOCATIONS IN THE RURAL AREA OF THE BLACK HILLS AND SOUTH WEST SOUTH DAKOTA 24 HOURS EACH DAY OF THE YEAR. 4b (Code: ____) (Expenses \$ ___ including grants of \$ ) (Revenue \$ ) 4c (Code: ____) (Expenses \$____including grants of \$_____) (Revenue \$_ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses >

Form 990 (2009)

Page 3

Pau	Checklist of Required Schedules	<del>,</del>		
			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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		√
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," -complete Schedule D, Part III	8		√
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		1
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		1
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	<b>\</b>	_
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	1	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Ma Marie Marie Marie Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
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? If "Yes," complete Schedule F. Part I.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to Individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1

SEP/21/2011/WED 04:33 PM BLACK HILLS ELECTRIC FAX No. 605 673 3147

Form	990 (2009)		Р	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
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	1	
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 27 if "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	√	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		4
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Ċ	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		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess bonefit 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	<b>25</b> b		
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	1	
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		1
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).	1 - 21 50	17 (g) 14 (s)	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		4
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>/</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		1
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		1
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		1
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	1	
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
38	Part VI	37	ļ	✓
<b></b>	197 Note All Form 990 filers are required to complete Schedule O	38	\ \	

Form 990 (2009) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V 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 b Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . 4a At any time during the calendar year, dld 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 b 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. 5в 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?. Organizations that may receive deductible contributions under section 170(c). a 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 **b** 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 d If "Yes," indicate the number of Forms 8282 filed during the year . . . . . . . . Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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?. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Dld the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . . 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 49667 . . . . . 9a b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11a 12,594,326 a Gross Income from members or shareholders . . . b Gross income from other sources (Do not net amounts due or paid to other sources against 11b 227,514 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes." enter the amount of tax-exempt interest received or accrued during the year.

FAX No. 605 673 3147

Form 990 (2009) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 1Ь b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 78 of the governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken_during 8 the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 8b 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 . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a Does the organization have local chapters, branches, or affillates? , . . . . . 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? . . . Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . 12a b Are officers, directors or trustees, and key employees required to disclose annually Interests that could give 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? . . . . . 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? a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See Instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . 16a b 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 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 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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► WALKER WITT, 25191 COOPERATIVE WAY, CUSTER, SD 57730 605-673-4461

Form 990 (2009)

Page 7

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII Employees, and Independent Contractors

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. 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, and 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 not co	mpensate	any c	urn	ent	offic	er, d	irec	tor, or trustee	,	~=
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per		_		_	that ap		Roportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DWAYNE BREYER BOARD VICE PRESIDENT	4	1						5,562		
GARY KLUTHE BOARD TREASURER	4	1						2,418		3,378
DON KNAPP DIRECTOR	3	1						1,564		1,779
DAN LINDBLOM DIRECTOR	4	1						2,639		469
AL PERRY BOARD PRESIDENT	4	1						2,291		4,214
JIM PRESTON BOARD ASSIST SECRETARY	4	1						4,555		
GLEN REASER BOARD SECRETARY	4	<b>V</b>						0		3,350
DANIEL HUTT GENERAL MANAGER, EXEC V.P.	44			1	1			152,219		51,135
WALKER WITT GENERAL COUNSEL, V.P. OF ADMIN	44				1			118,833		43,590
										,

Par	t VII Section A. Officers, Directors, Tru	stees, Key	/ Emp	loye	ees,	an	d Higi	hes	t Compensate	Employees	(continue	:d)	
	(A)	(B)	(C)						(D)	(E)		(F)	
Name end t-tle		Average hours per week	andivioual trustee or director	o Institutional bustee	Officer	Key employee	B Highest rompensated amployee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	C) con	stimater mount of other opensation the ganization ganization	or Ion ÷ on ad
							<b></b>						
										<b>~~</b>		J	
				-	-		_	_			-		·-
											~		
·				ļ	_			_					<del>-</del>
											-		
			ļ		_	_	ļ						
			ļ .		_			ļ			_		
					<u> </u>	ļ	ļ	ļ					
					ļ			_					
<u>1b</u>	Total		<u> </u>			<u> </u>		<b></b>	290,081	l		107	,915
	Total number of individuals (including but reportable compensation from the organization)	not limited ation ►	to th	ose	list	be 	above 	e) w	ho received m	ore than \$100		Yes	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							оув	e, or highest o	compensated	3		1
4	For any individual listed on line 1a, is the state organization and related organizations individual.										4	<b>V</b>	1. 12. 12. 1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	com plete	pen Sch	satı 1edu	on Jle	from <i>I for s</i>	any suc <i>t</i>	unrelated org	ganization for	5		1
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	lepe	ende	∍nt	contra	acto	ors that receive	d more than	\$100,00	0 of	
	(A) Name and business add	dress							(8) Description of	services		C) ensation	1
KA	NZ POWERLINES INC, PO BOX 748, CUS	TER SD 5	7730					LI	INE CONSTRU	CTION		148	3,570
								-					
								T					
2	Total number of independent contractors (i	including b	ut no	t lin	ntec	d to	those	list	ted above) who	received			

