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990

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| A | For t | he 2009 c | alendar | year, or tax year beg | inning Janua | ary 1 | 2009, ar | d ending | Decer | nber 31 | , 20 09 | |
|---------------------------|----------------------|----------------------|----------------------|--|--|---|-----------------------------|-----------------------------|-----------------------------|----------------------------|--------------------------------------|---------------------|
| В | Check if | applicable | Please | C Name of organization | Bridger Valley El | ectric As | sociatio | n, Inc. | | D Emplo | yer identification | number |
| | | s change | use IRS label or | Doing Business As | | | | | | 83 | 01069 | 08 |
| | | change | print or | Number and street (or P.C | box if mail is not delivere | ed to street ad | dress) | Room/suite | | E Teleph | one number | |
| | Initial re | | type See | PO Box 399 | | | ĺ | | | (307) | 786-28 | 00 |
| | Termina | | Specific Instruc- | City or town, state or o | country, and ZIP + 4 | | | | | | | |
| | | ed return | tions | Mountain View WY | 82939 | | | | | G Gross re | eceipts \$ | |
| | | on pending | F Nan | ne and address of principa | al officer | | | | H(a) is the | a drown return | n for affiliates? Yes | . ✓ No |
| | | | <u> </u> | | | | | | 1 | | included? Tyes | _ |
| ī | Tax-ex | cempt status | Z 5 | 01(c) (12) ◀ (insert no) | 4947(a)(1) or | 527 | | | 1 | | a list (see instructi | |
| J | Webs | ite: ► wv | ww.bve | a.net | | | | | H(c) Group | exemption nu | rmber ▶ | - |
| K | Form of | f organization | Z Corpo | oration Trust Associa | tion ☐ Other ▶ | | L Year | of formation | | | f legal domicile V | VY |
| P | art I | Summ | ary | | | _ | | | | | | |
| Activities & Governance | | Sale of I | Electric | the organization's m | ervice to Membe | ers | | | | | | |
| ò | l . | | | If the organization disc | • | • | | than 25% of | its net asse | | • | |
| 8 | 3 | Number (| of votin | g members of the g | overning body (Pa | art VI, line | 1a) | | | 3 | | 7 |
| ies | 4 | Number (| of indep | pendent voting mem | bers of the gover | ning body | (Part VI | line 1b) | | 4 | | 7 |
| ₹ | 5 | Total nun | nber of | employees (Part V, | line 2a) | | | | | . 5 | | 32 |
| Ą | 6 | Total nun | nber of | volunteers (estimate | e if necessary) | | | | | . 6 | | 0 |
| | 7a | Total gros | ss unre | lated business rever | u <u>e from Part VIII,</u> | column (0 | C), line 1: | 2 | | . 7a | i | 0 |
| | <u>b</u> | Net unrel | ated bu | usiness taxable incor | ne from Form 90 | → Tyline 3 | 7. | | · | . 7b | | 0 |
| | 1 | | | | | | | _ | Prior Ye | | Current Ye | ar |
| ō | | | | d grants (Part VIII, II | | | S. | . | | 0 | | 0 |
| enn | | | | revenue (Part VIII, la | | 3 2010 | . 101. | | | 386,541 | | <u>01,010</u> |
| Revenue | | | | me (Part VIII, columr | | | 8 | | | 187,361 | 1 | <u>42,769</u> |
| _ | 11 | Other rev | enue (P | Part VIII, column (A), | lines 5 69 86, 8 | 5 10c an | d-1Te | | | 6,325 | | 6,617 |
| | 12 | Total reve | nue – ac | dd lines 8 through 11 | (must doubter latty | (JNIcolum) u | (A), line | 12) | 9, | 580,227 | 10,3 | 50,396 |
| | 13 | Grants an | nd sımıl | ar amounts paid (Pa | rt IX, column (A), | lines 1-3) | | | | 0 | | 0 |
| Ø | 14 | Benefits p | paid to | or for members (Par | t IX, column (A), i | line 4) . | | | | 0 | | 0 |
| Expenses | | | | mpensation, employe | • | | | 10) | 2,: | 351,752 | 2,4 | <u>56,506</u> |
| bei | | | | draising fees (Part IX, | | | | <i>.</i> ⊢ | | 0 | | 0 |
| ŋ | b | Total fund | draising | expenses (Part IX, co | lumn (D), line 25) 🕨 | - | | <u> </u> | | | | |
| | | | | (Part IX, column (A), | | | | | | 667,547 | | 53,942 |
| | | | | Add lines 13-17 (mu | | column (A |), line 25 | i) | | 019,299 | | 10,448 |
| . " | 19 | Revenue I | ess exp | enses. Subtract line | 18 from line 12 | | · · ·_ | · | | 60,928 | | 39,948 |
| s or | | | | | | | | Beg | inning of Cu | | End of Yes | |
| Net Assets Fund Balanc | 20 | | • | rt X, line 16) | | | • | | | 134,560 | | <u> 28,446</u> |
| P P | 21 | | | Part X, line 26) | | | | | | 521,468 | | 65,062 |
| | | | | nd balances. Subtra | ct line 21 from line | <u>e 20 </u> | · | | 11,8 | 313,092 | 12,2 | 63,384 |
| Sig | i rt II In | Under per | nalties of | perjury, I declare that I have correct, and complete I | ve examined this return Declaration of preparer | n, including a r (other than | ccompanyii officer) is b | ng schedules ased on all | s and statem information | nents, and to of which pro | o the best of my keeparer has any kn | nowledge owledge |
| He | re | F. | Dan Or print r | fficer ANY EYPE name and title | | renera | 1/ | lanage | Date E | | | |
| | | - | ┪ | | *** * | | Date | Check | c if | Preparer's « | dentifying number | |
| | | Preparer's signature | • | | | | | self- | yed ▶ □ | (see instruct | | |
| Paid | | | 7 | | | | | emplo | yeu - LJ | | | |
| | arer's | Firm's nar | me (ar vo | urs L | | | L | | EIN | > : | | |
| Use | Only | if self-emp | ployed), | | | | | | | |) | |
| | | address, a | | | arer chesses =b | 2 (25 - : - : | | | Phone no | , , , | | |
| | | | | return with the prep | | | | | | · · · - | Yes | No No |
| For | Privac | v Act and | l Papen | work Reduction Act N | lotice, see the sep | arate instr | uctions. | | Cat No 11 | 282Y | Form 99 | U (2009) |

