

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



Form **990** 

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

Open to Public Inspection

Charle		C Name of organization	-01-2009 and ending 12-31-20		D Employer ider	ntification number
Check if ap Address cha	· icusc	Flathead Electric Cooperative		81-013578:	3	
Name chan	label or	Doing Business As			E Telephone nu	
	type. See				(406) 751-4	483
Initial returi Terminated	Instruc-	Number and street (or P O b 2510 US Highway 2 East	ox if mail is not delivered to street add	ress) Room/suite	<b>G</b> Gross receipts \$	88,932,169
Amended re Application		City or town, state or country Kalispell, MT 59901	, and ZIP + 4			
ррпсацоп			- 46 ×			
		ne and address of principal :h Sugden	officer	H(a) Is th affilia	ıs a group return ıtes?	for Yes V No
		JS Highway 2 East ell,MT 59901				
	Kalispe	:II, IN 1 39901		1	l affiliates include	
- Γax-exem <sub> </sub>	pt status 🔽 501(c	) ( 12 ) ◀ (Insert no )	7(a)(1) or		o," attach a list ip exemption nur	(see instructions) mber ►
Website	: 🕨 www flatheade	lectric com				
		tion Trust Association C	ther <b>F</b>	<b>L</b> Year of fo	rmation 1937 M	State of legal domicile
art I						
I	•	e organization's mission or lectrical power distribution	to members in our service area			
2	Check this box দ	if the organization discon	tinued its operations or dispose	d of more than	25% of its net a	ssets
	_		oody (Part VI, line 1a)			
4	Number of indeper	ndent voting members of th	e governing body (Part VI, line :	lb)	. 4	
		mployees (Part V , line 2a)			5	
		olunteers (estimate if neces			6	
	-		Part VIII, column (C), line 12			
b	Net unrelated bus	iness taxable income from	Form 990-T, line 34	1	7b	
				Prio	or Year	Current Year
8		d grants (Part VIII, line 1h		-		
9	_		)	•	78,093,673	86,511,3
10			lines 3, 4, and 7d)	•	1,537,967	1,382,1
11 12	•		5, 6d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), li	no	830,685	1,038,6
12			· · · · · · · ·	iie	80,462,325	88,932,1
13			olumn (A), lines 1-3)			
14	Benefits paid to	or for members (Part IX, co	lumn (A), line 4)			
15	Salaries, other co	ompensation, employee ber	nefits (Part IX, column (A), lines	5 –	16,312,358	15,849,6
16a	Professional fund	Iraısıng fees (Part IX, colur	nn (A), line 11e)			
Ь	Total fundraising exp	enses (Part IX, column (D), line	25) <b>►</b> 0			
17	Other expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)	-	58,430,093	65,095,9
18			ual Part IX, column (A), line 25)		74,742,451	80,945,5
19	Revenue less ex	penses Subtract line 18 fro	om line 12		5,719,874	7,986,6
20 21 22					g of Current 'ear	End of Year
20					215,683,153	230,567,5
21					171,161,827	180,313,0
			1 from line 20		44,521,326	50,254,5
art II	Signature Bl		and the material of			a hast of my
			nined this return, including accompanyii n of preparer (other than officer) is ba			
n re	***** Signature of office	er		2010- Date	04-28	
	Duane Braaten Se Type or print nam					
id	Preparer's signature Miche	eal A DeCoria	Date	Check if self-empolyed	Preparer's identifications)	
eparer's	Firm's name (or you	rs L DECORIA MAICHEL AND TE	AGUE PS	1, 11, 98 7	+	
Lise Only if self-employed),    ■ EIN ■						
∍ Only	address and 7IP ± 4	7307 N DIVISION ST				
Only	address, and ZIP +	7307 N DIVISION ST  SPOKANE, WA 992086545			Phone no 🕨 (50	09) 535-3503

Cat No 11282Y

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To provide rural electrical power distribution to members in our service area

