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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 lunbenefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirement

ng	2009							
	Open to Public							
ents.	Inspection							
	, 20							
•								
	0209125 elephone number							
41)	41) 484-1151							
ross re	ross receipts \$ 20,325,516							
	n for affiliates? Yes No							
p letes iates	included? Tyes No							
	list (see instructions)							
	mber ▶							
	f legal domicile OR							
арр	roximately							
3	J 7							
4	7							
5	55							
6	0							
7a	0							
7b	0							
	Current Year							
0	0							
770	19,944,110							
508	104,433							
592	257,612							
370	20,306,155							
301	9,613							
0	0							
630	453,738							
0								
	4							
581	19,294,255							
512	19,757,606							
358	548,549							
Year	End of Year							
092	51,115,799							
769	30,236,546							
323	20,879,253							
and	to the best of my knowledge reparer has any knowledge							
	/							
12	7//0							

OMB No 1545-0047

<u>A</u>	For tr	ne 2009 C	alendar	ear, or tax year beginning	, 2009, a	nd ending			, 20	
В	Check if	applicable	Please	Name of organization Lane Electric Cooperative	, Inc.) Employ	er identifica	tion number
	Address	s change	use IRS label or	Doing Business As				93		09125
	Name c	change	print or type.	Number and street (or P O. box if mail is not delivered to street ad-	dress)	Room/suite	ļ!	Telepho	ne number	
	Initial re	-	See	PO Box 21410				(541)_	484	-1151
_	Termina		Specific Instruc-	City or town, state or country, and ZIP + 4				-		
		ed return	tions	Eugene, OR 97402				Gross red	ceipts \$ 2	20,325,516
		on pending	F Nan	and address of principal officer:			M(a) Is this a	group refum		Yes N
	пррисав	on pending	Frede	ck M. Crinklaw			1		ncluded?	
T	Tax-ex	empt status		1(c) (12)◀ (insert no.)			1		list (see inst	
J				IEELECTRIC.COM			H(c) Group ex			. autions,
ĸ				ation ☐ Trust ☐ Association ☐ Other ▶	I Year	r of formation			legal domici	le OR
_		Summ			1		. 1333			OK
	т —					Provide	electricity	to appr	oximately	,
				he organization's mission or most significant a ive members		··		.io.appi	Oximatery	
8		10,103	rooheis	ive members						
Activities & Governance										
Ē				7						
é	2			if the organization discontinued its operations or dispess	u	e than 25% o	t its net asset			_
9	3	Number	of votir	members of the poverning body Part VI Inc	1a).			3		
Ee3	4	Number	of inde	endent voting members of the governing body	侧art V	/I, line 1b)		4		7
₹	5	Total nui	mber of	employees (Part V) time 2a)	IÖI -			5		55
ě		Total Hui	mber or	volunteers (estimate 4) necessary)	12			6		0
	7a	Total gro	oss unre	ated business revenue from Part VIII, column (Ø)≒ihe	12		7a		0
	<u> </u>	Net unre	lated b	siness taxable income from Eorn 990 T, line B	4. 1			7b		0
				UKS PISING ALL			Prior Yea	ır	Curre	nt Year
	8	Contribu	itions ar	grants (Part VIII, line 1h)				0		0
Š	9	Program	service	revenue (Part VIII, line 2g)			19,9	12,770		9,944,110
Revenue	10	Investme	ent inco	ne (Part VIII, column (A), lines 3, 4, and 7d) .			1	45,508		104,433
•	11	Other re-	venue (l	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ar	nd 11e)		6	33,592		257,612
	12	Total reve	enue-a	d lines 8 through 11 (must equal Part VIII, column	n (A), line	e 12)	20,6	91,870		20,306,155
	13	Grants a	ınd sımı	ar amounts paid (Part IX, column (A), lines 1-3)			37,301		9,613
	14			or for members (Part IX, column (A), line 4)		L.		0		0
Expenses	15		-	npensation, employee benefits (Part IX, column (A), lines 5	5–10)	4	50,630		453,738
9	16a	Profession	onal fun	raising fees (Part IX, column (A), line 11e)		L		0		0
五	Ь			expenses (Part IX, column (D), line 25) >						·
			_	Part IX, column (A), lines 11a-11d, 11f-24f) .			18,8	23,581	1	19,294,255
	18	Total exp	penses.	Add lines 13-17 (must equal Part IX, column (4), line 2	25)	19,3	11,512	1	19,757,606
							1,3	80,358		548,549
rts or	ŝ					Be	ginning of Cui	rent Year	End o	f Year
sets elen	20	Total ass	sets (Pa	t X, line 16)		[49,5	49,092		51,115,799
ot Asset	21			art X. line 26)			28,2	05,769		30,236,546
Net	22			d balances. Subtract line 21 from line 20				43,323		20,879,253
	art II		ature							
		Under pe	enalties of	perjury, I declare that I have examined this return, including a	accompan	ying scheduk	es and statem	ents, and to	the best of	my knowledg
		and belie	ef, it is the	correct, and complete Declaration of preparer (other than	officer) is	based on all	information o	f which pre	eparer has a	ny knowledge
Sig	an		//				1 .	4/27	110	
	ere	Sig	rature of	ncer			Date	7		
		Fre	ederick l	Crinklaw, General Manager				, ,		
		Type	e or print	ame and title						
		Preparer	·. \		Date	Chec	k if	Preparer's ic	dentifying num	nber
Γ.	_	signature				self-		see instruct		
Pai			•			Chip	-,			
	parer's	Firm's na	ame (or yo	irs \		<u> </u>	EIN	> :		
Use	Only	ıf self-em					Phone no)	
Ms	v the			return with the preparer shown above? (see in	structio	ne)	Tr none no	- 1		es 🗌 No
1410	ay the	io disc	<u>433 1118</u>	erain with the biebarer shown abover (see in	SHUCHO	113/		• •	·	<u>es 🗀 140</u>

