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DLN: 93493200003241

Form **990** 

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

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

Open to Public

Care	_	the 20	10 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010			
More change   Intelligent   Comparison   Component	_	ck if appl	C Name of organization		D Employe	er identification numbe
Total number of organization of Forgonizations massion or most significant activities   To PROMOTE AND SERVE THE NEEDS OF THE MEBER COOPERATIVES	Add	ress chan	nge		38-221	4287
### Application pending   ### Application p	Nan	ne change	Doing Business As e		E Telephon	ne number
Amended return   Application perding	– <sub>Initi</sub>	al return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(517) 3	51-6322
Application pending  F Name and address of principal officer CRAIG BORR 2859 W 10LLY ROAD OKEMOS, MI 48864  Tax-exempt status   Solic()(3)   Solic() (6)   (insert no.)   4947(a)(1) or   527  Website:   WWW.COUNTRYLINES.COM  From of organization   Trust   Association   Other   Lyear of formation   1978   M State of legal domicle  To more and the organization   Trust   Association   Other   Lyear of formation   1978   M State of legal domicle  1 Birefly describe the organization's mission or most significant activities 10 PROMOTE AND SERVE THE NEEDS OF THE MEMBER COOPERATIVES  2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)   4	Ten	nınated	2859 W JOLLY ROAD			
F   Name and address of principal officer   CRAIG BORR   2859 W JOLLY ROAD   OKEMOS, MI 48864	- Ame	ended ret			<b>G</b> Gross rece	eıpts \$ 2,568,326
CRAIG BORK   2859 WJOLLY ROAD   OKEMOS, MI 48864   H(b)   Are all affiliates included   Types   If *No,* attach a list (see instructions)   H(c)   Group exemption number   M(c)   Group ex	– App	lication pe				
CRAIG BORR   2859 WJOLLY ROAD   OKEMOS, MI 48864   H(b)   Are all affiliates included?   Yes   PI   If *No,* attach a list (see instructions)   H(c)   Group exemption number   H(c)   Grou			F Name and address of principal officer	H(a) Is this a	group return for a	affiliates? Yes No
OKEMOS,MI 48864						
Website:						
Website: ► WWW COUNTRYLINES COM				_		
Lyear of formation   1978   M State of legal domicide	Tax	-exempt	status 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527	11(0)		
### 1   Summary	W	ebsite: I	► WWW COUNTRYLINES COM			
1 Briefly describe the organization's mission or most significant activities   TO PROMOTE AND SERVE THE NEEDS OF THE MEMBER COOPERATIVES	<b>S</b> Form	n of organ	nization Corporation Trust Association Other ►	L Year of for	mation 1978	M State of legal domic
TO PROMOTE AND SERVE THE NEEDS OF THE MEMBER COOPERATIVES  2 Check this box ▶	Pai	rt I	Summary			•
2 Check this box ► if if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)						
Net unrelated business revenue from Part VIII, column (C), line 12	ا ر	<u>TC</u>	PROMOTE AND SERVE THE NEEDS OF THE MEMBER COOPERATIVES			
Net unrelated business revenue from Part VIII, column (C), line 12	<b>≟</b>	_				
Net unrelated business revenue from Part VIII, column (C), line 12	<u> </u>					
Net unrelated business revenue from Part VIII, column (C), line 12	2	<b>2</b> Ch	neck this box 🔭 if the organization discontinued its operations or disposed of	more than 2	5% of its net	t assets
Net unrelated business revenue from Part VIII, column (C), line 12	5	<b>3</b> Nu	imber of voting members of the governing body (Part VI, line 1a)		з	<b>.</b>
Net unrelated business revenue from Part VIII, column (C), line 12	\$				4	
Net unrelated business revenue from Part VIII, column (C), line 12	<u> </u>					-
Net unrelated business revenue from Part VIII, column (C), line 12				•		
Net unrelated business taxable income from Form 990-T, line 34	È					
Prior Year   Current Year			, , , , , , , , , , , , , , , , , , , ,			
8 Contributions and grants (Part VIII, line 1h)		Бис	te difference business taxable medine from Form 550 17 mile 54 1.	Dries		
9 Program service revenue (Part VIII, line 2g)			Contributions and grants (Dort VIII line 1 h)	Piloi		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>a</u>					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>=</u>					
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	À				· · · · · · · · · · · · · · · · · · ·	+
12)	_				23,316	5 23
