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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

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

Open to Public

A	For th	2000	alendar	vear or ta	x year beginn	ina	or this rotal	2009, and	l ending	-	00		nispection	711
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_		d retum			ess of principal o	.,				ī		oss receipt		<u>52,178</u>
LJA	pplicatio	n pending				flicer Grant	Earl				_		ffiliates? Yes	
				evelt Utah	_					H(b) Are	all affilia	ates inclu	ded? ☑Yes	∐No
		empt status		501(c) (12)◀	(insert no) L	4947(a)(1) or	<u> </u>			If "N	o," atta	ich a list	(see instruction	ıns)
		te: ▶ ml								H(c) Group				
		organization		oration 🔲 Tru	ist 🗹 Association	U Other ▶		L Year o	f formation	1938	M Sta	ate of lega	al domicile U	t
Pa	rt I	Summ	nary											
Governance	-	Retail d	istribu	tion of ele	ctricity to m	sion or most ember owner	'S.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	 			
တ္တိ	 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net ass Number of voting members of the governing body (Part VI, line 1a)									a		7		
≪ಕ				_	_						· ⊢	3		
Activities		 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 								· -	4		7	
Ę						•					· -	5		102
ĕ	F				rs (estimate if	• • •					· -	6		
						e from Part V			2		· -	7a		0
	b	b Net unrelated business taxable income from Form 990-T, line 34.								7b				
										Pnor Y	ear	_	Current Ye	ar
•	8 (Contribu	tions a	nd grants	(Part VIII, line	e 1h)								
Ĕ	9 1	Program service revenue (Part VIII, line 2g)												
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								512,5	80	2	72,005	
Œ								18,	8,011,151 18,694,			94,318		
						nust equal Par			12)	18,	523,7	31	18,90	66,323
	13	Grants a	nd sım	ılar amoun	ts paid (Part	IX, column	Mines VIAS							
	14	Benefits	paid to	or for me	mbers (Part	IX co lumn (A			l	-				
es						ben ន្ត្យី i s (Part l) lines 6	10)		884,2	38	8	15,236
Expenses						oluman (A), Mhé			ľ"					
.X	h	Total fun	draiaina	a avnanca	(Dort IV solu	mn (D), line 25	11 129 U. CU	10 . 2	l. -					
_									∤····-	12	578,4	96	14 9	43,942
	10	Ciller ex	penses	, (Part IX, C	30iuitiii (A), ii	nes 1 a 70, t equal Park			l· ·		,462,7			59,178
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8 6		nevenue	iess ex	perises. Su	buacume 10	HOITINE 12		· · ·	· ·	ginning of C			End of Yea	
ans of									De					
Assets Baland	1		-	art X, line 1	•						781,6			92,595
Net /	21			Part X, line					· -		459,4			63,224
					es. Subtract	line 21 from	line 20	<u> </u>	· .l	65,	322,2	35	68,5	<u> 29,371</u>
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Ma	y the	•			th the prepar	rer shown ab	ove? (see in	structions	s)				Yes	□ N



Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Provide electricity on a retail basis to the member owners.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 15,759,178 including grants of \$) (Revenue \$ 18,966,323) Retail distribution of electricity.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses #
A -J	Other program convece (Decembe in Schedule O.)
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ▶ 15 759 178

Form	990 (2009)		Р	age 3
Par	t IV Checklist of Required 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		✓
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		√
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		✓
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
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		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	,		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	1	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a		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? If "Yes," complete Schedule F, Part I.	14b		✓
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		✓
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	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		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 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		√
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
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 "Yes," 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		✓
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	√	

Pari	t V 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			1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	✓	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 102			igwdown
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 <i>e-file</i> this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	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. ▶			
	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		L.,
	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		1
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ť
_				
••	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Ļ.,
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		┞╌
	Did the organization make any taxable distributions under section 4966?	9a		-
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	initiation root and capital contributions moraded on rate vin, into 12.	1		
о 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
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		✓_
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	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
	The governing body?	8a	✓	
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Internal Code)	ernal		
<u>rev</u>	enue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	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	11		./
	form? ,	11		_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	128	V	<u> </u>
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		1
	rise to conflicts?	120		_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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	✓	L
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	√	
b	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	<u> </u>		
	with a taxable entity during the year?	16a	<u> </u>	- ✓¬
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	401	 	ļJ
<u></u>	the organization's exempt status with respect to such arrangements?	16b	l	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	s)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
46	Own website Another's website Upon request	_e ·		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot int	erest	
00	policy, and financial statements available to the public.	- مامد	£ AL	
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: Alan Haslem 800 W. Hwy 40 Roosevelt Utah (435) 722-5400	ras o	ı the	