) (Revenue \$

(Expenses \$ including grants of \$
4e Total program service expenses ▶

4d Other program services. (Describe in Schedule O.)

Par	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	1	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		
5	Schedule C, Part II	5		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
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, 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		l	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		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? <i>If</i> "Yes," <i>complete Schedule F, Part III</i>	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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	L	✓

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	✓	
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	✓	
	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		√
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		√ ✓
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		-
b	Is the organization aware that it engaged in an excess 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 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 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 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		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		1
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	

U.S. b Ente	er the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of Information Returns. Enter -0- if not applicable		Yes	No
U.S. b Ente	Information Returns. Enter -0- if not applicable			
b Ente	er the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	the organization comply with backup withholding rules for reportable payments to vendors and reportable ning (gambling) winnings to prize winners?			
aam		1c	-	
_				
	tements, filed for the calendar year ending with or within the year covered by this return 2a 55			
	least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
Note	e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see ructions)			
	the organization have unrelated business gross income of \$1,000 or more during the year covered by return?	За		√
b If "Y	res," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
- over	iny time during the calendar year, did the organization have an interest in, or a signature or other authority r, a financial-account; in-a foreign country (such-as-a-bank-account; securities-account; or-other-financial-ount)?	4a		1
	/es," enter the name of the foreign country: ▶			۰
	the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank Financial Accounts.		i	
	s the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
	hibited Tax Shelter Transaction?	6a		1
	anization solicit any contributions that were not tax deductible?			
b If "Y	Yes," did the organization include with every solicitation an express statement that such contributions or swere not tax deductible?	6b		
	anizations that may receive deductible contributions under section 170(c).			
	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		
	es," did the organization notify the donor of the value of the goods or services provided?	7b		
requ	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was uired to file Form 8282?	7c		
	res," indicate the number of Forms 8282 filed during the year			
	the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal efit contract?	7e		
	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
	contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as uired?	7h		
	onsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	anizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		ļ	
•	anization, have excess business holdings at any time during the year?	8		ļ.—
·=	onsoring organizations maintaining donor advised funds.		<u> </u>	
	the organization make any taxable distributions under section 4966?	9a_	\vdash	
	the organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash
	etion 501(c)(7) organizations. Enter:			
	ation fees and capital contributions included on Part VIII, line 12			
	estion 501(c)(12) organizations. Enter:			
	ss income from members or shareholders			
	ss income from other sources (Do not net amounts due or paid to other sources against			-
amo	ounts due or received from them.)			
	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			i
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			1
	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			İ
	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	✓	
ь	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:			Ĺi
а	The governing body?	8a	1	
	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		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
U	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	form?	11	1	
11Δ	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	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
				
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	✓	ļ
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14		1
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	1	
	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	ſ		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u> </u>	
·oa	with a taxable entity during the year?	16a		1
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
U	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its 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	, (·) =	-71	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.	J		
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ▶ Debora D. Wilson, 787 Bailey Hill Rd., Eugene, OR 97402 541.484.1151			

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.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Geraldine I, Nelson President	10.75	/				_		11,400		·
Christopher B. Seubert Vice President	- 7.00	√		√				10,975		
Patricia Dymock Secretary	9.75	√		✓				9,300		
Loy M. Sparks Treasurer	19.00	√		✓				11,275		
Charles J. Leighter Director	9.00	1						10,050		
James W. Hill Director	7.75	1						8,250		
Charles E. Bangle Director	9.00	1						12,000		
Frederick M. Crinklaw General Manager	- 47			1	1			179,880		61,795
Debora D. Wilson Manager, Office & Staff Services	- 43			1			_	96,116		27,891
Vester Sanders Manager, Operations & Engineering	- 41					1		113,252	· · · · · ·	40,035
Dariel K. Bradley Journeyman Lineman	- 47					1		115,168		19,588
Dee W. Schvaneveldt Serviceman	- 44					✓		106,415		31,041
James L. Linebaugh Serviceman	- 44					✓		101,336		33,236
Gary Foster Serviceman	- 44					✓		102,462		25,910
Ronald Schwada Manager, Office & Staff Services	- 0						1	11,749		3,058

Part VII Section A. Officers, Directors, Tr	ustees, Key	Emp	loye	ees,	an	d Hig	hest	Compensated	Employees (co	ntinued)	
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week	Individual trustee or director	6 Institutional trustee	Officer	Key employee	Highest compensated employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)		Estimated amount of other compensation from the organization and related organizations	
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				ļ	_						
· · · · · · · · · · · · · · · · · · ·											
						ļ 					
											