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

| Γd | Statement of Program Service Accomplishments | |
|----|--|------------|
| 1 | Briefly describe the organization's mission Sale of Electric Power & Internet Service to Members. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | ☐ Yes ☑ No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | ☐ Yes ☑ No |
| 4 | If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$ |) |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ▶ | |

| 1.6 | Checklist of nequired Schedules | | | |
|-----------|--|-----------|----------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1_ | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | ✓ | |
| • | 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 | ✓ | |
| 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 | | | |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | √ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</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 | | ✓ |
| 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 | | ✓ |
| 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 | | √ |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | _ ✓ |

| Pa | rt 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 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | |) | 1 |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 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 | | √ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ✓ |
| С | 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 | | 1 |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ✓ |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | √ |
| 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 | | * |
| 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 | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ✓ |
| 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 | 1 | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓_ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ✓ |
| 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 | | ✓_ |
| 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 | | <u> </u> |
| 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 | | · |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 36 | | ✓_ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | , |
| •• | Part VI | 37 | | <u>✓</u> |
| 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 | 1 | |

| Pe | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
|------------|--|---------------|----------|-----------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | İ |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |
| 2 a | 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 33 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ✓ | <u> </u> |
| | 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 | | | ļ |
| | this return? | 3a | | 1 |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | ├ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 1 |
| b | If "Yes," enter the name of the foreign country: ▶ | | i ! | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. | 5a | | ✓ |
| | and the second s | 5b | | 1 |
| С | 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 | | |
| | 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 | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | T | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . | 7g | | <u> </u> |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | _ | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | ļ | ĺ |
| | 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 | \dashv | - |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | | |
| a | Did the organization make any taxable distributions under section 4966? | 9b | \dashv | |
| b 10 | Did the organization make a distribution to a donor, donor advisor, or related person? | + | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | l |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | - 1 | |
| 11 | Section 501(c)(12) organizations. Enter: | ĺ | - 1 | |
| | Gross income from members or shareholders | - | | İ |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | l | İ | |
| - | amounts due or received from them) | | | ļ |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | ction A. Governing Body and Management | | | |
|------|---|---------|----------|----------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | İ |
| 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 business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | 1 |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | √ |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | ✓ |
| 6 | Does the organization have members or stockholders? | 6 | ✓ | |
| 7a | | | | |
| | of the governing body? | 7a | 1 | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | 1 | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following. | | | |
| а | The governing body? | 8a | ✓ | |
| | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| | 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 | 9a | | 1 |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inte- | | | <u> </u> |
| Rev | enue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | √ |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | ĺ | | |
| | form? | 11 | 1 | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | V | |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | ✓ | |
| _ | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| C | describe in Schedule O how this is done | 12c | ✓ | |
| 13 | Does the organization have a written whistleblower policy? | 13 | ✓ | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | ✓ | |
| 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? | İ | Ī | ļ |
| а | The organization's CEO, Executive Director, or top management official | 15a | 1 | |
| | Other officers or key employees of the organization | 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 | | l | |
| | 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 | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | tion C. Disclosure | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c | | | _ |
| | 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 | of inte | rest | |
| | policy, and financial statements available to the public. | | | |
| | State the name, physical address, and telephone number of the person who possesses the books and recor | ds of | the | |
| - | organization: ► Susan Porter, Bridger Valley Electric, 40014 Business Loop I-80, Mt. View, WY 82939 (3 | 07) 7 | 36-28 | 00 |