2	_		ogram services during the year whi	ich were not listed on	res ✓ No
	If "Yes," describe	e these new services on Schedu	le O		
3	_	tion cease conducting, or make	significant changes in how it condu		res ▽ No
	If "Yes," describe	e these changes on Schedule O			
4	Section 501(c)(	3) and 501(c)(4) organizations a	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 \$	)
	•	, , , ,	and around the Flathead Valley, Libby, Ell	, ,	,
		•		•	
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	-				
	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
40	(Code	) (Expenses \$	including grants or \$	) (Revenue \$	,
4d	Other program	services (Describe in Schedule	0)		
	(Expenses \$			) (Revenue \$	)
	Total program s	service expenses►\$			

Part IV	Checklist	of Red	uired	Schedule

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		No
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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
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		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	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 ? <i>If "Yes," complete Schedule F, Part III</i>	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? If "Yes," complete Schedule G, Part I	17		Νο
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		Νο
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

-orm	990 (2009)			Page 4
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		Νo
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
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? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other II	RS Filings a	and Tax	Compliance
--------	------------	-----------	----------	--------------	---------	------------

			Yes	No
la	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 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	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			
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)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
<del>l</del> a	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
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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		Νo
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
,	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	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		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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		
3	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		Νo
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
LO	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			
L1	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 )			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

Kalispell, MT 59901 (406) 751-4483

**Part VI 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
4_	Cataratha mumbar of until manulant of the accompany hadro	اید	0			
1a L	Enter the number of voting members of the governing body	1a 1b	9	-		
b	Enter the number of voting members that are independent			-		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νο
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			. 3		Νο
4	Did the organization make any significant changes to its organizational documents sifiled?	ınce t	he prior Form 990 was	4		Νo
5	Did the organization become aware during the year of a material diversion of the orga	nızatı	on's assets?	5		Νο
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholde			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actio year by the following	ns un	dertaken during the			
а	The governing body?			8a	Yes	
ь	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, vorganization's mailing address? If "Yes," provide the names and addresses in Schedu	who ca	annot be reached at the	9		No
Se	ction B. Policies (This Section B requests information about policies not i					NO
	venue Code.)	equi	rea by the internal			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the organization.	10b		Νο		
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form					
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	rm 99	90		Yes	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually i			12b	Yes	
c	to conflicts?			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			17	163	
	independent persons, comparability data, and contemporaneous substantiation of the	e delil	peration and decision?			
	The organization's CEO, Executive Director, or top management official			15a	Yes	
Ь	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)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	anızat n ste <sub>l</sub>	ion to evaluate its ps to safeguard the	16b		No
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed.					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governin interest policy, and financial statements available to the public. See Additional Data					
20	State the name, physical address, and telephone number of the person who possesse			he orga	ınızatıor	ı <b>)</b>
	Tod Young 2510 US Highway 2 East			<b>5</b>		

# 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 not compensate any current or former officer, director, trustee or key employee											
(A) Name and Title	hours tha			(C) e Position (check all that apply)				( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> 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	
Tod Young Dir of Finance	50 00			Х				88,957	0	50,004	
Reajan Gray Lineman	47 00					х		103,448	0	12,734	
Paul Holland Trustee	15 00	Х						27,340	0	0	
Mark Johnson Assistant Mgr	48 00			х				133,008	0	71,497	
Kenneth Sugden General Manager	55 00			х				248,519	0	113,170	
Jay Downen Trustee	10 00	Х						18,203	0	0	
George Taylor President	15 00	Х		Х				26,364	0	0	
Frank Kauzlarıch Foreman Lineman	48 00					х		108,225	0	42,652	
Emery Smith Trustee	23 00	Х						32,678	0	0	
Earl Messick Trustee	14 00	Х						20,549	0	0	
Duane Braaten Secretary/Treas	9 00	Х		х				21,829	0	0	
Doug Grob Trustee	22 00	Х						30,612	0	0	
Dennis Gosney Asst Oper Super	50 00					х		100,948	0	40,975	
Dave Biggar Operations Superin	50 00					х		125,208	0	97,099	
Chris Byrd Vice President	14 00	Х		х				8,453	0	23,205	
Alan Ruby Trustee	10 00	Х						28,657	0	0	

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

(A) Name and Title	(B) Average hours	Posi	(C tion ( hat a	che		1		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> 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
1b Total			<del></del>	<u>.                                    </u>		<u>.                                    </u>	<b> </b>	1,122,998		451,336
Total number of individuals (includ \$100,000 in reportable compensa						labove	e) wh	no received more tha	an	