	İ										
1b Total							•	899,627		242,555	
2 Total number of individuals (including but reportable compensation from the organiz		to the	ose	liste	ed a	above) wr	no received mo	ore than \$100,0	00 in	
										Yes No	
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3 🗸	
4 For any individual listed on line 1a, is the the organization and related organizations	sum of rep	ortabl	e co	omp	ens	ation					
<i>individual</i>	or accrue		oens		 on 1	rom	 anv	unrelated org		4 1	
services rendered to the organization? If " Section B. Independent Contractors	Yes," comp	olete	Sch	edu	le J	for s	uch	person		5 /	
Complete this table for your five highest complete the stable for your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complet	omponento	d ind	000	ndo	nt c	ontro	oto	re that receive	d more than \$1		
compensation from the organization.	ompensate	a ma	epe			Ontra	1		T more man \$10	<u>-</u>	
Name and business add							-	Description of s	ervices	(C) Compensation	
C-2 UTILITIY - PO BOX 930482 ATLANTA, GA 31193 TRENCHING JENSEN'S TREE SERVICE - PO BOX 500 GENDALE, OR 97442 R.O.W. MAINTENANCE							MANCE	501,664 842,076			
TRIAXIS ENGINEERING INC 1600 WESTER					-		-	GINEERING	1AITOL	112,731	
			_								
Total number of independent contractors (more than \$100,000 in compensation from					to	those	liste	ed above) who	received		

Part	VII	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
nts T	1a	Federated campaigns		1a			10401100		
Contributions, gifts, grants and other similar amounts	b	Membership dues		1b					
ts, an	C	Fundraising events .		1c					
igi ilar	d	Related organizations		1d					l
Sim	е	Government grants (contr	ibutions).	1e					1
ž ž	f	All other contributions, gifts, g		ا ء ا					
달등	ļ	and similar amounts not inclu		1f					
and		Noncash contributions include Total. Add lines 1a–1f			·····				
		Totali Add III Co Ta Ti	· · ·	•	Business Code				
euri	2a	Operating Revenue			221000	19,826,393	19,826,393		-
Revenue		Pole Rental Income			221000	117,717			117,717
Program Service									
Ser.	ď								
Ë	e								
ogra		All other program servi							
<u> </u>	9	Total. Add lines 2a-2f			<u> ▶</u>	19,944,110			
	3	Investment income (inc	luding divi	dends	, interest, and				440.044
		other similar amounts)				118,044			118,044
	4	Income from investment of	of tax-exemp	ot bone	proceeds 🕨				
	5	Royalties		• • •	►				
			(i) Real	500	(II) Personal				'
		Gross Rents	<u> </u>	0					!
		Less: rental expenses		500					
		Rental income or (loss) Net rental income or (lo	288)		▶	500			500
		•	(i) Securiti		(ii) Other				
	/a	Gross amount from sales of assets other than inventory	()		5,750				
	h	Less: cost or other basis							
	"	and sales expenses .			19,361				
	ြင	Gain or (loss)			-13,611				
	d	· · · · · · · · · · · · · · · · · · ·			<u>, , , , </u>	-13,611			-13,611
venue	8a	Gross income from events (not including \$							
š		of contributions reporte			:				
Re		See Part IV, line 18		о ₎ . . а					
Other	ь	Less: direct expenses		. b					
ō		Net income or (loss) fro			vents 🕨				
	9a	Gross income from gam	nına actıvıti	es.					
	-	See Part IV, line 19		. а					
		Less: direct expenses.							
	C	Net income or (loss) from	om gaming	activ	ıtıes ▶				
	10a	Gross sales of inverteurns and allowances							
		Less cost of goods so	old	. b					<u> </u>
	C	Net income or (loss) from		nvent					
		Miscellaneous Rev			Business Code				
	11a				221000	111,593	111,593		ļ
	b				221000	2,733	2,733		
	C	Patronage Dividends			221000	132,099	132,099		
	1				221000	10,687	10,687		
	1	Total Add lines 11a-1				257,112	20 002 505		222 650
	12	Total revenue. See ins	structions.		<u> P</u>	20,306,155	20,083,505		222,650