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,254,461       1,318,98         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       1,267,249       1,286,36         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       2,521,710       2,605,34         19       Revenue less expenses Subtract line 18 from line 12       -53,186       -43,68			* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		2,468,524	2,561
14 Benefits paid to or for members (Part IX, column (A), line 4)					C	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10) 16a Professional fundraising fees (Part IX, column (A), line 11e)					C	
10) 16a Professional fundraising fees (Part IX, column (A), line 11e)						
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       1,267,249       1,286,36         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       2,521,710       2,605,34         19 Revenue less expenses Subtract line 18 from line 12       -53,186       -43,68	\$				1,254,461	1 1,318
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)       1,267,249       1,286,36         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       2,521,710       2,605,34         19 Revenue less expenses Subtract line 18 from line 12       -53,186       -43,68	<u> </u>	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		C	
18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       2,521,710       2,605,34         19       Revenue less expenses Subtract line 18 from line 12	ਡੇ	b ·	Total fundraising expenses (Part IX, column (D), line 25) ▶0			
19 Revenue less expenses Subtract line 18 from line 1253,186 -43,68	_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,267,249	1,286
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,521,710	2,605
Beginning of Current End of Voor		19	Revenue less expenses Subtract line 18 from line 12		-53,186	-43
T Q   Voca   Elicion real	8 95					End of Year
9 S Teal	9,55	20 .	Total accets (Part Y line 16)	11		1 861
数键 20 Total assets (Part V June 16) 958 111 861 7(	രഅധി				· · · · · · · · · · · · · · · · · · ·	
20 Total assets (Part X, line 16)	d Ba		Total habilities (Fart X, line 20)			
20 Total assets (Part X, line 16)	Fund Ba		Net assets or fund halances. Subtract line 21 from line 20		705,207	, 143
		22			•	
Year	ets or Expenses	14   15   16a   17   18   19   1	Benefits paid to or for members (Part IX, column (A), line 4)	Beginning	1,254,461 0 1,267,249 2,521,710 -53,186 Jof Current ear	1 1,318 0 1,286 0 2,609 5 -43 End of Year
20 Total assets (Part X, line 16)	3 00	21	Total liabilities (Part X, line 26)			
20 Total assets (Part X, line 16)	and Ba	21		1	489,207	7 445
		22			•	
20 Total assets (Part X, line 16)	Ass HBa		Total Habilities (Part X, line 26)			
21 Total liabilities (Part X, line 26)	Par Under knowl	t III penaltie	Signature Block es of perjury, I declare that I have examined this return, including accompanying sch		atements, and	
Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a nowledge.	Par Inder nowl	t III penaltie	Signature Block es of perjury, I declare that I have examined this return, including accompanying sch d belief, it is true, correct, and complete. Declaration of preparer (other than officer)	is based on a	atements, and	
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Forn	n 990 (2010)				Page
Par		nt of Program Service chedule O contains a respons	Accomplishments e to any question in this Part III		୮
1	Briefly describe t	he organization's mission			
<u>TO I</u>	PROMOTE AND SE	RVE THE NEEDS OF THE ME	MBER COOPERATIVES		
2	_		orogram services during the year w		Yes 🔽 No
	If "Yes," describe	these new services on Sched	ule O		
3	_	on cease conducting, or make	significant changes in how it cond		Yes 🔽 No
	If "Yes," describe	these changes on Schedule C	1		
4	Section 501(c)(3	) and 501(c)(4) organizations	each of the organization's three la and section 4947(a)(1) trusts are evenue, if any, for each program se	required to report the amoun	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	"COUNTRY LINES" P	ERIODICAL IS PRINTED TO INFORM	MEMBER COOPERATIVES ON RELEVANT IN	DUSTRY INFORMATION THEY ISSUE	10 PUBLICATIONS A YEAR
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		DE MEMBER COOPERATIVES WITH A STRY THEY SERVE 170 CLIENTS	N OPPORTUNITY TO OBTAIN TRAINING ANI	D EDUCATION THESE ALLOW MEMBE	ERS TO MEET AND SHARE
	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	,
4c	•	, , ,	S TO RECEIVE TRAINING AND EDUCATION	, ,	/ MEMBEDS ADE ADIE TO
		RISKS THEY SERVE 715 CLIENTS	S TO RECEIVE TRAINING AND EDUCATION	ON SAFETY ISSUES BY DOING SO,	MEMBERS ARE ABLE TO
	Other program a	ervices (Describe in Schedul	201		
₩	(Expenses \$	· ·	g grants of \$	) (Revenue \$	)