			Yes	NO
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 I for such person	5		No

#### **Section 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) Compensation
Wilson Construction Company PO Box 1190 Canby, OR 97013	Substation Construct	675,848
Swank Enterprises PO Box 568 Valier, MT 594863294	Building Remodel	1,558,652
SCS Energy 3900 Kilroy Airport Way Long Beach, CA 908066816	Plant Construction	3,678,890
Rocky Mountain Contractors PO Box 8688 Kalispell, MT 599041688	Plant Construction	940,596
Aspen Forestry Inc 745 Capistrano Drive Kalispell, MT 599011074	Right of Way Clearin	747,558
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►18	) who received more than	

Form 99								Page <b>9</b>
Part V	<u> </u>	Statement o	f 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
nts nts	1a	Federated camp	oaigns 1a					
gra	ь	Membership du						
ffs, ⊞	C .	-	ents 1c					
Contributions, gifts, grants and other similar amounts	d e	Government grants	ations 1d s (contributions) 1e					
ions r sir	f	All other contribution	ons, gifts, grants, and <b>1f</b>					
ê Fe⊈	g	sımılar amounts no Noncash contri	t included above butions included in					
춁				.				
<u>~~~</u>	h	Total. Add lines	: 1a-1f		0			
e j	2a	Sale of electricity		Business Code	06 511 201	06 511 201		
Program Service Revenue	b	Sale of electricity		221,000	86,511,381	86,511,381		
e E	c							
ž Ž	d							
S =	e							
ୁଆ	f	All other progra	m service revenue					
<u>~</u>	g	Total. Add lines	2a-2f		86,511,381			
	3		ome (including dividend	· · · · · · · · · · · · · · · · · · ·	1,359,420	1,359,420		
	4		ar amounts) tment of tax-exempt bond	· · ·	0	1,333,120		
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6а   b	Gross Rents Less rental		423,900				
	٥	expenses Rental income		423,900				
	ď	or (loss)	me or (loss)		423,900			423,900
	<u> </u>		(ı) Securities	(II) O ther	·			
	7a	Gross amount from sales of assets other than inventory		22,750				
	Ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)		22,750				
	d		s)		22,750	22,750		
Other Revenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	reported on line 1c)					
je.	ь	Less directexi	apenses b					
ᅙ	с		loss) from fundraising	events 🕦	0			
	9a	Gross income fi See Part IV , lin	rom gaming activities e 19 a					
	ь		penses b	<u> </u>	0			
	10a	Gross sales of returns and allo	wances .	vicies	v			
	ь	Less cost of go	a pods sold b					
	С		loss) from sales of inve		0			
	11a	Miscellaneous Other operating		Business Code 221,000	614,718	614,718		
	ь	o ther operating	j revenue		-3.40	, 0		
	c							
	d	All other revenu	Je					
	e	Total. Add lines	11a-11d		614,718			
	12	Total revenue.	See Instructions	▶	88,932,169	88,508,269		423,900

	990 (2009)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			<b>(-</b> )	
	ll other organizations must complete column (A) but are not required to	complete column	(B), (C), and (B)	(D).   (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ , line 21 $$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	943,045			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	9,597,250			
8	Pension plan contributions (include section 401(k) and section				
	403(b) employer contributions)	2,432,676			
9	Other employee benefits	1,590,560			
10	Payroll taxes	1,286,100			
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	79,381			
С	Accounting	36,875			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g .	Other	0			
12	Advertising and promotion	0			
13	Office expenses	277,040			
14	Information technology	1,230,090			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	8,474,846			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,782,156			
23	Insurance	226,518			
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	Taxes	4,071,430			
ь	Member accounts and services	4,090,867			
c	Distribution expense	8,603,037			
	Cost of power	42,592,030			
e	Administrative and general	4,909,283			
f	All other expenses	-17,277,630			
25	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		_	
	Total functional expenses. Add lines 1 through 24f	80,945,554	0	0	0
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				
		•	•		