Form 9	Form 990 (2009) Page 9								
Part	Part VIII Statement of Revenue								
			77.1  -4	The second second	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Révenue excluded from tax under sections 512, 513, or 514	
s, grants imounts	b	Federated campaigns Membership dues	1a						
ributions, gifts, grants other similar amounts	d	Fundraising events . Related organizations Government grants (contrib	18						
Contributions, and other sim	g	f All other contributions, gifts, grants, and similar amounts not included above g Noricash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f	· · · · · ·	Business Code	An Market Market Market Market		National Control of the Control of t		
Service Revenue	2a	SALE OF ELECTRICIT	<del>-</del>		12,367,432 596,719	12,367,432 596,719	mergy , m. j. j. i. i. madaa	たったイン は、近日は1日日 7日日本	
rvice	C	OTHER CAPITAL CRE			85,109 237,329	85,109 237.329			
——85 -¦	di⊥ e	OHER ELECTION RE	VEROL		201,025	#37.323			
Рюдгат		All other program service Total. Add lines 2a-2f	e revenue . (	<u> </u>	13 286 587				
		Investment income (incl other similar amounts)		►	209,358	(3) 11 (4) (5) (4) (4) (4) (5)	illectroldeni (b) = 75	209,358	
	4 5	Income from investment of Royalties	f tax-exempt bond (i) Real	d proceeds					
	ь	Gross Rents Less: rental expenses Rental income or (loss)	11,450 20,322 -8,872						
		Net rental income or (lo		🗲	-8,872	ייין ווי ער בייתי <b>טוד בייו בייב</b>	Service to the Cartifold	-8,872	
	1	Gross amount from sales of assets other than inventory	(f) Securiffes	(ii) Other					
	c	Less. cost or other basis and sales expenses . Gain or (loss)			The fight of the second of the		THE PROPERTY OF THE PROPERTY OF		
anue	1	Net gain or (loss) Gross income from events (not including \$		<u> </u>	The state of the s		<b>斯克尼克 建冷冻</b>		
Other Revenue		of contributions reported See Part IV, line 18	d on line 1c).						
oth	C	Less direct expenses Net income or (loss) fro Gross income from gam	-	vents	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Paper Color on Indian attackets	And the second s	
	ь	See Part IV, line 19 , Less: direct expenses,	a	ities 🕨	History and all the state of th	The first way of the second se	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	1	Net income or (loss) from Gross sales of inverteurns and allowances	entory, less	211,696		The first of the property of t			
		Less: cost of goods so Net Income or (loss) from	ld , , , b n sales of invento	<del>,</del>	21,511	21,511	A Service Sales and	· · · · · · · · · · · · · · · · · · ·	
	11a	Miscellaneous Reversion POLE ATTACHMENT RENT OF SUBSTATION	RENTS	Business Code	35,085			d. [ es el "sigrif" [ sides"]	
	b b	KENT OF SUBSTANC			683	003	ļ		
		d All other revenue			35,768	Series - Property			
		Total revenue. See ins			13,544,352		1	200,486	

Form 990 (2009)