Total program service expenses▶\$

Part 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
c	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.	11c		Νo
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		Νo
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 (see instructions)	17		Νo
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		Νo
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	(2010)			Page -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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		Νo
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		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (	2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
Е	nter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 12			
E	nter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	old the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	aming (gambling) winnings to prize winners?	1c	Yes	
	nter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> itatements filed for the calendar year ending with or within the year covered by this			
re	eturn			
I	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Yes	
N	lote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
D	old the organization have unrelated business gross income of \$1,000 or more during the			
•	ear <sup>7</sup>	3a	Yes	
	f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	Yes	
0	t any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)?	4a		No
T f	f "Yes," enter the name of the foreign country 🕨			
	ee instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N c
Ιt	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	oes the organization have annual gross receipts that are normally greater than \$100,000, and did the rganization solicit any contributions that were not tax deductible?	6a		No
Ιt	f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	vere not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	<b>-</b>		
	old the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ervices provided to the payor?	7a		
I	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7-		
	le Form 8282?	7с		
1	res, indicate the number of forms 6262 med during the year			
	old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	<b>,</b>		
	ontract?	7e 7f		
	f the organization, received a contribution of qualified intellectual property, did the organization file Form 8899 as			
re	equired?	7g		
	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	he supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess usiness holdings at any time during the year?			
		8		
	ponsoring organizations maintaining donor advised funds.	9a		
	old the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	nitiation fees and capital contributions included on Part VIII, line 12   10a			
	iross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	acilities			
	section 501(c)(12) organizations. Enter			
	iross income from members or shareholders			
	gainst amounts due or received from them )			
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the			
У	ear 12b			
	ection 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state? <b>lote.</b> See the instructions for additional information the organization must report on Schedule O	13a		
.,	222 222			
	nter the amount of receives the organization is required to mointain by the states			
	nter the amount of reserves the organization is required to maintain by the states which the organization is licensed to issue qualified health plans			
Е	nter the amount of reserves on hand			
		1/10		NI -
	old the organization receive any payments for indoor tanning services during the tax year?	14a		N c

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

Check if Schedule C							. 🗸

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax  year			
b	Enter the number of voting members included in line 1a, above, who 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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	110
0 7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		1 e 5	
/a	governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		100	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review 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	Yes	
Ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	,		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18 19	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request.  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public. See Additional Data Table			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

#### 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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 neither the organization no<u>r any related organization compensated any current officer, director, or trustee</u>

<b>(A)</b> Name and Title	(B) Average hours	Posi t	(( tion ( hat a	che		11		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) TOM HARRELL DIRECTOR	1 00	х						0	0	0
(2) GAIL PETERSEN DIRECTOR	1 00	х						0	0	0
(3) STEVE BOECKMAN DIRECTOR	1 00	х						0	0	0
(4) MELINDA LAUTNER DIRECTOR	1 00	х						0	0	0
(5) DAN DASHO DIRECTOR	1 00	х						0	0	0
(6) ED ESTELLE DIRECTOR	1 00	х						0	0	0
(7) DEAN FLORIA DIRECTOR	1 00	х						0	0	0
(8) ROBERT HANCE DIRECTOR	1 00	х						0	0	0
(9) TOM HAARALA DIRECTOR	1 00	х						0	0	0
(10) GORDON JUKURI DIRECTOR	1 00	х						0	0	0
(11) RAY WOZNIAK DIRECTOR	1 00	х						0	0	0
(12) DALLAS BRAUN DIRECTOR	1 00	х						0	0	0
(13) ROBERT SCHALLIP DIRECTOR	1 00	х						0	0	0
(14) DALE FARRIER DIRECTOR	1 00	х						0	0	0
(15) JERRY AKERS DIRECTOR	1 00	х						0	0	0
(16) CRAIG BORR DIRECTOR	1 00	Х						0	0	0