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. 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 | ompensate | any o | curr | ent | offi | cer, c | direc | tor, or trustee. | • | |
|---|----------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|--|--|--|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and Title | Average hours per | | | | k all | that ar | | Peportable | Reportable | Estimated |
| | nours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| D. Kim Charles Director & Board President | 5.0 | / | | / | | | | 13,918 | | 36 |
| Gary Nix Director & Board Vice President | 3.0 | 1 | | ✓ | | | | 13,958 | i | 36 |
| D. Jud Redden Director and Board Sec./Treasurer | 2.5 | 1 | | 1 | | | | 20,053 | | 36 |
| Jon Wilde Director | 2.0 | √ | | | | | | 17,553 | | 36 |
| Marion Talbot Director | 1.0 | ✓ | | | | | | 3,036 | | 36 |
| Clinton Walker Director | 1.5 | 1 | | | | | | 5,079 | | 36 |
| Betty Applequist Director | 3.5 | 1 | | | | | | 11,076 | | 36 |
| F. Danny Eyre General Manager | 42 | | | ✓ | | | | 108,342 | | 33,103 |
| | | | | | | | | | | |
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| Pa | rt VII Section A. Officers, Directors, Tra | ustees, Key | Emp | loy | ees, | , an | d Hig | hes | t Compensate | d Employee | es (continued) | |
|-----|---|------------------------------|-----------------------------------|---------------------|--------------|----------------|------------------------------|------------|---|--|---|---|
| | (A) | (B) | _ | | • | C) | | | (D) | (E) | (F) | |
| | Name and title | Average hours per week | Individual trustee or director | nstrutional trustee | Officer | a Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportab compensat from relat organizati (W-2/1099-M | tion amount of ted other ons compensation | |
| | | | | | | | | | <u> </u> | | | |
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| | | | | } | | | | | İ | | - | |
| 1b | Total | | | | | | | • | | | | _ |
| 2 | Total number of individuals (including but reportable compensation from the organization from the organization) | | to the | se | liste | ed a | bove) |) wh | o received mo | re than \$1 | 00,000 in | _ |
| 3 | Did the organization list any former office employee on line 1a? If "Yes," complete So | | | | | | | yee | e, or highest co | ompensate | Yes No | |
| 4 | For any individual listed on line 1a, is the s the organization and related organizations of individual | | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive services rendered to the organization? If "Y | or accrue (/es," comp | comp lete S | ens Sche | atıo edul | n fi e J | rom a | any uch | unrelated orga | anization fo | or | |
| Sec | ction B. Independent Contractors | | | | | | | | | | | _ |
| 1 | Complete this table for your five highest co- compensation from the organization | mpensated | d inde | per | nder | nt c | ontra | ctor | s that received | I more than | n \$100,000 of | |
| | (A) Name and business add | ress | _ | | | | | | (B) Description of se | rvices | (C) Compensation | |
| | | | | | | | | | | | | |
| | | | | | | - | | | | | | _ |
| 2 | Total number of independent contractors (in more than \$100,000 in compensation from | | | | ted | to t | hose | liste | ed above) who | received | | |

| t VII | Statement of Re | evenue | | | | | | |
|-----------------------------|---|-------------------|-------------------|---------------------|----------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from t under sections 512, 513, or 51 |
| 1a | Federated campaigns | | 1a | 0 | | | | |
| Ь | Membership dues . | | 1b | 0 | | | | |
| С | Fundraising events | | 1c | 0 | j | | | |
| d | Related organizations | . [| 1d | 0 | | | | |
| e | | ributions). | 1e | 0 | } | } | | |
| f | All other contributions, gifts, | grants, | | 1 | | | | |
| | and similar amounts not inclu | | 1f | 0 | ł | | | l |
| 1a b c d e f | Noncash contributions include | ed in lines 1a-11 | f [.] \$ | | | | | 1 |
| h | Total. Add lines 1a-1f | . | - : ; | <u> </u> | | | | ļ |
| | Sala of Electric Energ | | } | Business Code | 0.407040 | 0.407.040 | | |
| 2a | Mine Comdess | уу | ···· | | 9,497640 | 9,497,640 | | |
| b | Misc Services Contract Work | | } | | 592,828 | 592,828 | | |
| C | Write Down of Lean | | 1 | | 19,842 | 19,842 | | |
| d | Write Down of Loan | | ···· | | 10,000 | 10,000 | | |
| e f | All other program servi | | | | 80,700 | 80,700 | | <u> </u> |
| g | Total. Add lines 2a-2f | | | ▶ | 10,201,010 | 33,:30 | | |
| 3 | Investment income (inc | | | | | | | |
| Ţ | other similar amounts) | | | | 136,086 | 136,086 | 0 | 136,0 |
| 4 | Income from investment of | of tax-exempt | bond | proceeds > | 0 | 0 | 0 | |
| 5 | Royalties | | | <u>.</u> . ▶ | 0 | 0 | 0 | |
| 1 | | (i) Real | | (ii) Personal | | | | |
| 6a | | 4, | ,758 | 0 | | 1 | | |
| b | Less rental expenses | | | | | | | |
| C | | | ,758 | 0 | | | | |
| d | Net rental income or (lo | | | ▶ | 4,758 | 4,758 | 0 | 4,7 |
| 7a | Gross amount from sales of | (i) Securities | 5 | (II) Other | | | | |
| | assets other than inventory | - | | 14,776 | | | | |
| b | Less: cost or other basis | | | 8,093 | | ľ | | |
| İ | and sales expenses . | | + | 6,683 | | į | | |
| | Gain or (loss) Net gain or (loss) . | | | 0,083 | 6,683 | 6,683 | 0 | 6,6 |
| l | | | , Ļ | | 0,003 | 0,003 | | 0,0 |
| 8a | Gross income from events (not including \$ | fundraising | 9 | | 1 | ļ | | |
| | of contributions reported | | . | | | | | |
| ĺ | | | | o | | | | |
| ь | Less. direct expenses | | | 0 |] | | | |
| | Net income or (loss) fro | | | ents . ▶ | 0 | 0 | 0 | |
| 9a | Gross income from gam | iing activities | . [| | | | | |
| | See Part IV, line 19 | | a _ | 0 | ĺ | İ | | |
| b | Less, direct expenses, | | ьL | 0 | | | | |
| С | Net income or (loss) fro | om gaming a | activit | ies ▶ | 0 | 0 | 0 | |
| 10a | Gross sales of inve | | | 44-14 | - | | | |
| _ | returns and allowances | | | 11,749 |] | | | |
| | Less: cost of goods so | | | 9,889 | 4 050 | 4.050 | <u>-</u> | |
| <u>_</u> | Net income or (loss) from Miscellaneous Reve | | | Business Code | 1,859 | 1,859 | 0 | 1,8 |
| 110 | | | | | | | | |
| 11a b | •••••• | | [| | | | | |
| 2 | | | ··· - | | | | | |
| ا ا | All other revenue | | | | | | | |
| u | Total. Add lines 11a-11 | 4 | L | ▶ | | | | |
| _ | | | | | | | | |