Part IX Statement of Functional Expenses

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

per organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing exponags		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,235			Alexander of the second of the		
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			The state of the s	Fundralsing exponses		
4	Benefits paid to or for members			FARLE STEEL STEEL			
5	Compensation of current officers, directors, trustees, and key employees	290,081					
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 salanes and wages	1,144,641					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	293,357					
9	Other employee benefits	310,160					
10	Payroll taxes	112,560					
11	Fees for services (non-employees):						
а	Management						
	Legal	<u></u>		ļ.,			
C	Accounting	16,614					
ď	Lobbying						
е	Professional fundraising services See Part IV, line 17		The state of the s	The state of the s			
f	Investment management fees						
Я	Other	190,900					
12	Advertising and promotion	22,458					
13	Office expenses	99,537					
14	Information technology	29,460					
15	Royalties						
16	Occupancy	65,833		<u> </u>			
17	Travel	246,938					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	86,484					
20	Interest	1,331,218					
21	Payments to affiliates	65,998					
22	Depreciation, depletion, and amortization	1,707,628					
23	Insurance	92,876					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	and labeled miscellaneous may not exceed	S College		マールー - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Hagetha Carlos Hagetha		
	5% of total expenses shown on line 25 below.)		THE STATE OF THE S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
а	POWER & TRANSMISSION	6,271,146		<u> </u>			
b	OPERATIONS/MAINTENANCE OF LINE	107,019			<u> </u>		
C	REBATES	102,119					
d	GROSS REC TAX	184,949		ļ	ļ		
е		ļ		<u> </u>	ļ <u> </u>		
f	All other expenses	7,245		ļ	<u></u>		
25	Total functional expenses. Add lines 1 through 241	12,786,456			ļ		
26	Joint costs. Check here \( \subseteq \) 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	<u> </u>	I		Form 990 (2009)		

Form 990 (2009) Page 11 **Balance Sheet** Part X End of year Beginning of year 450 450 1 2 3,633,900 1.255,079 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . . . . . 882,181 4 Accounts receivable, net 820,827 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 1,298 2,243 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . 6 Notes and loans receivable, net . . . 7 Inventories for sale or use . . . 728,648 8 728,507 Prepaid expenses and deferred charges . 202.121 180,538 Land, buildings, and equipment: cost or 10a 54.548.363 10a other basis. Complete Part VI of Schedule D Less: accumulated depreciation . . . . 10b 17,809,469 34,798,619 | 10c 36,738,893 3,105 11 Investments—publicly traded securities 11 3,270 12 Investments-other securities. See Part IV, line 11 5,100 12 5,100 5,424,664 13 Investments-program-related See Part IV, line 11 5,678,222 13 Intangible assets . . . 14 14 15 Other assets. See Part IV, line 11 9,591 15 4,150 Total assets. Add lines 1 through 15 (must equal line 34) 16 45,689,677 16 45,417,278 1,520,238 17 17 Accounts payable and accrued expenses . . . 1,681,663 18 18 800,000 19 19 600,000 Tax-exempt bond liabilities . . . 20 20 21 jabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 28,743,134 23 23 Secured mortgages and notes payable to unrelated third parties 27,923,795 245,519 24 Unsecured notes and loans payable to unrelated third parties 24 227,741 Other liabilities. Complete Part X of Schedule D 25 1,761,108 25 1,790,914 26 Total liabilities. Add lines 17 through 25 . . . . . . . 33,069,999 32,224,113 Organizations that follow SFAS 117, check here ▶ [] and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . 27 27 Temporarily restricted net assets . . . . . . 28 Fund Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here > and complete lines 30 through 34. 6 30 30 Capital stock or trust principal, or current funds 757,246 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 988,343 31 12,204,822 11.862.432 32 Retained earnings, endowment, accumulated income, or other funds 32 33 12,619,678 33 13,193,165 Total liabilities and net assets/fund balances 45,689,577 45,417,278 34

Form 990 (2009)

Farm	990 (2009)		Pa	ge <b>12</b>
Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990.   Cash Z Accrual C Other			11
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		NAME OF THE PERSON OF THE PERS	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	<b>√</b>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	<b>i</b> i		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<b>/</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			111
ď	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:			13.7
	Separate basis Consolidated basis Both consolidated and separate basis	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	richial.	W
3a	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_		✓
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.	3b		

Form **990** (2009)

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization Employer Identification number 46 : BLACK HILLS ELECTRIC COOPERATIVE INC 0111503 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . Aggregate contributions to (during year) Aggregate grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization Inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?-Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tex Year a Total number of conservation easements . . . 2a 2b c Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 8/17/06 . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ► Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Pärt III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included In Form 990, Part X . . .