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

	(A) Name and Title	(B) A verage hours		() tion that a			ıll		(D) Reportable compensation	(E) Reportable compensation	Esti	<b>F)</b> mated of other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	fror organiz rel	nsation n the ation and ated izations
(17) DIRE	MARK KAPPLER CTOR	1 00	х						0	(		0
(18) CHAI	BRIAN BURNS R	1 00	х		Х				0	(		0
٠,	KENNETH SWOPE /ICE CHAIR	1 00	х		Х				0	(		0
	TONY ANDERSON VICE CHAIR	1 00	х		х				0	(		0
	ERIC BAKER ETARY/TREASURER	1 00	х		х				0	(		0
	LOUIS WENZLAFF DIATE PAST CHAIR	1 00	х		Х				0	(		0
	MIKE PETERS IDENT/CEO	40 00			х				267,797	(		55,190
٠,	MICHAEL BUDA CTOR OF EXTERNAL AFFAIRS	45 00					х		114,145	(		17,841
	ART THAYER CTOR OF ENERGY EFFICIENCIES	40 00					х		102,253	(		24,121
												_
1b	Sub-Total							F				
c	Total from continuation sheets to	Part VII, Secti	ion A .	•	•	•	<b>*</b>	_	101.105			
d								<u> </u>	484,195	0		97,152
2	Total number of individuals (includes \$100,000 in reportable compensations)	-				edai	oove)	wno	received more than	l		
											Yes	No
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sche						ploye	e, or •	highest compensa		3	No
4	For any individual listed on line 1a organization and related organization	•	•						·	ל		
5	Did any person listed on line 1a reservices rendered to the organizat		-				-		-	ındıvıdual for	4 Yes	
									• • • •	-	5	No_
	ection B. Independent Conti									# la =		
1	Complete this table for your five h \$100,000 of compensation from t	he organization	ated in	ueper	nden	IE C 0	ntract	ors 1	inat received more	tnan	_	
	Name	(A) and business addre	ess						Descrip	(B) otion of services		(C) ensation
											+	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization **>**0

Part \	90 (201	0) Statement of Revenu	•				Pa	age <b>9</b>
	<b>7111</b> 3	statement of Revenu	C		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b Mer c Fun d Rela e Gove f All o simil g None	mbership dues	. 1c . 1d . 1e and 1f es 1a-1f \$					
Program Service Revenue	b PUBI c SAFE d EDU e f All	MBERSHIP DUES BLICATIONS ETY/LOSS SERVICES UCATION & MEETINGS other program service rev		900099 511120 900099 611710	1,056,239 1,051,638 308,675 120,320 2,536,872	858,393 308,675	193,245	
	<ul> <li>a nd</li> <li>Inco</li> <li>Roy</li> <li>b Less expe</li> <li>c Rent or (I</li> </ul>	d other similar amounts) .  ome from investment of tax-exergalties  oss Rents  os rental enses otal income loss) t rental income or (loss)	mpt bond proceeds	(II) Personal	1,531 23,223			1,531
enne	7a Gros from asse than Less othe sale: c Gain d Net	ss amount n sales of ets other n inventory s cost or er basis and is expenses n or (loss) t gain or (loss) t including	(ı) Securities	(II) O ther 6,700 6,673 27	27			27
Other Revenue	b Les c Net  9a Gro b Les c Net  10a Gro		a b draising events • tivities See Part IV, line 19 . a b ning activities •					
	t Net	ss cost of goods sold .  t income or (loss) from sal  Miscellaneous Revenue  other revenue		Business Code				
	12 Tot	al revenue. See Instructio	<b>▶</b> ns <b>▶</b>		2,561,653	2,343,627	193,245 orm <b>990</b> (2	