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete column.

| | All other organizations must complete con | unin (A) but are no | t required to com | piete columns (b), | (C), and (D). |
|----------|---|-----------------------|------------------------------|-------------------------------------|--|
| | o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | 0 | | · | |
| 2 | organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in | 0 | | | |
| 3 | the U.S. See Part IV, line 22 | | | | |
| | 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 | 226,125 | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | o | | | |
| _ | persons described in section 4958(c)(3)(B) | | - | | |
| 7 | Other salaries and wages | 1,487,710 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 231,462 | | | |
| 9 | Other employee benefits | 364,520 | | | |
| 10 | Payroll taxes | 146,688 | · | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| b | Legal | 16,623 | | | |
| С | Accounting | 10,000 | | | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | · | |
| | Other | 19,801 | | | |
| 12 | Advertising and promotion | 99,574 | | | |
| 13 14 | Office expenses | 0 | | | |
| 15 | Information technology | 0 | | | |
| 16 | Cocupancy | 0 | | | |
| 17 | Travel | 9,046 | | | |
| 18 | Payments of travel or entertainment expenses | 7,7 | ., | | |
| 10 | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings . | 88,369 | | | |
| 20 | Interest | 306,552 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization. | 1,066,959 | | | |
| 23 | Insurance | 49,572 | | | |
| 24 | Other expenses. Itemize expenses not | | | | • |
| | covered above (Expenses grouped together | | | | ļ |
| | and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below.) | | | | |
| а | POWER COST | 4,238,855 | | | |
| b | MISCELLANEOUS | 1,448,591 | | | |
| C | | | | | |
| d | | | | | |
| e | All of | ····· | | | |
| f 25 | All other expenses Total functional expenses. Add lines 1 through 24f | | | | |
| 25 26 | Joint costs. Check here ► ☐ If following | | | | |
| _• | SOP 98-2 Complete this line only if the | | İ | ` | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation | 9,810,448 | | | |
| | | | | | |

Part X **Balance Sheet** (A) Beginning of year (B) End of year 600 600 Cash-non-interest-bearing 1 Savings and temporary cash investments . . . 33,897 378,089 2 2 3 0 3 0 1,348,123 782,143 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 0 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 0 6 0 166,807 7 Assets Notes and loans receivable, net 0 340,312 8 336.024 8 Prepaid expenses and deferred charges . 249,401 9 152,642 9 Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D b Less: accumulated depreciation . . . 10b 17,076,580 10c 17,282,262 Investments-publicly traded securities 0 11 11 Investments-other securities. See Part IV, line 11 0 12 12 0 781,517 13 829,637 13 Investments-program-related See Part IV, line 11 0 14 14 n 15 3,303 15 1.069 16 Total assets. Add lines 1 through 15 (must equal line 34) 19,434,560 16 20,328,446 17 Accounts payable and accrued expenses 1,403,335 17 1,625,490 0 18 18 0 Deferred revenue 0 19 19 0 Tax-exempt bond liabilities 20 0 20 0 0 21 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D Pavables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 0 0 6,032,126 Secured mortgages and notes payable to unrelated third parties . . . 23 5,415,864 Unsecured notes and loans payable to unrelated third parties . . . 24 0 24 900,000 Other liabilities. Complete Part X of Schedule D 25 186,007 25 123,708 Total liabilities. Add lines 17 through 25 7,621,468 8,065,062 Organizations that follow SFAS 117, check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. 0 27 27 0 Temporarily restricted net assets 0 28 0 28 Fund Permanently restricted net assets . . 0 0 29 29 Organizations that do not follow SFAS 117, check here ▶ □ ò and complete lines 30 through 34. Assets Capital stock or trust principal, or current funds 30 n/a 30 n/a 31 n/a 31 n/a Paid-in or capital surplus, or land, building, or equipment fund . 12,263,384 32 Retained earnings, endowment, accumulated income, or other funds 11,813,092 32 11,813,092 12,263,384 33 33 Total liabilities and net assets/fund balances 34 19,434,560 20,328,446