Part IX Statement of Functional Expenses

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

	Section 501(c)(3) and 50 All other organizations must complete co				(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	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,613			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		- , <u> </u>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	453,738			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
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				
	Legal				
	Accounting				
d	Lobbying	· · · · · · · · · · · · · · · · · · ·			
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		<u> </u>		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	1,234,527			
21	Payments to affiliates	4 704 000		-	
22	Depreciation, depletion, and amortization.	1,734,038			
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.)				
_	Purchased Power Expense	8,595,811			
a b	Transmission and Distribution Expense	3,939,991			
C	Customer and Member Service Expense	1,465,688			
d	General and Administrative Expense	1,692,936			
e	Tax Expense	631,266			
	All other expenses				
<u> 25</u>	Total functional expenses. Add lines 1 through 24f	19,757,606			
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance Sheet	(4)		(D)
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	243,126	1	538,679
2	Savings and temporary cash investments	1,205,732	2	63,121
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	3,185,982	4	3,867,755
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of		 	
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		_6	
\$ 7	Notes and loans receivable, net		7	
Assets 8 8	Inventories for sale or use	922,682	8	993,880
9 🏲	Prepaid expenses and deferred charges	362,979	9	341,594
- 10ā	'			
	other basis. Complete Part VI of Schedule D		 	
1	Less: accumulated depreciation 10b 15,664,051	40,383,109	10c	42,213,827
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11	2,548,424	12	2,720,644
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	697,057	15	376,299
16	Total assets. Add lines 1 through 15 (must equal line 34)	49,549,092	16	51,115,799
17	Accounts payable and accrued expenses	2,428,787	17	4,284,504
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
န္ မိ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key			
ap B	employees, highest compensated employees, and disqualified			
=	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	23,451,322	23	23,430,030
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	2,325,660	25	2,522,012
26	Total liabilities. Add lines 17 through 25	28,205,769	26	30,236,546
Se	Organizations that follow SFAS 117, check here ▶ ☐ and			
2	complete lines 27 through 29, and lines 33 and 34.		- <u>-</u> - -	
흥 27	Unrestricted net assets		27	
27 28 29 29	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
9r F	Organizations that do not follow SFAS 117, check here ► ✓ and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds	6,053,587	30	4,415,664
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8 32	Retained earnings, endowment, accumulated income, or other funds	15,289,736	32	16,463,589
Net Assets 33 33 33	Total net assets or fund balances	21,343,323	33	20,879,253
34	Total liabilities and net assets/fund balances	49,549,092		51,115,799

Page	12

Pai	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			1
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b	lacksquare	
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			1
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			i
	issued on a consolidated basis, separate basis, or both			i
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	За		✓
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)

SCHÉDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2009

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations Complete Part III. Name of organization Employer identification number Lane Electric Cooperative, Inc. 93 0209125 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. -Provide-a-description-of-the-organization's-direct-and-indirect-political-campaign-activities-in-Part-IV. Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 2 Enter the amount of any excise tax incurred by organization managers under section 4955. > \$______ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . ☐ Yes ☐ Yes b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds If none, enter -0delivered to a separate political organization If none, enter -0-1750 Liberty Street, SE OR Action Committee for Rur Salem, OR 97302 47-0861601 4.000

Dage	. •
Page	•

Ρá	cart II-A Complete if the organiza under section 501(h)).	tion is exem	pt under section	on 501(c)(3) and	filed Form 5768	(election
4	Check ▶ ☐ If the filing organization	belongs to a	an affiliated grou	ıp.		
3	Check ► ☐ if the filing organization	checked box	x A and "limited	control" provisi	ons apply.	
		Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)				
18	a Total lobbying expenditures to influen	bbying)				
	b Total lobbying expenditures to influen	•				
C	Total lobbying expenditures (add lines	1a and 1b)				
C	d Other exempt purpose expenditures					
€	e Total exempt purpose expenditures (a	dd lines 1c an	d 1d)			
f	f Lobbying nontaxable amount. Enter th columns	e amount from	n the following tab	ole in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	, nontaxable amou	nt is:		
	Not over \$500,000	20% of the a	mount on line 1e			'
	Over \$500,000 but not over \$1,000,000	\$100,000 plu:	s 15% of the excess	s over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	=\$175;000 plus	s 10% of the excess	s-over-\$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess	over \$1,500,000		;
	Over \$17,000,000	\$1,000,000.				<u> </u>
ç	g Grassroots nontaxable amount (enter	25% of line 1f)				
t	h Subtract line 1g from line 1a. If zero o	r less, enter -0)			
i	Subtract line 1f from line 1c. If zero or					
-						
	If there is an amount other than zero or section 4911 tax for this year?					☐ Yes ☐ No
	section 4911 tax for this year?	ear Averaging	Period Under S 501(h) election (ection 501(h)	omplete all of the	
	section 4911 tax for this year?	ear Averaging ade a section See the instr	g Period Under S 501(h) election ouctions for lines	section 501(h)	omplete all of the page 4.)	
	section 4911 tax for this year?	ear Averaging ade a section See the instr	g Period Under S 501(h) election ouctions for lines	ection 501(h) do not have to co 2a through 2f on	omplete all of the page 4.)	
22	section 4911 tax for this year?	ear Averaging ade a section See the instr	g Period Under S 501(h) election of the cuctions for lines es During 4-Year	ection 501(h) do not have to co 2a through 2f on Averaging Period	omplete all of the page 4.)	five
	Section 4911 tax for this year?	ear Averaging ade a section See the instr	g Period Under S 501(h) election of the cuctions for lines es During 4-Year	ection 501(h) do not have to co 2a through 2f on Averaging Period	omplete all of the page 4.)	five
t	Section 4911 tax for this year?	ear Averaging ade a section See the instr	g Period Under S 501(h) election of the cuctions for lines es During 4-Year	ection 501(h) do not have to co 2a through 2f on Averaging Period	omplete all of the page 4.)	five
t	Section 4911 tax for this year?	ear Averaging ade a section See the instr	g Period Under S 501(h) election of the cuctions for lines es During 4-Year	ection 501(h) do not have to co 2a through 2f on Averaging Period	omplete all of the page 4.)	five
c	Section 4911 tax for this year?	ear Averaging ade a section See the instr	g Period Under S 501(h) election of the cuctions for lines es During 4-Year	ection 501(h) do not have to co 2a through 2f on Averaging Period	omplete all of the page 4.)	five