	Part IX Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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, trustees, and key employees	322,987					
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	637,298					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	159,897					
9	Other employee benefits	132,143					
10	Payroll taxes	66,657					
а	Fees for services (non-employees) Management						
b	Legal	62,082					
c	Accounting	10,842					
d	Lobbying	54,000					
e	Professional fundraising services See Part IV, line 17						
f	Investment management fees						
g	Other	19,911					
12	Advertising and promotion	22,343					
13	Office expenses	786,691					
14	Information technology	22,306					
15	Royalties						
16	Occupancy	45,622					
17	Travel	75,437					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	32,474					
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	38,900					
23	Insurance	12,420					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )						
а	YOUTH PROGRAMS	39,161					
b	WORKSHOPS	24,556					
c	MISCELLANEOUS	22,363					
d	GOVERNMENTAL AFFAIRS	17,252					
e							
f	All other expenses						
25	Total functional expenses. Add lines 1 through 24f	2,605,342					
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Part X Balance Sheet (A) (B) Beginning of year End of year 369.031 235,438 1 Cash—non-interest-bearing . . . . . . . . . . . . . 2 2 Savings and temporary cash investments . . . . . . 3 3 129,700 4 118,513 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 8 Inventories for sale or use . . . . . . Prepaid expenses and deferred charges . . . . 68,908 9 106,807 10a Land, buildings, and equipment cost or other basis Complete Part 793.355 10a VI of Schedule D 392,404 390.472 ь Less accumulated depreciation . . . . 10b 10c 400.951 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 958.111 16 861,709 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 202.850 17 144,409 17 Accounts payable and accrued expenses . 18 18 265.703 19 19 271.298 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 351 25 484 Other liabilities Complete Part X of Schedule D . . . . . 26 468.904 26 416,191 **Total liabilities.** Add lines 17 through 25 . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 458,249 27 414,560 Temporarily restricted net assets . . . . . 28 28 Fund 30,958 30,958 29 Permanently restricted net assets . . . . . 29 Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 489,207 445,518 33 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 958,111 861,709 34

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2 -	561,65
2	Total expenses (must equal Part IX, column (A), line 25)	2			505,34
3	Revenue less expenses Subtract line 2 from line 1	3			-43,689
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	189,20
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4	145,51
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	∀	•
				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		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were i	ssued		103	
•	on a separate basis, consolidated basis, or both	33464			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

DLN: 93493200003241

## OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► 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 V, line 46 (Political Campaign Activities),

- ◆ 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

MICHIGAN ELECTRIC COOPERATIVE ASSOC				Employer ide 38-221428	mployer identification number			
ar	IJ-A Complete if the or	ganization is exempt und	ler section 501(					
1.	-	ganization's direct and indirect p						
2	Political expenditures	gamzation s an eet and maneet p	ontrodi campaign de	in the same are 1 v	¢			
3	Volunteer hours			•	Ψ			
	<u> </u>	ganization is exempt und						
L	·	e tax incurred by the organization			\$			
2		e tax incurred by organization ma		on 4955 ►	\$			
3		section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No			
4a	Was a correction made?				│ Yes │ No			
b	If "Yes," describe in Part IV	ganization is exempt und	ler section 501/	c) except section 50	11/6\/3\			
1	-	ended by the filing organization for	_		<u> </u>			
<u> </u>		organization's funds contributed t			Ψ			
_	exempt funtion activities	rigamzación s fanas contributea (	to other organization	<b>→</b>	\$			
3	Total exempt function expend	tures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	<b>#</b>			
3 4 5	Did the filing organization file Enter the names, addresses a		er (EIN) of all section	n 527 political organizatio				
1	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio	Form 1120-POL for this year? nd employer identification numbe	er (EIN) of all section er the amount paid fr nd directly delivered	n 527 political organizatio om the filing organization's I to a separate political org	(e) A mount of political contributions receive and promptly and directly delivered to a			
ļ	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly a  Instruction political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered ) If additional space	n 527 political organization om the filing organization's to a separate political organization organization (d) A mount paid from filing organization's	ns to which the filing s funds Also enter the ganization, such as a lation in Part IV  (e) A mount of political contributions receive and promptly and			
1	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly a  Instruction political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered ) If additional space	n 527 political organization om the filing organization's to a separate political organization organization (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
1	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly a  Instruction political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered ) If additional space	n 527 political organization om the filing organization's to a separate political organization organization (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly a  Instruction political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered ) If additional space	n 527 political organization om the filing organization's to a separate political organization organization (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			
1	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year?  Ind employer identification number  For each organization listed, enter  Ins received that were promptly a  Instruction political action committee (PAC)	er (EIN) of all section er the amount paid frond nd directly delivered ) If additional space	n 527 political organization om the filing organization's to a separate political organization organization (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.			

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		have to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Sch	edule C (Form 990 or 990-EZ) 2010			Р	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT fi	led Fo		
		(a)		(b)	
		Yes	No	A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Γ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), o	r sectio	n
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	No

Par	t III-B	Complete if the organization is exempt under section $501(c)(4)$ , section $50$	<b>)1(</b> c)	(5), or section
		501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III	I-A,	line 3 is
		answered "Yes".		
1	Dues. as	sessments and similar amounts from members	1	

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

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DLN: 93493200003241

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**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.