| Pa | rt XI Financial Statements and Reporting | | | |
|----|--|----|----------|----|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| | Schedule O | | | l |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | ✓ |
| b | | 2b | ✓ | |
| C | If "Yes" to line 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? | 2c | | ✓ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O | | | |
| 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 separate basis | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | 3a | ✓ | |
| 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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury ► Attach to Form 990. ► See separate instructions. nternal Revenue Service Name of the organization Employer identification number Bridger Valley Electric Association, Inc. 0106908 83 : 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) Aggregate value at end of year . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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. Part II 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 Tax Year 2a a Total number of conservation easements . . . Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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 Yes No 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 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . 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. 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. 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: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Page 2 |
|--------|
|--------|

| A-L-41 | _ | ~ | | 0000 |
|----------|---|-------|------|------|
| Schedule | υ | (Form | 9901 | 2009 |

| 00/10 | date b (Form 500) 2000 | <u> </u> | | | | | | | | age _ |
|----------|--|------------------------------------|---------------------|-------------|---------------------------------------|----------|----------------------|--------------|--------------|-------------|
| Pa | rt III Organizations Maintaining | Collections | of Art, H | listoric | al Treasures, | or O | ther Similar | Assets (| contin | ued) |
| 3 | Using the organization's acquisition, accollection items (check all that apply): | cession, and | other reco | ords, ch | eck any of the | follow | ing that are a | ı sıgnıfıcar | it use | of its |
| а | Public exhibition | | d | | Loan or excha | nge pr | ograms | | | |
| b | Scholarly research | | е | | Other | - | _ | | | |
| С | Preservation for future generation | s | | | | | | | | |
| 4 | Provide a description of the organization Part XIV | on's collection | s and exp | olain ho | w they further | the or | ganization's e | exempt pu | rpose | ìn |
| 5 | During the year, did the organization soluassets to be sold to raise funds rather th | cit or receive d an to be maint | onations o | of art, he | storical treasure ne organization' | es, or c | other similar ction? | | res [|] No |
| Pa | rt IV Escrow and Custodial Arra IV, line 9, or reported an am | ingements. Count on Form | Complete 990, Pa | if the c | rganizatıon ar e 21. | nswere | ed "Yes" to | orm 990 | , Part | |
| 1a | Is the organization an agent, trustee, concluded on Form 990, Part X? | ustodian or of | | | | | other assets | | es 🗀 |] No |
| b | If "Yes," explain the arrangement in Pa | rt XIV and cor | mplete the | e follow | ng table: | | | | | |
| | | | | | | ļ | | Amount | | |
| С | Beginning balance | | | | | 1c | ļ | | | |
| d | Additions during the year | | | | | 1d | | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a b | Did the organization include an amoun If "Yes," explain the arrangement in Pa | rt XIV. | <u> </u> | | | | | | ′es | J No |
| Pa | rt V Endowment Funds. Comp | lete if the or | ganizatio | n ansv | vered "Yes" to | o Fori | n 990, Part | IV, line 1 | 0 | |
| | | a) Current year | (b) Prid | or year | (c) Two years t | ack (| d) Three years b | ack (e) Fou | ır years | back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| đ | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | | |
| f g | Administrative expenses End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of th | e year end ba | lance hel | d as· | | | | | | |
| а | Board designated or quasi-endowment | > | % | | | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | | |
| С | Term endowment ▶ % | | | | | | | | | |
| 3a | Are there endowment funds not in the programization by | ossession of th | ne organız | ation th | at are held and | admır | nistered for th | e | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | $oxed{oxed}$ | |
| | (ii) related organizations | | | | | | | 3a(ii) | ullet | |
| b | If "Yes" to 3a(II), are the related organiz | ations listed a | s required | d on Sc | hedule R? . | | | . 3b | <u> </u> | |
| 4 | Describe in Part XIV the intended uses | | | | | | | | | |
| Par | t VI Investments—Land, Buildi | ngs, and Eq | uipment | t. See F | orm 990, Par | t X, lii | ne 10. | | | |
| | Description of investment | (a) Cost or ot (investm | | | est or other is (other) | | cumulated reciation | (d) Boo | ok value | |
| 1a | Land | | 302,225 | | | | | | 302 | ,225 |
| b | Buildings | 1. | 388,804 | | | | -905,936 | | | ,868 |
| c | Leasehold improvements | | 0 | | | | | | | 0 |
| d | Equipment | 27. | 426,031 | | | | 12,301,516 | 1 | 5,124 | ,515 |
| <u>e</u> | Other | | 951,387 | | | | -2,578,733 | | 1,372 | |
| Tota | I. Add lines 1a through 1e. (Column (d) mus | t equal Form 9 | 90, Part X, | column | (B), line 10(c).) | | ▶ | 1 | 7,282 | |
| | | | | | | | _ | | | |