No		moun
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Schedule C (Fo	orth 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information (continued)	
•••••		•••••
•••••		
• • • • • • • • • • • • • • • • • • • •		
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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.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Lan	e Electric Cooperative, Inc.			93	0	209125	
Pa	organizations Maintaining Dono the organization answered "Yes" t			nds or	Accounts	. Comp	lete if
		(a) Donor advised f		(b) F	unds and othe	r accounts	3
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 do funds are the organization's property, subject					Yes	s 🗌 No
6	Did the organization inform all grantees, done used only for charitable purposes and not for	ors, and donor advisors	in writing that gran	t funds o	an be		
	purpose conferring impermissible private ber					☐ Yes	s 🗌 No
Pa	rt II Conservation Easements. Comple						<u>- L.,</u>
				1 01111 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	Purpose(s) of conservation easements held be Preservation of land for public use (e.g., r		_	f on hist	anaally impe	ortant lan	nd area
	_	recreation or pleasure)	☐ Preservation o				
	Protection of natural habitat		Freservation (or a cert	meu mston	C Silucii	ui e
2	Preservation of open space Complete lines 2a through 2d if the organizati	ion held a qualified cone	envation contribution	n in the f	orm of a co	neenvati	ion
~	easement on the last day of the tax year.	ion neid a quaimed cons	SI VALION CONTIDUIO	1 111 (110 1	01111 01 4 00	711301 4411	
				[Held at the	End of th	e Tax Yea
_	Total number of concentation concents			2a	+		
a	Total number of conservation easements				+	_	
b	Total acreage restricted by conservation easi				+		
C	Number of conservation easements on a cer		• •	. 2d			
d	Number of conservation easements included			. —	1		
3	Number of conservation easements modified the tax year ▶	l, transferred, released, o	extinguished, or terr	minated	by the orga	anızatıon	during
4	Number of states where property subject to	conservation easement	s located ▶		-		
5	Does the organization have a written policy r violations, and enforcement of the conservat					☐ Yes	s 🗌 No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enf	orcing conservation	easeme	ents during	the year	r
7	Amount of expenses incurred in monitoring, ▶\$	inspecting, and enforcin	g conservation ease	ements o	during the y	/ear	
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				n 	☐ Yes	s 🗌 No
9	In Part XIV, describe how the organization re balance sheet, and include, if applicable, the the organization's accounting for conservation	text of the footnote to	ments in its revenu the organization's fi	e and ex nancial s	pense stat statements	ement, a that des	and scribes
Pa	rt III Organizations Maintaining Collec Complete if the organization answe			ther Sin	nilar Asse	ts.	_
1a	If the organization elected, as permitted undeart, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote	s held for public exhibition	n, education, or rese	earch in f	urtherance	e sheet of public	works o
b	If the organization elected, as permitted under historical treasures, or other similar assets he provide the following amounts relating to the	eld for public exhibition, ese items:	education, or resea	arch in fu	urtherance	of public	c service
	(i) Revenues included in Form 990, Part VIII						
	(ii) Assets included in Form 990, Part X .						
2	If the organization received or held works of following amounts required to be reported up			ssets fo	r financial (gain, pro	ovide the
а	Revenues included in Form 990, Part VIII, lin	e 1			▶ \$		

b Assets included in Form 990, Part X

Page 2	
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Par	t III Organizations Maintaining	Collections	of Art, Hi	storica	l Treasure	s, or C	ther Similar A	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply).	cession, and o	other reco	rds, che	eck any of th	ne follov	ving that are a	significant use of its
а	Public exhibition		d		oan or exch	nange p	rograms	
b	Scholarly research		е		Other			
С	Preservation for future generations	3						
4	Provide a description of the organization Part XIV.	n's collections	s and exp	laın hov	v they furthe	er the o	rganızatıon's ex	cempt purpose in
5	During the year, did the organization solid assets to be sold to raise funds rather that	it or receive de an to be mainta	onations of	f art, his art of the	torical treasu e organizatio	ures, or n's coll	other similar ection?	Yes No
Par	Escrow and Custodial Arra IV, line 9, or reported an amo					answe	red "Yes" to F	orm 990, Part
	Is the organization an agent, trustee, concluded on Form 990, Part X?					tions or	other assets n	ot
b	If "Yes," explain the arrangement in Par	rt XIV and con	nplete the	followi	ng table:	_	T	A
								Amount
	Beginning balance					. 1c	-i	<u> </u>
	Additions during the year					1d		
е	Distributions during the year					. <u>1e</u>		
f	Ending balance					. 1f		
<u>b</u>	Did the organization include an amount if "Yes," explain the arrangement in Par	rt XIV.						☐ Yes ☐ No
Par	t V Endowment Funds. Comp	lete if the or						
	(4	a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Three years bac	ck (e) Four years back
1a	Beginning of year balance		ļ					
b	Contributions							
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
	Administrative expenses End of year balance		ļ 					
2	Provide the estimated percentage of th	e year end ba	lance held	d as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment ▶	%						
С	Term endowment ▶ %							
За	Are there endowment funds not in the po	ossession of th	ne organiz	ation the	at are held a	nd adm	inistered for the	·
	organization by:		•					Yes No
	(i) unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" to 3a(ii), are the related organiz	ations listed a	as required	d on Sc	hedule R?			3b
4	Describe in Part XIV the intended uses							
Par	t VI Investments—Land, Buildi	ngs, and Eq	uipment	. See F	orm 990, F	Part X,	line 10.	
	Description of investment	(a) Cost or of (investm			st or other is (other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
	Leasehold improvements							
	Equipment							
	Other				56,899,098		15,664,052	41,235,046
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 9	90, Part X,	column	(B), line 10(d	:).)		41,235,046