Open to Public

number mplete if the
accounts
iccounts
Yes
Yes □ No
e 7.
- / .
ıd area
of the Year
3
Yes □ No
Yes   No
Yes
ts.
of ervice,
art,
ıce,

**b** Assets included in Form 990, Part X

'ar	<b>Til</b> Organizations Maintaining Co	llections of Art	, His	toric	<u>cal Tr</u>	easu	res, or O	the	<u>r Similar</u>	· Asse	ts (co	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing t	hat are	a significa	ant u	se of its co	llection	ו	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
•	Provide a description of the organization's co	ollections and expla	ın how	they	furthe	r the o	rganızatıon	's ex	empt purpo	ose in		
;	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	),	
	Part IV, line 9, or reported an an											
а	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other interme	ediary	for c	ontribut	tions o	r other ass	ets i	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ble		г					
							-			A mou	ınt	
С	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	<b>1</b> f				
а	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	1										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior Y		(c)Tw	Years Back	+`-	Three Years E	Back (e	)Four Ye	ars Back
•	Beginning of year balance	30,958			30,958		30,95	8				
b	Contributions	723			264							
c	Investment earnings or losses	319			264							
d	Grants or scholarships	1,042			264							
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	30,958			30,958		30,95	8				
_	Provide the estimated percentage of the yea	r end balance held a	as		I					I		
а	Board designated or quasi-endowment											
ь	Permanent endowment 100 000 %											
c a	Term endowment ►  Are there endowment funds not in the posse:	ssion of the organiz	ation t	hata	re held	and a	lministere	d for	the			
_	organization by	or the organiza				aa					Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio							٠		3b		
	Describe in Part XIV the intended uses of th											
ēΙ	t VI Investments—Land, Buildings	s, and Equipme	nt. S						I			
	Description of investment				) Cost or is (inves		( <b>b)</b> Cost or o		(c) Accumi deprecia		( <b>d)</b> Bo	ok value
а	Land		•				101	L,600				101,600
b	Buildings		•				399	9,732	:	195,071		204,661
С	Leasehold improvements		•									
d	Equipment						171	L,784	:	144,071		27,713
e	Other						120	),239		53,262		66,977

400,951

Part VIII Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)2001111111	Cost or end-of	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
O ther			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
	e 15.		
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value

Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,561,653
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,605,342
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-43,689
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-43,689
Part		per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,561,653
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,561,653
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,561,653
Part		s per	
1	Total expenses and losses per audited financial	1	2,605,342
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,605,342
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,605,342
Part	t XIV Supplemental Information		
C	what the want to warred the decomptions are read for Doub II have 2 F and 0 Doub III have 4 4 F		lines the and the

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	THE ORGANIZATION'S PERMANENTLY RESTRICTED NET ASSETS REPRESENT ENDOWMENTS WHICH REQUIRE THAT THE PRINCIPAL IS INVESTED IN PERPETUITY AND ONLY THE INCOME IS USED TO PROVIDE SCHOLARSHIPS

DLN: 93493200003241

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MIC	HIGAN ELECTRIC COOPERATIVE ASSOC			• •			
				38-2214287			
Pa	rt I Questions Regarding Compensation		<u>.                                      </u>				
						Yes	Νo
1a	Check the appropriate box(es) if the organization provide	ıded ar	ny of the following to or for a person li	sted in Form			
	990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	$\Gamma$	Housing allowance or residence for	personal use			
	Travel for companions	Γ	Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiati	on fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauf	feur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ				1b		
2	Did the organization require substantiation prior to reir				10		
2	officers, directors, trustees, and the CEO/Executive D				2		
3	Indicate which, if any, of the following the organization	uses	to establish the compensation of the				
	organization's CEO/Executive Director Check all that	t apply	•				
	Compensation committee	<u> </u>	Written employment contract				
	Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	⊽	Approval by the board or compensation	tion committee			
4	During the year, did any person listed in Form 990, Pai or a related organization	art VII	, Section A , line 1a with respect to th	ne filing organization			
а	Receive a severance payment or change-of-control pa	aymen	t from the organization or a related o	rganızatıon?	4a		Νο
ь	Participate in, or receive payment from, a supplementa	alnon	qualified retirement plan?		4b		Νo
с	Participate in, or receive payment from, an equity-base	ed cor	npensation arrangement?		4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provi			n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	t comp	lete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a,	did the organization pay or accrue ar	ιγ			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a,	did the organization pay or accrue as	ту			
а	The organization?				6a		
Ь	Any related organization?				6b		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des			n-fixed	7		
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in R in Part III		•		8		
9	If "Yes" to line 8, did the organization also follow the re	rebutta	ible presumption procedure describe	d ın Regulatıons			