Part X Balance Sheet (A) (B) End of vear Beainning of vear 135.402 49.596 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 2 0 2 3 n 3 4 11.267.020 11.217.084 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 Notes and loans receivable, net . . . . . 30.950 140.299 1,215,939 Inventories for sale or use . . . . . . 1,015,524 936.963 952,792 Land, buildings, and equipment cost or other basis Complete 292.670.275 10a 10a Part VI of Schedule D 195,168,574 **10c** 10b 82.951.184 209.719.091 b Less accumulated depreciation . . . . 11 0 11 116,349 181,912 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 6,723,690 13 7,218,769 13 Investments—program-related See Part IV, line 11 . . 14 88.266 14 72.514 15 15 215,683,153 16 16 230,567,581 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 11.843.204 17 12.907.170 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 139,299,822 140,727,298 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 7,548,030 24 14,149,882 12.470.771 12.528.658 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 **Total liabilities.** Add lines 17 through 25 . . . . . 171,161,827 180,313,008 Organizations that follow SFAS 117, check here ▶ 
☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 1,592,420 1,667,153 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 42,928,906 32 48,587,420 Retained earnings, endowment, accumulated income, or other funds ¥ 44,521,326 50,254,573 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 215,683,153 34 230,567,581

## 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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			
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		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	3b		No

Form **990** (2009)

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 81-0135783

Name: Flathead Electric Cooperative Inc

#### 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
Taxes	4,071,430			
Member accounts and services	4,090,867			
Distribution expense	8,603,037			
Cost of power	42,592,030			
Administrative and general	4,909,283			

DLN: 93493118001160

OMB No 1545-0047

Open to Public Inspection

#### **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** 

tileau i	Electric Cooperative Inc				81-	0135783		
rt I	Organizations Maintaining Donor A			Other Simila	r Funds	or Accou	nts. Compl	ete ıf t
	organization answered "Yes" to Form 99					<i></i>		
<b>T</b>	- Laurente ann de Contra	(a) Dono	oradv	rised funds		(b) Funds ar	nd other acco	unts
	al number at end of year							
	regate contributions to (during year)							
	regate grants from (during year)							
	regate value at end of year							
	the organization inform all donors and donor advides are the organization's property, subject to the	_				ısed	☐ Yes	┌ N
use	the organization inform all grantees, donors, and d only for charitable purposes and not for the ben ferring impermissible private benefit				•		☐ Yes	┌ N
t II		ıf the organizat	ion a	answered "Ye:	s" to Forr	n 990, Par	t IV, line 7.	
	pose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space nplete lines 2a-2d if the organization held a quali	on or pleasure)	Γ	Preservation o	of a certifie	d historic st	tructure	·ea
	ement on the last day of the tax year	neu conservation		inbation in the i		1		
Tot	al number of conservation easements				2a	неіа ат	the End of th	е теаг
	al acreage restricted by conservation easements				2b			
	•		clude	ed in (a)	2c			
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				
					<u> </u>			
	mber of conservation easements modified, transfe	irreu, reieaseu, ex	cung	aisned, or termin	nated by ti	ie organizat	ion during	
the	taxable year ►							
Nur	nber of states where property subject to conserva	ation easement is	loca	ted ►				
	es the organization have a written policy regarding procement of the conservation easements it holds?		nıtorı	ng, inspection, l	handling o	f violations,	and <b>\ \ Yes</b>	┌ N
Sta	ff and volunteer hours devoted to monitoring, insp	ecting and enforc	ing o	onservation ea	sements d	urıng the ye	ar <b>►</b>	
A m	ount of expenses incurred in monitoring, inspecti	ng, and enforcing	cons	ervation easem	ents durın	g the year 🕨	+\$	
	es each conservation easement reported on line 2 0(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy	the	requirements of	section		☐ Yes	Γn
bala	Part XIV, describe how the organization reports co ance sheet, and include, if applicable, the text of t organization's accounting for conservation easen	the footnote to the			•		•	
311	Organizations Maintaining Collection Complete if the organization answered '					her Simil	ar Assets.	
art,	ne organization elected, as permitted under SFAS historical treasures, or other similar assets held vide, in Part XIV, the text of the footnote to its fin	for public exhibit	ion, e	ducation or res	earch in fu			ce,
hıst	ne organization elected, as permitted under SFAS corical treasures, or other similar assets held for position of the selection of the selections.	public exhibition,					•	
(i)	Revenues included in Form 990, Part VIII, line 1					<b>►</b> \$		
(ii)	Assets included in Form 990, Part X					<b>F</b> \$		
Ifth	ne organization received or held works of art, histo owing amounts required to be reported under SFA				ts for finar			
Rev	renues included in Form 990, Part VIII, line 1					<b>►</b> \$		
	sets included in Form 990, Part X							
~ 33	oco meradea mironni 550, i dit A					<b>-</b> → —		