Part VII Investments—Other Securities	See Form 990 Part X	line 12	rage C
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of vali	
Financial derivatives			
Other			
Investments in Associated Organizations	2,720,642	Cost	
			
	<u> </u>		
•••••			
Total (Column fell must accord Form 000 Port V and (P) (no 10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Relate	2,720,642	lino 12	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Pa	rt X, line 15.		
	(a) Description		(b) Book value
Deferred Compensation Plan Investments			279,061
Unamortized Loan Fees	 		21,435
Long-Range Construction Plan			75,803
		-	-
	·		
Total. (Column (b) must equal Form 990, Part X, col		<u> </u>	376,299
Part X Other Liabilities. See Form 990, 1. (a) Description of liability		<u> </u>	<u> </u>
Federal income taxes	(b) Amount	\dashv	
Deferred Power Credits	1,487,78	2	
Post-Retirement Health Liability	344,17		
Deferred Compensation Plan Liability	279,06	—	
Unamortized Gain of RUS Buyout	199,87	 1	
Other Deferred Credits	211,12	—	
		_	
		_	
<u> </u>		_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2 522 04	2	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. FIN 48 Footnote. In Part XIV, provide the text of	the feetrete to the granus		t reports the
organization's liability for uncertain tax positions u		auon 3 illianoiai Statements tha	

Par	T XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	. 1	20,306,155
	Total expenses (Form 990, Part IX, column (A), line 25)	. 2	19,757,606
3	Excess or (deficit) for the year Subtract line 2 from line 1	. 3	<u>548,549</u>
4	Net unrealized gains (losses) on investments	. 4	
5	Donated services and use of facilities		
6	Investment expenses	. 6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1,531
	Total adjustments (net). Add lines 4 through 8	. 9	1,531
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	. 10	550,073
Par	T XII Reconciliation of Revenue per Audited Financial Statements With R		
1	Total revenue, gains, and other support per audited financial statements	1	20,306,155
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	<u>2e </u>	00 000 455
3	Subtract line 2e from line 1	3	20,306,155
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	, , , , , , , , , , , , , , , , , , , ,		
		4c	•
_	Add lines 4a and 4b	· · · · — —	20.200.455
5 Par	t XIII Reconciliation of Expenses per Audited Financial Statements With E		20,306,155
		Apenses per n	19,756,082
1	Total expenses and losses per audited financial statements	· · · • • -	13,130,002
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a		
a	Defiated Services and use of Identities		
b	Phol year adjustments		
C	Other losses	12,752	
d	Other (Beschbe III all XIV)	2e	12,752
	Add lines 2a through 2d	3	19,743,330
3	Subtract line 2e from line 1		,,
4	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 4a		
a	Other (Describe in Part XIV.)	14,276	
b	Add lines 4a and 4b	4c	14,276
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,757,606
_	t XIV Supplemental Information		
and i	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line part to provide any additional information.	es 2d and 4b. Also	complete
rela	ating to accounting for uncertain tax positions. As of December 31, 2009, the Coopera		e any uncertain
tax	positions nor did it have uncertain tax positions at December 31, 2008 under previou	s guidance. The (Cooperative
files	s an exempt organization tax return in the U.S. federal jurisdiction and is no longer su		
taxi	ing authorities for periods prior to 2006.		
 Par	rt XI #8 :Tax depreciation less than book and Amortization of RUS Gain		

Schedule D (Form aso) 2009	Page J
Part XIV Supplemental Information (continued)	
Part XIII #2d :Tax depreciation less than book	
Part XIII # 4b : Amortization of RUS Gain	
	· •
	.
	· • • • • • • • •
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	-

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Open to Public 2009

ŝ (h) Purpose of grant or assistance Inspection Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 0209125 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 93 . (f) Method of valuation (book, FMV, appraisal, other) ure serection officers used to award use grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . ▶ Attach to Form 990. . (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (B) EIN Enter total number of other organizations 1 (a) Name and address of organization or government Lane Electric Cooperative, Inc Name of the organization Part II Part I

Schedule I (Form 990) 2009

Cat. No 50055F

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

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 eligible for the awarded funds by enrolling in the designated program. Distributions are made directly to the appropriate institution upon verification of enrollment. (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Educational Grants are budgeted annually and awarded through an interview process by the Board of Directors and members of management. Recipients are and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, Unclaimed funds are returned to the cooperative and may or may not be re-awarded at the board's discretion. (d) Amount of non-cash assistance 6,013 3,600 (c) Amount of cash grant (b) Number of recipients 4 Educational Grant (Lane Community College) (a) Type of grant or assistance Education Grant (VOLTA) Part IV Part III

SCHEDULE J (Form 990)

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. Open to Public

0209125

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Lane Electric Cooperative, Inc.