Sched	Jule D (Form 990) 2009							Page 2	
Par	t III Organizations Maintain	ing Collections	of Art, Hi	stori	cal Treasures	s, or Oth	er Similar A		
3	Using the organization's acquisition collection items (check all that appl	, accession, and o y)	ther reco	rds, c	neck any of the	e following	g that are a	significant use of its	
а	Public exhibition		d		Loan or exch				
þ	Scholarly research		е	LJ	Other			• • • • • • • • • • • • • • • • • • • •	
C	Preservation for future general								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trusted included on Form 990, Part X?	e, custodian or oti	her Intern	nediar	y for contributi	ions or ot	her assets n	ot Ses No	
Ъ	If "Yes," explain the arrangement in	Part XIV and con	plete the	follov	ving table:	-			
					· ·			Amount	
C	Beginning balance					. 1c			
d-	-Additions-during the-year				<del></del> -	- <del>1</del> d-	·		
Ġ	Distributions during the year					. 1e	<del></del>	· · · · · · · · · · · · · · · · · · ·	
f	<del>-</del>	· · · · · · · · · · · · · · · · · · ·				. 1f			
2a b		Part XIV.	•				,	└ Yes └ No	
Par	t V Endowment Funds. Co							/	
		(e) Current year	(b) Prio	year			Three years bar		
1a	Beginning of year balance						THE PARTY OF THE P		
b	Contributions								
C	Net investment earnings, gains, and losses	'							
					75 Table 1				
<u>a</u>	Grants or scholarships		~~~		12 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Other expenditures for facilities and programs				17.7 - 1.42 (99.) 17.7 - 1.42 (99.) 17.7 - 1.42 (99.)		STATE OF THE PARTY		
f	Administrative expenses				1 1 (3) (10 to 10		A PARTY OF THE PAR	And the second s	
g	End of year balance								
2	Provide the estimated percentage of	of the year end bal	lance held	d as:	Same Salahari Tara		Diepari, an n a v no	<u> </u>	
а	Board designated or quasi-endown			<b>4</b> 5					
ь	Permanent endowment ▶		•						
c	Term endowment ►								
За	Are there endowment funds not in th	e possession of th	ie organiz	ation t	hat are held ar	nd adminis	stered for the	·	
	organization by:		*					Yes No	
	(i) unrelated organizations			-				3a(I)	
_	(ii) related organizations		: :				, .	3a(II)	
ь 4	If "Yes" to 3a(ii), are the related org Describe in-Part XIV the intended u	anizations listed a	s required ation's or	down	ichedule K?			3b	
	1 VI Investments—Land, Bu	•				ent X June	3.10		
-	Description of Investment	(a) Cost or of			Cost or other	···			
	Description of investment	(Investm			asis (other)	depre	umulated location	(rl) Book value	
1a	Land , ,	. ,	112,080					387,181	
b	Bulldings				553,650		299,561	254,089	
C	Leasehold improvements , .	ļ							
d	Equipment			~~~~	2,435,250		1.385.137	1,050,113	
	Other	must equal from 0	00 804 4	colu-	51.172.281	1	6,124,771	<u>35,047,510</u>	
- 018	in rad inide ta undugit te. (Column (d)	must equal romi 9.	ou, Pan X,	colun	iii (D), iirie 10(C	<i>!·/ · ·</i>	<u>,                                 </u>	<u> 36,738,893</u>	