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		any o	curre	ent	offic	cer, d	lirec	tor, or trustee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Positi	on (c	checl	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours 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
Larry Nielsen Board Member								17,438		
		✓	<u> </u>	_			_	17,400		
A. Kent Olsen Board Member		1						17,450		
Patsy Lollar								40.000		
Board Member		1						19,629		
Richard Ross Board Member		1						17,421		
Douglas Holgate	<u> </u>	Y	\vdash				\vdash			
Board Member		1						18,988		
Tamara Vincent		<u> </u>			T			47.000		
Board Member		1						17,882		
Yordis Nielson								17,890		
Board Member		✓						17,690		
Grant Earl	40				١,			178,952	-	
General Manager/CEO		ļ		1	✓	1	 	.,		
Kenneth Winder Manager of Engineering	40				1	1		135,461		
Alan Haslem Manager of Finance	40				1	1		105,466		
Paul Betts	40							97,541		
Manager of Operations		<u> </u>	<u> </u>	<u> </u>	✓		١	37,041		
Robert Kissling	40				,			95,949		
Colorado Manager Diana Rasmussen			\vdash	┝	✓	-				
Manager of HR and Member Services	40				1			75,167		
			Π							<u>.</u>

(A) Name and title	Average	Position (check all that app				that ap	ply)	(D) Reportable	(E) Reportable		(F) Estimate	ed
	hours per week	Individual trustee or director	Highest compensated employee Key employee Officer Institutional trustee		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	cor or ar	other other mpensal from the ganizatind relating anizating anizati	of tion ie ion ied		
1b_Total		· .	<u>. </u>			· · ·						
Total number of individuals (including but reportable compensation from the organizer)	not limited	to th	ose	list	ed a	above) wl	ho received mo	ore than \$100,0	000 in		
											Yes	No
3 Did the organization list any former office	er director	or tr	uste	e l	kev	emple	ove	e or highest o	nmpensated			
employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	ındı	ıvidı	ıal .				3		✓
4 For any individual listed on line 1a, is the									nsation from			
the organization and related organizations										<u> </u>	ļ.,	ļ
ındıvidual										4	/	<u> </u>
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	com _l olete	pen S <i>ch</i>	satı edu	on i	from <i>I for</i> s	any <i>uch</i>	unrelated org person	anization for	5		1
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization.	ompensate	ed ind	epe	ende	ent o	contra	icto	ors that receive	d more than \$	00,00	0 of	
(A) Name and business ad	dress							(B) Description of s	ervices		C) ensatior	n
Big D Construction							Ne	ew Office and	Wrhs		9,273	3,754
Anderson and Wood Const								ower Line Con				4,566
Solomon Corp							+	ecloser Repair				8,230
Substation Maint Serv LLC								ubstation Main				0,179
Jason Nosack			. 1		1 4 -	41		ommincations			342	2,968
2 Total number of independent contractors (more than \$100,000 in compensation from					tO	ınose	list	ed abové) who	received			