Part	•••• Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Tre</u>	asures,	or Oth	er Similar <i>A</i>	<u>\sse</u>	ts (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ny of th	ne foll	owing th	at are a si	gnıfıcant	use of its colle	ction		
а	Public exhibition		d	$\sqcap$	Loan or	exchange	progran	าร			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	w the	/ further	the organ	ızatıon's	exempt purpos	e ın		
5	During the year, did the organization solicity assets to be sold to raise funds rather than							ımılar	Γ,	Yes	┌ No
Par	t IV Escrow and Custodial Arrang						wered '	'Yes" to Form	990	,	
	Part IV, line 9, or reported an ar		•								
	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or oth	er asset:	s not	Γ,	í es	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ring ta	able						
									\ mou	<u>nt</u>	
с	Beginning balance						10				
d	Additions during the year						10	-			
e	Distributions during the year						10				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	ne 21?						Γ,	ſes	┌ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete	If the organizatio		were Prior \		' to Form (c)Two Year		art IV, line 10 d)Three Years Bac		Four Ve	ars Back
la	Beginning of year balance	(a)current rear	(5)	<i>)</i> 11101	rear (	(c) Two Tean	3 Back (	dyrinee rears bac	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Tour TC	dis back
b	Contributions									-	
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
Ь	Permanent endowment 🕨 %	•									
c	Term endowment ► %										
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that a	re held a	and admin	istered fo	or the	ı	Yes	No
	(i) unrelated organizations							3	a(i)	163	
	(ii) related organizations								a(ii)		
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?			🗀	3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Building	s, and Equipme	ent. S	ee F	orm 990	0, Part X	, line 10	) <u>.                                    </u>			
	Description of investment				Cost or oth		ost or other is (other)	(c) Accumulate depreciation		( <b>d)</b> Boo	k value
1a	and						3,893,92	7		3	3,893,927
b	Buildings						12,275,33	8 2,754,5	526	ē	9,520,812
c	_easehold improvements						206,20	7 49,0	)12		157,19
d	Equipment						16,011,17	7 8,517,6	553	7	7,493,524
e	Other						260,283,62	6 71,629,9	93	188	3,653,633

209,719,091

Part VII Investments—Other Securities. See  (a) Description of security or category	Form 990, Part X, line 12	(c) Method of valuation
(including name of security)	(b)Book value	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	e Form 990, Part X, line : T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
((-,	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. Otion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. Otion	(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	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. Otion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	

Schedule D (Form 990) 2009

Pai	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	88,932,169
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	80,945,554
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,986,615
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	-2,253,368
9	Total adjustments (net) Add lines 4 - 8	9	-2,253,368
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,733,247
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	88,932,169
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	88,932,169
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		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	88,932,169
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	80,945,554
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
- a	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	
3	Subtract line <b>2e</b> from line <b>1</b>	3	80,945,554
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		
с	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	80,945,554
Pai	t XIV Supplemental Information	<b>'</b>	· · ·

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 XI, Line 8	Part XI, Line 8 Other Changes in	Additions to other equities \$74733 Retirement of capital credits				
	Net Assets or Fund Balances	\$ -2328101				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information** 

DLN: 93493118001160

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Flathead Electric Cooperative Inc **Employer identification number** 

81-0135783

Ра	Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D					
	officers, directors, trustees, and the CLO/Executive D	mecu	or, regarding the items checked in the Tar	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that					
	Compensation committee		Written employment contract			
	Independent compensation consultant	~	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplementa	al non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			7		
8	Were any amounts reported in Form 990, Part VII, pai					
	subject to the initial contract exception described in R in Part III	Regs	section 53 4958-4(a)(3)? If "Yes," describe			
				8		
9	If "Yes" to line 8, did the organization also follow the r section 53 4958-6(c)?	ebutt	able presumption procedure described in Regulations	9		