Schedule D (Form 990) 2009			Page 3
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 value Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other	<del></del>		
			<del></del>
		·	
*******************			
Total. (Column (b) must equal Form 990, Part X, col. (8) line 12 )			
Part VIII Investments—Program Related	J. See Form 990, Part X,	line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
INVESTMENT IN ASSOC. ORG -PAT, CAP.	4,454,982	COST	
INVESTMENT IN ASSOC. ORG -OTHER	390.017	<u> </u>	Photo/
INVEST-SPECIAL FUNDS REV DEFERRAL	600,000	COST	<del></del>
INVEST IN ECONOMIC DEVELOPMENT	172,215	I	·····
ENERGY CONSERVATION LOANS	52,268	COST	
OTHER INVESTMENTS	8,740	cost	—
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<del>~</del>
	· -		· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 390, Part X, col. (8) line 13.) ▶			
Part IX Other Assets. See Form 990, Par	t X, line 15.		
	(a) Description		(b) Book value
	······		~
		~	
	<u> </u>		
			~~~~
	·····		
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (		<u> </u>	
Part X Other Liabilities. See Form 990.		pulot a translation of the production of the pro	المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة
1. (a) Description of liability	(b) Amount		Taking to the state of the stat
Federal income taxes		to and the second secon	
REFUNDABLE AID TO CONSTRUCTION	1,541,32	<b>──● マル・キーノフリート こうアイド しゅうごしゃん (0.00の) (2.00の)</b>	
CONSUMER DEPOSITS	120,050	ALL TO DESCRIPTIONS OF THE PROPERTY OF THE PRO	
ELECTRIC PREPAYMENTS	112,68	1 of infinitely first and	
UNCLAIMED CAPITAL CREDITS	16,86	O TOTAL STATE OF THE STATE OF T	Carlon S. C.
		The state of the s	Maria de la Maria de Caracteria de Caracteri
	<del></del>	The second secon	
			· · · · · · · · · · · · · · · · · · ·
		<b>⊣</b> *;	
Total. (Column (b) must equal Form 990, Pert X, col. (B) line 25)	1,790.91	<b>4</b> [5] 7 (1) 1 (1) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (2) 1 (	

_	ulc D (Form 990) 2009			Pago 4
Par	Reconciliation of Change in Net Assets from Form 990	to Audited Financial S	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	13,544,351
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	12,786,455
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	757,896
4	Net unrealized gains (losses) on investments , , , ,		4	
5	Donated services and use of facilities	• • • • • •	5	<del></del>
6	Investment expenses	• • • • • • •	6	
7	Prior period adjustments ,		8	
8	Other (Describe in Part XIV.)		9	···
9 10	Total adjustments (net). Add lines 4 through 8	loo lines 2 and 0	10	7F7 00C
	t XII Reconciliation of Revenue per Audited Financial Sta		1 - 1	757,896 rn
1	Total revenue, gains, and other support per audited financial statemer		1	13,544,352
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		TINE E	
a	Net unrealized gains on investments	2a	Allen a	
ь	Donated services and use of facilities	2b	75 2 3 4 45 2 3 4	
C	Recoveries of prior year grants	2c	المراجع المرا	
d	Other (Describe In Part XIV.)	2d	010112,5	
e.	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	13,544,352
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		(#)	
8	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	1 2 3/2 c 1	
ь	Other (Describe in Part XIV.)	4b	<b>東海部</b>	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	13,544,352
Par	t XIII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Re	turn
1	Total expenses and losses per audited financial statements		1	12,786,456
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		7865	
а	Donated services and use of facilities	2a	70,000 (27 72,000 (27 73,000 (27)	
b	Prior year adjustments	2b		
C	Other losses	2c		
þ	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	12,786,456
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1000 1705 1000 1705	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,42,17,1	
b	Other (Describe in Part XIV.)	4b	-1 (=1)	
	Add lines 4a and 4b		4c	~
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIV Supplemental Information	1, IIno 18.) .	5	12,786,456
Com	plete this part to provide the descriptions required for Part II, lines 3, 5 2b, Part V, line 4: Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4l part to provide any additional Information.	b: and Part XIII, lines 2d a		
		,		
	······································			
<b></b>	······································	•••••••••••••••••••••••••••••••••••••••		·
· • • • •		······································		

Schedule D (For	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
•-•	······································	
		***************************************
	······································	
***************		
	•••••••••••••••••••••••••••••••••••••••	
***************************************		
**********	·····	
•		
************	······································	
	······································	