| Part VII Investments—Other Securitie | | | Page |
|---|--------------------------|--|--|
| | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total (Column A) must accord from 2000 Part V and (D) (1/2 to) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | | | |
| Part VIII Investments—Program Relate | d. 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 | |
| Moon Lake Electric-Capital Credits | 75 | | |
| SEDC-Capital Credits | 24,523 | | |
| Federated Insurance-Capital Credits | 31,815 | | ·· |
| NRTC-Capital Credits | 33,575 | | ······································ |
| Cooperative Response Center | 14,433 | | |
| National Rural Utility Cooperative Finance | 561,497 | | |
| MGR-Investment | 162,306 | | |
| Deseret G&T-Membership | 5 | | |
| NRTC Membership | 1,000 | | |
| Wildblue Participation Fee | 408 | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ► Part IX Other Assets. See Form 990, Pa | 829,637 | | |
| Part IX Other Assets. See Form 990, Pa | | | 425 |
| Interest Receivable | (a) Description | · - | (b) Book value 984 |
| Miscellaneous Current Assets | | | 85 |
| | | | - 63 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (| B) line 15.) | | 1,069 |
| Part X Other Liabilities. See Form 990, | Part X, line 25. | | |
| 1. (a) Description of liability | (b) Amount | | |
| ederal income taxes | | | |
| Customer Deposits | 66,495 | | |
| Unamortized Gain on Required Debt | 57,213 | <u>니</u> | |
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| 15 22 2 2 2 | | 4 | |
| fotal. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 123,708 | | |

| Sche | dule D (Form 990) 2009 | | Page 4 |
|------------|--|-----------------|------------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S | tatem | ents |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 10,381,237 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 9,820,337 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 560,900 |
| 4 | Net unrealized gains (losses) on investments | 4 | 0 |
| 5 | Donated services and use of facilities | 5 | 0 |
| 6 | Investment expenses | 6 | 0 |
| 7 | Prior period adjustments | 7 | 0 |
| 8 | Other (Describe in Part XIV) | 8 | (110,608) |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | (110,608) |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 450,292 |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Statements With Revenu | e per | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 10,318,237 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments | | |
| þ | Donated services and use of facilities | _ | |
| С | Recoveries of prior year grants | _ | |
| d | Other (Describe in Part XIV.) | | |
| е | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 10,318,237 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | Ì | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV.) | | |
| С | Add lines 4a and 4b | 4c | 0 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 10,318,237 |
| Pai | t XIII Reconciliation of Expenses per Audited Financial Statements With Expense | ses pe | r Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 9,820,337 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | _] | |
| С | Other losses | | |
| d | Other (Describe in Part XIV.) | | |
| е | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 9,820,337 |
| 4 | Amounts 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.) | 7 | |
| С | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 9,820,337 |
| Par | t XIV Supplemental Information | | |
| and : | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d ar part to provide any additional information | | |
| Par | t XI, Line 8 - Patronage Capital refunded to members | | |
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, Schedule D (Form 990) 2009

| Schedule D (Form | n 990) 2009 | | _ | | | | | | Page 5 |
|------------------|---|---|---|---|---|---|---|---------------------------------------|---|
| Part XIV | Supplemental | Information | (continued) | | | | | | |
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons
Complete if the organization answered

"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

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Bridger Valley Electric Association, Inc. 83 0106908