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellellits	(6)(1)-(0)	Form 990 or Form 990-EZ
Mark Johnson	(I) (II)	114,710	54	18,244	57,803	13,694	204,505	
Kenneth Sugden	(I) (II)	167,510	40,054	40,955	101,877	11,293	361,689	
Frank Kauzlarich	(I) (II)	97,597	108	10,520	29,696	12,956	150,877	
Dave Biggar	(I) (II)	100,260	108	24,840	95,047	2,052	222,307	
	•			•				L- 1 (F 000) 2000

#### 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	Return Reference	Explanation
Line 1a	1a Relevant	The Cooperative serves a very remote portion of Montana Recruitment for this position was very difficult and resulted in the compensation package including a housing allowance of \$650 per month. A total of \$5,850 in taxable compensation (approved by the HR Director and General Manager) was disbursed to the individual that finally assumed the position

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Are there any lease arrangements with respect to the financed property

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

which may result in private business use?

DLN: 93493118001160 OMB No 1545-0047

Open to Public **Inspection** 

Schedule K (Form 990) 2009

Employer identification number

# **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization

Flathead Electric Cooperative Inc

► Attach to Form 990. ► See separate instructions.

81-0135783 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No Flathead County Landfill Gas Flathead Electric Cooperative Inc 81-0135783 04-28-2009 3,500,000 Χ Х Project Proceeds C D Ε Α В Total proceeds of issue 3,500,000 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds 3,500,000 Year of substantial completion 8 2009 Yes No Yes Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue? Х 9 Were the bonds issued as part of an advance refunding issue? Χ 10 Has the final allocation of proceeds been made? Χ 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? **Private Business Use** В C Е Α D Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, Χ which owned property financed by tax-exempt bonds?

Χ

Cat No 50193E

Part III Private Business Use (Continued)	Part III	<b>Private</b>	<b>Business</b>	Use	(Continued)
---	----------	----------------	-----------------	-----	-------------

	Trivate basiness ose (conanaca)					В			С				
		Yes	A	No	Yes	_	lo	Yes	C No	Yes	D No	Yes	E No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?			X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?			X									
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X											
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government												
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government												
6	Total of lines 4 and 5												
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	x											
Par	t IV Arbitrage	Α			В			C			<u> </u>	E	<del></del>
	Yes	No		Yes	No No	,	Yes		No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and												
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?												
	X												
2	Is the bond issue a variable rate issue?	Х											
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and												
	records?	Х											
ь	Name of provider												
с	Term of hedge												
4a	Were gross proceeds invested in a GIC?	Х											
b	Name of provider												
с	Term of GIC												
d	Was the regulatory safe harbor for establishing the fair market												
	value of the GIC satisfied?												
5	Were any gross proceeds invested beyond an available temporary period?	Х											
6	Did the bond issue qualify for an exception to rebate?												
	^												

**SCHEDULE 0** 

(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 Flathead Electric Cooperative Inc Employer identification number

81-0135783

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The organization responds to member inquiries for information, but generally does not provide printed policies or financial information, in accordance with Board policy. Some documents and information are available on the organization's wiebsite. For information not on the organization's wiebsite, documents are available for review upon written request.
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation of other officers or key employees, if any, are determined annually by the General Manager and the Human Resources Director using a salary matrix and written performance evaluations
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Management ensures the enforcement of the policy Management and the Board reviews any potential conflicts of interest, at least annually. Any potential conflicts are discussed with legal council in order to determine the appropriate form of action, if necessary, in accordance with the policy.
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	After the Form 990 has been prepared by the independent accountants, management reviews the Form for accuracy and completeness. Once management believes the Form is complete and accurate, the Form is submitted to the Board for their review and approval Upon receiving their approval, the Form is signed and filed
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Each year, the governing body appoints a nominating committee. The nominating committee meets and nominates a slate of candidates to run for election to the governing body. Nominations by petition are also accepted for candidates to run for election to the governing body. There is one class of membership for all members and each is entitled to one vote for electing trustees.
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Members consist of individuals and businesses that receive electric service from the Cooperative Members receive a share of the Cooperative's margins through an allocation and approved retirement of patronage capital