	•••••••••••••••••••••••••••••••••••••••	
*********		
	•••••••••••••••••••••••••••••••••••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

SCHEDULE I (Form 990)

Department of the Treasury nternal Revenue Service

Name of the organization

General Information on Grants and Assistance

Part I

BLACK HILLS ELECTRIC COOPERATIVE INC

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Publ 2009

OMB No. 1545-0147

Employer identification number 0111503 46

**%** □ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or guvernment	(a)	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations		<b></b>						i
2 Enter total number of section 501(c)(3) and government organizations							<b>A</b>	
2. Enter total number of section 50 1(c)(3) and dovernment organizations				:			-	
2 Enter total number of section 50 I(c)(3) and government organizations								
2 Enter total number of section 501(c)(3) and government organizations							-	
2 Enter total number of section 501(c)(3) and government organizations					ł			
2 Enter total number of section 50 1(c)(3) and government organizations							-	
2 Enter total number of section 501(c)(3) and government organizations	_	_	-					
2 Enter total number of section 50 1(c)(3) and government organizations				Y				
2 Enter total number of section 50 1(c)(3) and government organizations							•	
2 Enter total number of section 501(c)(3) and government organizations							•	
2 Enter total number of section 50 1(c)(3) and government organizations								
2 Enter total number of section 50 I(s)(3) and government organizations		,						
2 Enter total number of section 501(c)(3) and government organizations				:				
2 Enter total number of section 50 1(c)(3) and government organizations								
2 Enter total number of section 501(c)(3) and government organization							_ω	
Enter total number of section 50 1(c)(3) and government organ				i			zation	
2 Enter total number of section 501(c)(3) and government							organi	,
2 Enter total number of section 501(c)(3) and govern							ment	
2 Enter total number of section 501(c)(3) and c							mavot	
2 Enter total number of section 50 1(c)(3)							and	•
2 Enter total number of section 50							1(0)	
2 Enter total number of sect							on 50	
2 Enter total number o							f sect	
2 Enter total nun							nber o	
2 Enter tot							ai nun	
							ter tot	
[ ] [ ] [ ] [ ] [ ] [ N							ᇤ	
	;	۱ :	l ;	l :		l ;	~	

3 Enter total number of other organizations

Cat. No. 50055P

Schedule I (Form 990) 2009

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

	rii 990) li additiorial	שלפים יובבתרה.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount al cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				-	
					A THE RESERVE OF THE PROPERTY
				-	
Part IV Supplemental Information. Complete this part to		ovide the informati	provide the information required in Part I, line	N	and any other additional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF		GRANT FUNDS		-	
THE COOPERATIVE DONATES TO SUPPORT THE COMMUNITY	HE COMMUNITY AN	D PEOPLE THAT TH	1EY SERVE, WHEN	AN ORGANIZATION SOL	AND PEOPLE THAT THEY SERVE. WHEN AN ORGANIZATION SOLICITS THE COOPERATIVE
FOR A DONATION THE COOPERATIVE REVIEWS THE REQUEST	VS THE REQUEST AN	ND DECIDES WHET	HER OR NOT TO MA	TAND DECIDES WHETHER OR NOT TO MAKE A DONATION. THE BOARD OF DIRECTORS	OARD OF DIRECTORS
REVIEWS ALL CASH DISPERSEMENTS. ANY LARGE AMOUNTS	LARGE AMOUNTS W	OULD BE APPROV	ED BY THE BOARD	WOULD BE APPROVED BY THE BOARD PRIOR TO DISPERSAL.	
				-	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		f		
					,

SCHEDULE J (Form 990)

Department of the Treasury

sternal Revenue Service lame 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, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1\$45-0047

Open to Public Inspection

Employer identification number **BLACK HILLS ELECTRIC COOPERATIVE INC** 46 0111503 **Questions Regarding Compensation** 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel ☐ Housing allowance or residence for personal use □ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 16 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee Written employment contract ☑ Compensation survey or study ☐ Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?..... 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?.... 56 b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. 6э b Any related organization? . . . . 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, dld the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Page 2 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. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

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

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C) Refinement and	eldexemon (C)	(F) Total of columns	ociaeseemo) (1)