| Part I | Excess Benefit Transactions Complete if the organization answ | | | | | | | | Part V | , line 4 | 40b. | | | |
|------------------|---|--|--|----------------------------------|-------------|--|-----------------|--------|----------|----------------|------------------------------|----------------|-----------------|--|
| 4 | | | | | | | | | | | | (c) Corrected? | | |
| 1 | (a) Name of disqualified person | | | | (b) I | Description of | transaction | 1 | | | | Yes | No | |
| | | | | | | | | | | | | | | |
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| | the amount of tax imposed on to section 4958 | | | | | | | | | | | | - | |
| | the amount of tax, if any, on lin | | | | | | | | | ▶ \$ | _ | | _ | |
| Down II | | - 1 - 1 D | | | <u></u> | | | | | | | | | |
| Part II | Loans to and/or From Interes | | | on Form Of | 10 Deat II | I line 26 | ar Farm (|)00 E | 7 Da | → \ / 1 | .no 20 | 2. | | |
| | Complete if the organization at | | | | - | | | | | T | | T T | | |
| (a) Nan | ne of interested person and purpose | | to or from anization? | (c) Ori principal | | (d) Balan | (d) Balance due | | default? | by bo | proved ard or uttee? | | ritten ment? | |
| | | То | From | | | | | Yes | No | Yes | No | Yes | No | |
| | | | 1.5.,, | | | | | 163 | | 163 | | 163 | | |
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| Total . | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | . ▶ \$ | | | | | | | | | |
| Part III | Grants or Assistance Benefit | - | | | | | | | | | | | | |
| | Complete if the organization ar | <u>iswered</u> | "Yes" o | on Form 99 | 00, Part I | /, line 27. | | | | | | | | |
| (| a) Name of interested person | (b) Re | lationship | between inte organizat | | on and the | (c |) Amou | nt and | type o | f assist | tance | | |
| | | <u> </u> | | | | | | - | | | | | | |
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| Part IV | Business Transactions Involv | ina Into | rooted | Porcene | | | <u> </u> | | | | | | | |
| I all IV | Complete if the organization ar | _ | | | 00 Part IV | / line 28a | 28h or | 280 | | | | | | |
| | ame of interested person | | | | 1 | | ı' | | | | | (a) Ch | | |
| (a) No | ane of interested person | | | p between on and the ition | | (c) Amount of transaction (d) Description of transaction | | | | organiz | aring of ation's nues? | | | |
| | | | | | | | | | | | | Yes | No | |
| D. Kim Ch | arles | Direct | or & Pr | esident | | 4,485,353 | Whisle. | Powe | er Pui | rchas | e | | 1 | |
| D Jud Red | lden | Direct | or & Se | c/Treas. | | 4,485,353 | Whisle. | Powe | er Pur | rchas | e | | \ | |
| F. Danny E | yre | Gener | al Man | ager | | | Insuran | | | | | | ✓ | |
| Deseret Po | | Whisi | e Powe | r Supplier | | 4,485,353 | Whisle. | Powe | er Sal | е | | | \checkmark | |
| Federated | Rural Electric Insurance | Insura | ince Pr | ovider | | 60,235 | Insuran | ce Co | vera | ge | | | ✓ | |

SCHEDULE O (Form 990)

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 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer Identification number

| Bridger Valley Electric Association, Inc. | 83 | 0106908 |
|---|-------------|-------------------------|
| Part VI, Section A, Line 6 | • | |
| Every individual, business, or other entity who receives electric service from the organiza | tion is | a member |
| | | |
| De (M. Cartina A. Lina 7) | | |
| Part VI, Section A, Line 7a | | |
| Directors are elected by voting district from among the members. Every member has one | vote. | Members may vote in |
| person or by mail-in ballot. | . . | |
| | | |
| Part VI, Section A, Line 7b | | |
| Members comprising not less than ten (10) percent of the total membership may submit b | y petit | ion a written copy of a |
| proposal or item to be placed on the ballot to be voted on by the entire membership. In ad | dition, | the governing body may |
| not sell, lease, or dispose of property representing more than ten (10) percent of the total | assets | of the organization |
| unless such sale is authorized by the vote of a two thirds (2/3) majority of the total member | rship. | |
| | | |
| Part VI, Section B, Line 11 | | |
| After the Form 990 has been prepared by the organization's accounting staff, the General | | |
| accuracy and completeness. Once the General Manager believes the Form is complete ar | | |
| | | |
| to the Board for their review. The completed Form 990 was reviewed in detail by the entire | Boar | d of Directors at their |
| regular meeting held on May 11, 2010. Following their review, the General Manager signs | the Fo | rm and files it. |
| | | |
| Part VI, Section B, Line 12c | | |
| The General Manager ensures the enforcement of the policy. The General Manager review | s the | potential conflicts of |
| interest, at least annually, and discusses them with the Board in order to determine the ap | propri | ate form of action, if |
| necessary, in accordance with the policy. The policy applies to all employees and directo | rs. | |
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| Name of the organization Bridger Valley Electric Association, Inc. | Employer identification number 83 0106908 |
|---|---|
| Part VI, Section B, Line 15a and 15b | |
| The Board of Directors reviews the CEO and other officers and key employee's compensa | ition , at least annually, and to |
| the extent possible compares it to the compensation of other such CEO's, officers, and ke | ey employees of other |
| comparably sized electric cooperatives within the region. After consideration of these fac | ctors, along with the perfomance |
| of the individual under review, the Board approves the compensation package for these in | ndividuals. |
| | |
| Part VI, Section C, Line 19 | |
| A copy of the organization's bylaws are provided to each new member at the time that a n | ew electric service connection |
| is made. Copies of the bylaws are avialable at the organization's offices and are mailed to | any member upon request. |
| Financial statements are published and provided by individual mailing to every member e | ach year as part of the annual |
| meeting notice. | |
| | |
| Explanation for Schedule L, Part IV | |
| The organization is one of six rural electric cooperatives who are members of and purcha | se wholesale power from Deseret |
| Power, a generation and transmission cooperative. The governing body of Deseret Power | is comprised of two |
| representatives from each of the six members. D. Kim Charles and D. Jud Redden have b | een appointed and currently |
| serve as the representatives from the organization on the Deseret Power Board of Directo | rs. Deseret Power is not a |
| related organization, but is an entity doing business with the organization. The "Amount or | of Transaction" listed on |
| Schedule L, Part IV, column (c) represents the total cost of power purchased by the organ | ization from Deseret Power. |
| ······ | |
| The organization purchases property and liability insurance from Federated Rural Electric | Insurance Exchange |
| (Federated). Federated is governed by a board of directors elected from and by the coope | ratives they insure. Ten regions |
| of the country are each represented by two directors elected by the member cooperatives | located within the region. F. |
| Danny Eyre, General Manager, is one of the elected board members from a region compris | sed of Wyoming, Colorado, |
| Kansas, and Nebraska. The "Amount of Transaction" listed represents the total annual co | ost of property and liability |
| insurance provided by Federated. | |
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| 0.1-1.1-0.45 | | | _ 2 | | |
|---|-------------|--------------------|----------------|--|--|
| Schedule O (Form 990) 2009 Name of the organization | Connel | worldon#G# | Page 3 | | |
| Bridger Valley Electric Association, Inc. | Emplo 83 | yer identification | number 6908 | | |
| Bridger Valley Electric Association, Inc. | 63 | ; 0100 | 0900 | | |
| Explanation for Schedule L, Part IV (Continued) | | | | | |
| The organization is part of a statewide trade association in both Wyoming and Utah. As part of the statewide association, | | | | | |
| the organization pays annual dues to the Wyoming Rural Electric Association (WREA) and | the L | Itah Rural Elec | etric | | |
| Association (UREA) in the amounts of \$23,475 and \$3,500 respectively. One the organization | tion's | directors, Bett | y Applequist, | | |
| is one of 14 individuals (each representing one of the 14 cooperative members of WREA) | comp | rising the gov | erning | | |
| body of WREA. D. Kim Charles, Director and President of the organization, is one of 10 in | ndivid | uals comprisir | ng the | | |
| governing body of UREA. | - | | | | |
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SCHEDULE R (Form 990)