Inspection Employer identification number

93

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. ☐ Housing allowance or residence for personal use ☐ First-class or charter travel Payments for business use of personal residence ☐ Travel for companions Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account _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 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 Approval by the board or compensation committee Form 990 of other organizations 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. 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 a The organization?..... 5b 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. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 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 in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 9

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2009

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 (ii) 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.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	_	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
Frederick M Crinklaw	ε	177,412		2,468	45,403	16,392	241,675	
	(ii)							
Vester Sanders	(1)	110,603	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,649	27,470	12,565	153,287	
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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.

Open to Public Inspection ► Attach to Form 990.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
Lane Electric Cooperative, Inc.	93 0209125
Form 990 Part VI Section A #6 and #7a:	
As a cooperative, Lane Electric is owned by our member/owners who exercise their control	rol by electing a total of 7 board
members by residential district. The 7 board members are elected from four Board Distri	cts to each serve a three-year
term.	
Form 990 Part VI Section B #11A:	
The completed Form 990 is presented to the cooperative's Board of Directors for review	during the monthly board
meeting prior to being filed. All disclosures and significant changes from the prior year	are highlighted and discussed.
Form 990 Part VI Section B #12c:	
Any potential conflicts of interest including its nature and effects that may exist shall be	declared in advance by the
individual in order to save him or herself any official action involving the conflict. Monito	oring and identifying
such situations is the responsibility of the individual, the President of the Board, and the	Board as a whole.
Monitoring and enforcement of compliance with policies as they relate to employees is the	ne responsibility of the
cooperative's General Manager. Annually the cooperative provides questionnaires to its	members of the board, officers,
key, and highly compensated employees. This provides a means to disclose and obtain	detailed information
regarding the individual relationships reportable personnel may have with the cooperative	ve's affiliates giving rise
to a potential conflict of interest.	
	•

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Form 990 Part VI Section B #15b:	
Compensation for the cooperative's General Manager is set annually by the Board of Di	rectors. This is
discretionary based on performance to the extent it falls within the established range. T	his range is developed and
reviewed every 3 (three) years based on averages and compiled from both industry surv	reys and information obtained
from comparable utilities. Each such review is consistent in its inclusion of the relevan	t data. Compensation for
managers and key employees is conducted in the same fashion, however, the decision	s made by the cooperative's
General Manager.	
Form 990 Part VI Section C #19	
The cooperative makes governing documents, policies, and annual financial statements	available to members of the
cooperative upon request.	

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

	(s) shown on return	_	Busin	ess or activity to wi	hich this form relat	les		ying number		
	e Electric Cooperat				93-0209125					
Par		•	ertain Property Usted property, con			omplete Part I.				
1	Maximum amount. S	See the instructi	ons for a higher limit	for certain bus	sinesses		1	\$250,000		
2	Total cost of section	n 179 property	placed in service (s	ee instructions	s)		2			
3	Threshold cost of s	ection 179 proj	perty before reducti	on in limitation	(see instruction	ons)	3	\$800,000		
4	Reduction in limitat	on. Subtract lir	ne 3 from line 2 If z	ero or less, ent	ter -0		4			
5	Dollar limitation for	tax year. Sub	otract line 4 from I	ine 1. If zero	or less, ente	r -0 If married filing				
	separately, see inst	ructions .	<u> </u>	<u></u>		· · · · · ·	5			
6	(a)	Description of prop	erty	(b) Cost (busi	ness use only)	(c) Elected cost				
7	Listed property. Ent	er the amount	from line 29		-7 -					
8	Total elected cost of	f section 179 p	roperty Add amou	nts in column (c), lines 6 and	17	8			
9	Tentative deduction	. Enter the sm	aller of line 5 or lin	e8			9			
10	Carryover of disallo	wed deduction	from line 13 of you	r 2008 Form 4	562		10			
11	Business income limita	tion. Enter the sm	aller of business incom	e (not less than a	zero) or line 5 (se	e instructions)	11			
12	Section 179 expens	12								
13	Carryover of disallo	wed deduction	to 2010. Add lines	9 and 10, less	line 12 ▶	13				
	: Do not use Part II					•				
Par						clude listed property.)	(See	instructions.)		
14						rty) placed in service	T			
• •	during the tax year			•		*	14			
15	Property subject to	section 168(f)(1) election				15			
	Other depreciation	,,,	•				16	1,684,138		
			Do not include li			uctions.)	1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	MIZITATIO E	<u> </u>		Section A	(000			-		
17	MACRS deductions	for assets plac	ced in service in tax		na before 200	9	17	49,905		
						one or more general	—	,		
	asset accounts, che			_	•	b				
						General Depreciation	Svste	em		
	(b) Month and year (c) Basis for			(d) Recovery						
(a) C	Classification of property	placed in	(business/investment use	period	(e) Convention	(f) Method	(g) De	Depreciation deduction		
102	3-year property	service	only-see instructions)	 			 			
	5-year property	<u> </u>		-			+			
	7-year property	<u> </u>					+	·		
	10-year property						+			
	15-year property	<u> </u>					+			
<u>-</u>	20-year property	<u> </u>					+	 		
	25-year property			25.00		S/L	┼			
	Residential rental			25 yrs 27.5 yrs	1414	5/L	+			
h				 	MM		+			
	Property Noncondential real			275 yrs	MM	5/L	 			
i	Nonresidential real property			39 yrs.	MM	5/L	 -			
	<u> </u>	Assats Dissa	d in Comice During	- 0000 Tov Vo	MM	S/L				
		-ASSETS PIACE	a in Service During	J ZUUS TAX YE	ar Using the	Alternative Depreciation	טעס ווע ວys	item		
	Class life	1		 	ļ	5/L	┼			
	12-year			12 yrs.		5/L	 			
	40-year			40 yrs	ММ	<u> 5/L</u>				
		(See instructi					 			
							21			
22			_			and line 21 Enter here				
	and on the appropria		· ·			ictions .	22	1,734,043		
23	For assets shown a		ed in service during	the current ye	ear, enter the		1			