(А) Nате		(i) Base compensation	(ii) Bonus & incertive compensation	e fiii) Other reportable compensation	other deferred	bensitis	(a)-(i)(a)	reported in prior Form 990 or Form 980-EZ
DANIEL HITT	Ξ	152,119	100	0		51,135	203,354	0
	Œ	0	0	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1 1 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	0	0	0
WAI KER WITT	Ξ	118,733	100	0		43,590	162,423	0
	(ii)		0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0
	Ξ							
	<u>(E</u>					-		
	Ξ,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	3							
	3 3						1	
	<b>©</b> €							
	<b>S</b> E							
	E							
	Ξ							
	2						1	
	Ξ							
	€ 8							
	3					<del>-</del>		
	3 3						•	
	88							
	EE							
	(£)							
	3							
	Ξ €							
)	Ξŝ							
				¥				

SCHEDULE L (Form 990 or 990-EZ) Transactions With Interested Persons

Complete If the organization answered

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

BLACK HILLS ELECTRIC COOPERATIVE	E INC					1	mpioye 6	r Idem		on num 11503		
Part I Excess Benefit Transactions Complete if the organization answ	s (section rered "Yes	501(c)(; " on For	3) and sec m 990, Part	tion 501(c IV, line 25	c)(4) organi oa or 25b, or	zations c	nly)	Part V				
4 Abban et al. 15 b											(c) Cor	racted?
1 (a) Name of disqualified person			<u> </u>	(6) 0	Description of	transaction					Yes	No
				·								
					_		···					
<ul> <li>2 Enter the amount of tax imposed on under section 4958</li> <li>3 Enter the amount of tax, if any, on line</li> </ul>							ng the	year	▶ \$		l <u></u> .	
Part II Loans to and/or From Intere				the-orga	mzation ,	· . <del>-</del> ,					*~~	
Complete if the organization a			on Form 98	90, Part IV	/, line 26, d	or Form 9	990-E	Z, Pa	rt V, I	lne 3	За.	
(a) Name of Interested person and purpose		to or from Inization?	(c) Orli principal		(d) Baland	ce due	(e) In (	default?	by bo	proved pard or niftse?		rillen ment?
	То	From					Yes	No	Yes	No	Yes	No
DANIEL HUTT WALKER WITT	<del></del>	<b>√</b>		2,318		488	ļ	1	1	ļ	1	<u> </u>
WALKER WITT		√		1,780	_	1,755		-	<b>✓</b>		1	
1		†		-	_				_	<del> </del>		
								_		L		
								- 2(10)			16.00	
Total				. ▶ \$	<del> </del>	2,243				PROPERTY.		
Part III Grants or Assistance Benefic Complete if the organization a				an Bort IV	/ Kna 27							
(a) Name of Interested person			between inte	rested pers		(0	) Amou	ent and	type o	f asers	tence	
				·					·			
								~				
	_					_						
Part IV Business Transactions Invol	vina Inte	rostad	Darcone									
Complete If the organization a				0. Part I	√, line 28a,	28b, or	28c					
(e) Name of interested person	(b) R	elationshij	p between on and the	(c) An	nount of		escuptio	on of tr	ansacti	lon	organi	aring of retion's nues?
											Yes	No
	-											-~
								<del></del>			<del> </del>	
<u>~</u>												

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
BLACK HILLS ELECTRIC COOPERATIVE INC	46 0111503
FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS	
DON KNAPP, DIRECTOR, AND DAN LINDBLOM, DIRECTOR, HAVE A BUSINESS RELAT	TIONSHIP
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	
7,084 VOTING MEMBERS	
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS	
THE MEMBERS VOTE ANNUALLY ON THE BOARD OF DIRECTORS	
	··
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS USED TO REVIEW FORM 99	00
COMPTROLLER PREPARES THE FORM 990. A COPY IS PROVIDED TO THE BOARD OF	DIRECTORS AND
MANAGEMENT FOR REVIEW PRIOR TO FILING.	
FORM 990, PART VI, LINE 12C - ENFOREMENT OF CONFLICTS POLICY	
WHEN POTENTIAL CONFLICT OF INTEREST COMES UP, GENERAL COUNSEL REVIEW	'S CONFLICT OF INTEREST
POLICY AND THE BOARD INSURES COMPLIANCE. THE POLICY IS REVIEWED ON A Y	'EARLY BASIS.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL	
A YEARLY COMPENSATION STUDY IS PREPARED AND PRESENTED TO THE BOARD	THE STUDY INCLUDES
NATIONAL, REGIONAL, STATE AND LOCAL WAGE COMPARISONS FOR EACH POSITI	ON WITHIN THE COOPERATIVE.
IT COMPARES INTERNAL EQUITY BASED ON BENCHMARKING A COMMON POSITION	I ALONG WITH EVALUATING
EXTERNAL COMPETITIVENESS.	

Schedule O (Form 990) 2009		Page 2
Name of the organization		entification number
BLACK HILLS ELECTRIC COOPERATIVE, INC	46 :	0111503
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION		~
ALL DISCLOSURES OF DOCUMENTS REQUIRED BY LAW ARE MADE AVAILABLE TO T	THE PUBLI	C. PRIVATE
CORPORATE DOCUMENTS, FINANCIAL STATEMENTS, AND POLICIES MAY BE AVAILA	ABLE TO T	HE PUBLIC OR
TO MEMBERS PURSUANT TO BOARD POLICY NUMBER 111: MEMBER REQUESTS FO	R INFORM	ATION. UPON
WRITTEN REQUEST THE GENERAL MANAGER SCHEDULES A TIME FOR THE REVIEW	OF REQU	ESTED ARTICLES
AT THE COOPERATIVE HEADQUARTERS. ALSO AUDITED FINANCIAL STATEMENT IS	MAILED Y	EARLY TO ALL
ACTIVE MEMBERS OF THE COOPERATIVE.		
FORM 990, PART XI, LINE 2C - AUDIT OVERSIGHT		•
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT A	ND THE SE	LECTION OF AN
INDEPENDENT ACCOUNTANT.		·
		*
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