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

Pari	: VIII	Statement of Re	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns		1a					0.2, 0.0, 0.014
ar a	1	Membership dues		1b					
s, ç am	1	Fundraising events .		1c					
gift	ı	Related organizations		1d					
š, E		Government grants (contri		1e					
tior or s	ı	All other contributions, gifts, o							
혈		and similar amounts not inclu		1f					
Contributions, gifts, grants and other similar amounts		Noncash contributions include Total. Add lines 1a-1f	ed in lines 1a-	1f [.] \$					
	- "	rotali rica ililoo la Ti		•	Business Code				
ă.	200								
<u> </u>	2a	***************************************							
Program Service Revenue	b								
Σ	d								
S	۱								
gra	f	All other program servi							
S.	g	Total. Add lines 2a-2f			>				
	3	Investment income (income other similar amounts)	luding divi	dends	s, interest, and	272,005	272,005		272,005
	4	Income from investment of		ot bone				_	
	5	Royalties	(ı) Real	• •	>				
			(i) Real						
	1	Gross Rents			21,515				
	1	Less: rental expenses							
		Rental income or (loss) Net rental income or (loss)				21,515	21,515		21,515
		•	(i) Securiti		▶ (II) Other	21,313	21,313		21,313
	7a	Gross amount from sales of assets other than inventory	(i) Securiti	-	-57,411				
	١.	•	<u> </u>		-51,411				
	b	Less cost or other basis							
	١.	and sales expenses .			-57,411				
		Gain or (loss) Net gain or (loss) .			-51,411	-57,411	-57,411	·	-57,411
o o						0.,	0.,		1 .,,,,,
Revenue	8a	Gross income from events (not including \$ of contributions reporte See Part IV, line 18	d on line 1	c)					
Other	"	Less direct expenses		· a					
횽	6	Net income or (loss) from	om fundrai		vents				
	1	Gross income from gan	ning activiti	es					
	_	See Part IV, line 19							
		Less. direct expenses, Net income or (loss) fro			L ities ▶				<u> </u>
	1	Gross sales of inve							
	.	returns and allowances		. a	58,369,072				
		Less: cost of goods so			40,428,443	47.040.000	47.040.000		
	⊢ °	Net income or (loss) from Miscellaneous Rev		nvente		17,940,629	17,940,629		
	ļ				Business Code		700 50-		700 505
	l .	Patronage Dividends				789,585	789,585		789,585
	b					<u>.</u>			
	C								 -
	d				L	700 505			
		Total. Add lines 11a-1			🟲	789,585			4.005.004
	12	Total revenue. See ins	structions.		<u> , . </u>	18,966,323	18,966,323		1,025,694

Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are no	t required to comp	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	815,236		815,236	
	trustees, and key employees	013,230		013,230	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		3744		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		,		
10	Payroll taxes		······		
11	Fees for services (non-employees):				
	Management				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				•
	Investment management fees				
	Other				· · · · · · · · · · · · · · · · · · ·
13	Advertising and promotion				
14	Information technology				
15					
16	Royalties				
17	Occupancy				
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		<u> </u>		
19	Conferences, conventions, and meetings .				
20	Interest	522,358	522,358		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	3,089,543	3,089,543		
23	Insurance				
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Sch II	11,332,041	8,002,256	3,329,784	
b					· · · · · · · · · · · · · · · · · · ·
С					
d					
e					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	15,759,178	11,614,157	4,145,020	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				,
	from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	11,693,677	1	11,003,437
	2	Savings and temporary cash investments	39,874	2	39,988
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,269,872	4	7,824,907
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	2,167	5	1,100
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	52,745		52,880
188	8	Inventories for sale or use	2,588,002		2,439,859
4	9	Prepaid expenses and deferred charges	106,764	9	106,297
	10a	Land, buildings, and equipment: cost or 10a 120,733,768			
		other basis. Complete Part VI of Schedule D	EC 242 020	100	72 692 465
	b	Less accumulated depreciation	56,213,830	11	72,682,465
	11	Investments—publicly traded securities		12	
	12	Investments—other securities. See Part IV, line 11	2,814,758		2,541,663
	13	Investments—program-related. See Part IV, line 11	2,014,730	14	2,541,005
	14 15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	80,781,689		96,692,595
	17	Accounts payable and accrued expenses	10,736,540		13,168,486
	18	, -	10,700,010	18	
	19	Grants payable	······································	19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
폋	~~	employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties .	2,946,029	23	12,637,721
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	1,776,885	25	2,357,017
	26	Total liabilities. Add lines 17 through 25	15,459,454	26	28,163,224
563		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Fund Balan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	····		
Ş	30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund	60,261,238		65,322,224
Ä	32	Retained earnings, endowment, accumulated income, or other funds	5,060,997		3,207,146
Ž	33	Total net assets or fund balances	65,322,235		68,529,370
_	34	Total liabilities and net assets/fund balances	80,781,689	34	96,692,595