Cat No 12906N

-	4504 (0000)															Page 2
Pa	4562 (2009) iV Listed	Property (In	nclude ai	itomo	biles.	ertain	other	vehic	les ce	ellular	telepho	nes c	ertain	comi		
		ty used for en							103, 00	mulai	teleprie	,,,,,,	or tall i	00111	Julion	J, WIIC
		For any vehicle							rate o	r dedu	ctıng lea	se exp	ense, co	mple	te o n	ly 24a
		olumns (a) throu										•	•	•		•
		Depreciation a										passer	nger aut	omot	iles.)	_
24a		ence to support the						s 🗆 N			es," is the]] Yes	□ No
	(a)	(b)	(c)				(e)		(f)	(g)		(h)			(i)
Тур	e of property (list	Date placed in	Business/ nvestment use	Cost or	(d) r other ba		asıs for de Jusiness/ir		,, Ke	covery	Metho	od/	Deprecia		Elected	d section
	vehicles first)	service "	percentage	00000		()	use c		" p	eriod	Conver	ition	deduct	ion	179	cost
25	Special depred	ciation allowance	e for qual	ified lis	ted pro	perty p	laced in	n servic	e durir	g the						
	tax year and u	used more than	50% in a	qualifie	d busir	iess us	e (see ı	nstruct	ions)		•	25				
26	Property used	more than 50%	in a qual	ified bu	isiness	use:										
			%													
			%												<u> </u>	
		L	. %													
27	Property used	50% or less in		busine	ess use	:										
			%								5/Ŀ <u>-</u>					
			%								5/L -					
			%								3/L	,				
28		ın column (h), lır						ıne 21,	page 1			28				
29	Add amounts	<u>ın column (ı), lın</u>										• •		29	<u> </u>	
_							tion on						.,			
		n for vehicles use rst answer the qu														enicies
30	Total business/	investment mile	s driven	(4	a)	((b)		(c)		(d)		(e)		(f)	
-		ear (do not		Vehi	cle 1	Veh	ıcle 2	Veh	iicle 3	Vel	hicle 4	Ve	hicle 5		Vehicl	le 6
	commuting mile	,														
31	Total commuting	miles driven during	the vear					 						Ť		
32	_	ersonal (noncor						ì								
	miles driven .							•								
33	Total miles driv	en during the ye	ear. Add													
	lines 30 through	132				L		<u> </u>								
34	Was the vehic	le available for	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	١	/es	No
	use during off-c	duty hours? .								<u> </u>		<u> </u>		\perp		
35	Was the vehic	ele used primar	ıly by a													
	more than 5% of	owner or related	person?					<u> </u>				ļ	<u> </u>			
36	Is another vehic	le available for p	ersonal													
	use? .						<u> </u>	<u> </u>				<u> </u>		Ш		
		Section C-Q									•	-	-			
	•	ions to determi	-				comple	ting Se	ection E	3 for ve	hicles u	sed by	employe	es w	ho are	e not
more		ers or related pe						-								
37		aın a written poli	icy statem	ent tha	at prohil	oits ali	person	al use o	of vehic	des, inc	cluding o	commu	ting, by	' ⊢ '	es_	No
	your employee						• • •	٠.,	• • •		• •					
38		ain a written po ee the instruction	-									-	by your			
39	Do you treat a	Il use of vehicle	s by empl	ovees a	as pers	onal us	e? .									
40		e more than five						nforma	tion fro	m you	r employ	ees ab	out the			
-		icles, and retain														
41	Do you meet t	he requirements	s concern	ing qua	ulified a	utomot	ole den	nonstra	tion us	e? (See	e instruc	tions.)				
		nswer to 37, 38,														
Pai	rt VI Amort	tization														
			a	o)					_	4.0		(e)			<u> </u>	
	(a) Description	of costs	Date amo	ortization	,		(c) ble amou	nt		(d) section		iortizatior eriod or		ortizatio	(f) on for th	ııs year
	•) beg	jins	1			1				rcentane				•