***************************************	·····	
		·
•		·^
·		··/

SCHEDULE R (Form 990)

Department of the Treasury Internal Prevenue Service

Name of the organization

BLACK HILLS ELECTRIC COOPERATIVE, INC

Part I

Related Organizations and Unrelated Partnerships

À

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

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

Open to Publi Inspection 2003

OMB No 1545-0047

Employer identification number 0111583

46

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 9 (e) End-of-year assets (d) Total income (c) Legal domicite (state or foreign country) (b) Prìmary activity (a) Name, address, and EiN of disregarded embly Part II

(f)
Direct controlling
entity Public chanty status (if section 501(c)(3)) (d) Exempt Code section Legal domicile (state or foreign country) Primary activity Vanne, address, and EIN of related organization

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

Cat. No. 50135Y

[a] Name, adoress, and EiN of related organization	because it had one or more related organizations treated as a partnership during the tax year.	organizat	ions treated	as a partners	ip during the	ax year)	treated as a partnership during the tax year)			
	Primary activity Legal domicite (state or foreign country)	try)	(d) Direct controlling antity	lel Predomnant income (related, unrelated, excluded from fax under sexerteries 512-514)	(f) Share of total moome		(g) Share of end-of-year assets	(h) Descriptionete alocabans?	(Form 1855)	General or managing partner?
							and the same of th	.)		2
						-				
										_
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization are line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ated Organizat d one or more r	tions Tax elated or		corporation or treated as a co	Trust (Comple	ete if the organse during the	nization answers tax year.)	ered "Yes	as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	art IV,
(a) Name, address, and EIN of related oxganization	ช อะซูลก ะเลbอ ก	Ē	(b) Pnmary activity	(c) Legaí domicile (state or foreign country)	(a) Oirect controlling entity	(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income	ncome	(9) Share of end-of-year assets	(h) Percentage ownership
BLACK HILLS ENGINEERING & DEVELOPMENT PO BOX 792, CUSTER SD 57730 46-0391683	VELOPMENT 16-0391683		NOT ACTIVE	QS		U				100.00
BLACK HILLS TELECOMMUNICATION COOPERATIVE PO BOX 792, CUSTER SD 5/730 46-0400873	ION COOPERAT		NOT ACIVE	SD		ပ				100 00
			:							

Schedule R (Form 990) 2009		Page 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34,	, line 34, 35, or 36.)	
te. Complete line 1 if any entity is listed in Parts II, III, or IV of the During the tax year, did the organization engage in any of the following the fall information and the	in Parts II-IV?	Yes No
		16
d Loans or capital contribution from other organization(s)		19
e Loans or toan guarantees by other organization(s)		0
f Sale of assets to other organization(s)		, <u>, , , , , , , , , , , , , , , , , , </u>
g Purchase of assets from other organization(s)		1,
		=
i Lease of facilities, equipment, or other assets from other organization(s)		
k Performance of services or membership or fundraising solicitations for other organization(s)		+
l Performance of services or membership or fundraising solicitations by other organization(s)		=
_		1m
n sharing of paid emproyees		>
o Reimbursement paid to other organization for expenses		10 dt
		45
q Uther transfer of cash or property to other organization(s)		11-
2 If the answer to any of the above is res, see the instructions for information on who shust complete this line, including covered relationships and	relationships and trans	transaction thresholds.
(a) Name of other organization	(b) Trangaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		1
(9)		

Schedule R (Farm 990) 2009							Page	4
Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)	is a Partnership (Complete	e if the organizatio	n answered	"Yes" to Form 99	0, Part IV,	line 37.}		•
Provide the following information for each entity taxed as a partnership or gross revenue) that was not a related organization. See instructions in	as a partnership through whic	through which the organization conducted more than five percent of its activities (measured by total assets regarding exclusion for certain investment partnerships.	conducted mo	ire than five percent nerships.	of its activit	ies (measured by to	tal asse	sts .
(a) Name, address, and EIN of entily	(b) Primary activity	(c) Legal domicile (state or foresgn country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of erd-of-year assets	(f) Disproportocrate sfocrations?	(g) Code V—UBI smount in box 20 of Schedule K-1 (Form 1865)	(h) General or marviging parther?	
			Yes No		Yes No		Yes	2
				- i				
								·
								·
				_				
	•••							
				_				
				_			_	