Par	t 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.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓				
b	b Were the organization's financial statements audited by an independent accountant?						
С	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?						
	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			1			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis						
За	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.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

	of the organization	-		Employer identification number
	n Lake Electric Assn. Inc			87 0154903
Pai	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Funds	s or Accounts. Complete if
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
	•		•	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and funds are the organization's property, sub			
6	Did the organization inform all grantees, dused only for charitable purposes and not	for the benefit of the donor or donor advi-	sor, or	for any other
Ω-	purpose conferring impermissible private I			
		plete if the organization answered "Yes"		m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e.g.	_		historically important land area
	☐ Protection of natural habitat	☐ Preservati	on of a	certified historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organize easement on the last day of the tax year.	zation held a qualified conservation contribi	ution in	the form of a conservation
				Held at the End of the Tax Year
_	Total number of concentation accoments			2a
a	Total number of conservation easements			2b
b	Total acreage restricted by conservation e			*
С	Number of conservation easements on a	` ,	-	2c
d	Number of conservation easements include	led in (c) acquired after 8/17/06	•	2d
3	Number of conservation easements modified the tax year ▶	ied, transferred, released, extinguished, or	termin	ated by the organization during
4	Number of states where property subject	to conservation easement is located ▶		
5	Does the organization have a written policy violations, and enforcement of the consentations.			
6		itoring, inspecting, and enforcing conserva		
-	>	mering, meperang, and emercing concerns		g year
7	Amount of expenses incurred in monitorin > \$	g, inspecting, and enforcing conservation	easeme	ents during the year
8	Does each conservation easement reporte	ed on line 2(d) above satisfy the requiremen	nts of s	section
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			L Yes L No
9	balance sheet, and include, if applicable, the organization's accounting for conserva-		's finan	icial statements that describes
Pa		ections of Art, Historical Treasures, o		r Similar Assets.
	Complete if the organization ans	wered "Yes" to Form 990, Part IV, line 8	•	
1a		nder SFAS 116, not to report in its revenue ets held for public exhibition, education, or te to its financial statements that describe	researc	ch in furtherance of public service,
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to (i) Revenues included in Form 990, Part V	held for public exhibition, education, or re	esearch	n in furtherance of public service,
2		of art, historical treasures, or other simil-		
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X	line 1		
	ricidita included in Form 330, Fart A .			· · · • • · · · · · · · · · · · · · · ·

•							
	tule D (Form 990) 2009 Till Organizations Maintaini	na Collections	of Aut Lie	starioal Tracerra		thau Cimilau A	Page 2
3	Using the organization's acquisition, collection items (check all that apply	accession, and c				***	
а	Public exhibition	,,,-	d	Loan or excl	hange pi	rograms	
b	Scholarly research		е				
С	Preservation for future generat						
4	Provide a description of the organiz Part XIV.	ation's collections	and expl	ain how they furthe	er the or	ganızatıon's ex	empt purpose in
5	During the year, did the organization s assets to be sold to raise funds rather	than to be mainta	ined as pa	irt of the organization	n's colle	ction?	
Par	Escrow and Custodial A IV, line 9, or reported an a				answer	ed "Yes" to Fo	orm 990, Part
	Is the organization an agent, trusted included on Form 990, Part X? If "Yes," explain the arrangement in				tions or	other assets n	ot Yes No
D	ii res, explain the arrangement in	Part XIV and Con	ipiete the	rollowing table:			Amount
c	Beginning balance				1c		
	Additions during the year				1d		
	Distributions during the year				1e	1	
f	Ending balance				1f		
	Did the organization include an amount "Yes," explain the arrangement in	ount on Form 990	, Part X, II	ne 21? .			Yes No
Pai	t V Endowment Funds. Co	mplete if the org	ganızatıor	answered "Yes"	" to For	m 990, Part I	V, line 10.
	The state of the s	(a) Current year	(b) Prior	r year (c) Two yea	rs back	(d) Three years bac	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f g	Administrative expenses End of year balance						
2	Provide the estimated percentage of	f the year end ba	lance held	as:			
а	Board designated or quasi-endown	nent >	%				
b	Permanent endowment ▶	%					
С	Term endowment ▶ %						
3a	Are there endowment funds not in thorganization by: (i) unrelated organizations	e possession of th	ne organiza	ation that are held a	and adm	inistered for the	Yes No
							3a(ii)
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizations.	 anızatıons listed a					3b
4	Describe in Part XIV the intended us						
Pai	t VI Investments—Land, Bu	ildings, and Eq	uipment	See Form 990, I	Part X, I	ine 10.	
	Description of investment	(a) Cost or ot	her basis	(b) Cost or other basis (other)	(c) A	accumulated preciation	(d) Book value
1a	Land			1,765,084			1,765,084
	Buildings			2,815,638		1,137,233	1,678,405