Dopartment of the Treasury Internal Revenue Service Name of the organization

Bridger Valley Electric Association, Inc.

Part I

Related Organizations and Unrelated Partnerships

See separate instructions. ▶ Attach to Form 990.

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

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

| 2009 | Onen to Public |
|------|----------------|
|------|----------------|

OMB No 1545-0047

Employer identification number

0106908 83

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--|---|----------------------------|---|-------------------------------|
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| Part II Identification of Related Tax-Exempt Organizations (Complete if 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.) | Complete if the organi g the tax year.) | zation answered ' | 'Yes" to Form 990 |), Part IV, line 34 | because it |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public chanty status (if section 501(c)(3)) | (f) Direct controlling entity |
| Bridger Valley Operation Round-UP Foundation, Inc. P. O. Box 399, Mountain View, WY 82939 | Charity | Wyoming | 501(c)(3) | Public Charity | N/A |
| EIN - 26-1675486 | | | | | |
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| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | Form 990. | Cat No 50135Y | 0135Y | Schedu | Schedule R (Form 990) 2009 |

Schedule R (Form 990) 2009

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General or managing partner? Yes No Percentage ownership 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h) Disproportionate allocations? å Yes (f) Share of total income (g) Share of end-of-year assets line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) (f) Share of total income (d) (d) (Direct controlling | entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) O (d)
(Direct controlling | entity Primary activity (c) Legal domicile (state or foreign country) Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Part III Part IV

Schedule R (Form 990) 2009

| ations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) | |
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| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | 2 |
|---|----------------------------|----------------------------|-------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | rts II–IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity | | 1a | > |
| Giff, grant, or capital contribution to other organization(s) | | 1b | > |
| | | 10 | > |
| d Loans or loan distantage to or for other organization(s) | | 14 | > |
| | | Ş | |
| e Loans or loan guarantees by other organization(s) | | <u> </u> | > |
| | | | |
| f Sale of assets to other organization(s) | | 1 | > |
| | | 10 | > |
| | | \$ | / |
| n Exchange of assets | | | • |
| i Lease of facilities, equipment, or other assets to other organization(s) | | = | > |
| | | | |
| i lease of facilities, equipment or other assets from other organization(s) | | ; | > |
| F Deformance of sequences or white the sequences of the sequences of the sequences of sequences or sequences | | ÷ | > |
| | | = | |
| rectormance of services or membership or innoralising solicitation(s) | | | |
| m Sharing of facilities, equipment, mailing lists, or other assets | | > E | <u> </u> |
| n Sharing of paid employees | | Ę | > |
| | | | |
| o Reimbursement paid to other organization for expenses | | 10 | > |
| | | 5 | > |
| | | - - | |
| | | | |
| q Other transfer of cash or property to other organization(s) | | D | >\ |
| . 1 | | - | > |
| If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | onships and transac | ction thresh | olds. |
| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | Pg |
| (1) N/A | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (9) | | | |
| | Schedule | Schedule R (Form 990) 2009 |) 2009 |

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and ElN of entity | (b) | (c) | (d) | (e) Share of | (f) Disproportionate | l . | (h) |
|--------------------------------------|-----|----------------------------|--|-----------------------|-------------------------|--|----------------------|
| | | (state or foreign country) | section 501(c)(3) organizations? | end-of-year assets | allocations? | amount in box 20 of Schedule K-1 (Form 1065) | managing partner? |
| | | | Yes No | | Yes No | | Yes No |
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