116.153,046

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other

69,238,976

72.682.465

46,914,070

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	<u>. See Form 990, Part X,</u>	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	
Financial derivatives			
Closely-held equity interests			
Other			
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related	d. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year	
NRUCFC Capital Term Certificates	1,455,633		
NRUCFC Patronage	372,384		
Western United ES Patronage	713,646	Cost	
			<u>, </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►	2,541,663		
Part IX Other Assets. See Form 990, Par			
	(a) Description		(b) Book value
			
			
			
Total. (Column (b) must equal Form 990, Part X, col ('R) line 15)		
Part X Other Liabilities. See Form 990,		<u> </u>	
1. (a) Description of liability	(b) Amount		
Federal income taxes	•	0	
Consumer Deposits	333,88		
Deferred Credits	3,63		
Post Retirement Benefits	2,019,50	_	
	2,010,00	"	
		\dashv	
		7	
		\dashv	
		\dashv	
		\neg	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	2,357,01	7	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	ule D (Form 990) 2009			Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Audit			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	-	1	18,966,323
2	Total expenses (Form 990, Part IX, column (A), line 25)	⊢	3	15,759,178
3	Excess or (deficit) for the year. Subtract line 2 from line 1	–	4	3,207,145
4	Net unrealized gains (losses) on investments		5	
5	Donated services and use of facilities	\cdot \cdot \cdot \cdot \vdash	6	
6	Investment expenses	\cdot \cdot \cdot \cdot \vdash	7	
7 8	Prior period adjustments	⊢	8	
9	Other (Describe in Part XIV.)	⊢	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines	· · · · -	10	3,207,145
	t XII Reconciliation of Revenue per Audited Financial Statements		per Re	turn
1	Total revenue, gains, and other support per audited financial statements		1	18,966,323
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	Net unrealized gains on investments			
b	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	
3	Subtract line 2e from line 1		3	
4	Amounts 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.)			
С	Add lines 4a and 4b		4c	
5			5	18,966,323
Pai	t XIII Reconciliation of Expenses per Audited Financial Statement	s With Expense	s per l	
1	Total expenses and losses per audited financial statements		1	15,759,178
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		1	
С	Other losses			
c d				
d	Other losses		2e	
d	Other losses 2c Other (Describe in Part XIV.) 2d		2e 3	
d e	Other losses			-
d e 3 4	Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1			
d e 3 4 a	Other losses			
d e 3 4 a b	Other losses			-
d 3 4 a b c 5	Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		3	15,759,178
d e 3 4 a b c 5 Par Com	Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pab; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Pair	art III, lines 1a and	4c 5 4, Part	IV, lines 1b
d e 3 4 a b c 5 Par	Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **EXIV** Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III lines 3, 5, and 9;	art III, lines 1a and	4c 5 4, Part	IV, lines 1b
d e 3 4 a b c 5 Par	Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pab; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Pair	art III, lines 1a and	4c 5 4, Part	IV, lines 1b
d e 3 4 a b c 5 Par	Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pab; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Pair	art III, lines 1a and	4c 5 4, Part	IV, lines 1b
d e 3 4 a b c 5 Par	Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pab; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Pair	art III, lines 1a and	4c 5 4, Part	IV, lines 1b
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d e 3 4 a b c 5 Par	Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., t XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pab; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Pair	art III, lines 1a and	4c 5 4, Part	IV, lines 1b

Schedule D (Forr	n 990) 2009 Page 5
Part XIV	Supplemental Information (continued)
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SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

MOON LAKE ELECTRIC ASSN. INC. 87 : 0154903 **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Payments for business use of personal residence ✓ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply ☐ Compensation committee ✓ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?..... 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c c Participate in, or receive payment from, an equity-based compensation arrangement?. If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization?............. 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

.

Regulations section 53.4958-6(c)?

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

11,582 32,750 12,818			(B) Breakdown of W-	W-2 and/or 1099-MISC compensation	3C compensation		111111111111111111111111111111111111111	Comiles to letter	Contraction (1)
0	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits benefits	(G)-(j)(g)	reported in prior Form 990 or Form 990-EZ
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7, and 8. Also complete this part										Schedule J (Form 990) 2009
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 or any additional information.										
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rovide the information, explanatic nation.										
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