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(ii) Bonus & (iii) Other reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) MIKE PETERS	(1) (11)	267,797 0	0				322,987 0	0	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
( 10 )									
(11)									
( 12 )									
( 13 )									
( 14 )									
( 15 )									
( 16 )									

Schedule J (Form 990) 2010 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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DLN: 93493200003241

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
MICHIGAN ELECTRIC COOPERATIVE ASSOC

Employer identification number

38-2214287

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS MEMBERS AND ASSOCIATE MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		EACH CORPORATE MEMBER SHALL BE ENTITLED TO TWO REPRESENTATIVES ON THE BOARD OF DIRECTORS SUCH REPRESENTATIVES SHALL BE NOMINATED BY THE BOARD OF THE CORPORATE MEMBER, SUBJECT TO ELECTION BY A MAJORITY OF THE VOTES CAST AT THE ANNUAL MEETING OF THE MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		AT ALL MEETINGS OF THE MEMBERS AT WHICH A QUORUM IS PRESENT, ALL QUESTIONS SHALL BE DECIDED BY A VOTE OF A MAJORITY OF THE MEMBERS DELEGATES VOTING THEREON EXCEPT AS OTHERWISE PROVIDED BY LAW, THE ARTICLES OF INCORPORATION OR THE BYLAWS EACH MEMBER SHALL BE ENTITLED TO ONLY TWO VOTES UPON EACH MATTER SUBMITTED TO A VOTE AT A MEETING OF THE MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS RECEIVED AND REVIEWED FOR ACCURACY BY THE PRESIDENT/CEO UPON APPROVAL, IT IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL AFTER ANY CONCERNS PRESENTED BY THE EXECUTIVE COMMITTEE ARE ADDRESSED, THE PRESIDENT/CEO SIGNS AND FILES THE RETURN

ldentif	ier Return Reference	Explanation
		THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE ORGANIZATION'S BOARD MEETING ALL DIRECTORS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AND TO NOTIFY THE BOARD OF ANY CONFLICTS THAT MAY ARISE THROUGHOUT THE YEAR

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE 5 MEMBER EXECUTIVE COMMITTEE, COMPRISED OF INDEPENDENT PERSONS, MEETS TO REVIEW THE PERFORMANCE OF THE PRESIDENT/CEO THE EXECUTIVE COMMITTEE REVIEWS COMPARISON DATA FROM ALL SIMILAR ORGANIZATIONS AS REPORTED BY NRECA AND AVAILABLE PUBLIC DOCUMENTS, AND WHEN AVAILABLE, GENERAL COMPENSATION INFORMATION FOR MICHIGAN TRADE ASSOCIATIONS AFTER DISCUSSION AND DELIBERATION, THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION TO THE 22 MEMBER BOARD COMPRISED OF 22 INDEPENDENT PERSONS THE BOARD OF DIRECTORS MEETS IN AN EXECUTIVE SESSION OUTSIDE THE REGULAR BOARD MEETING TO DISCUSS THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE AFTER DELIBERATION BY THE BOARD, THE BOARD IS FREE TO ACCEPT OR MODIFY THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE A RECOMMENDATION OF THE EXECUTIVE COMMITTEE A RECORD OF THE MEETING AND DECISION BY THE BOARD OF DIRECTORS IS KEPT AND FILED IN THE PERSONNEL FILE OF THE PRESIDENT/CEO

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL INFORMATION IS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
OVERSIGHT	FORM 990, PART	MICHIGAN ELECTRIC COOPERATIVE ASSOC HAS AN EXECUTIVE COMMITTEE THAT ASSUMES
OF AUDIT	XII, LINE 2C	RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
ELECTION OUT OF BONUS DEPRECIATION	FORM 4562	EMPLOYER IDENTIFICATION NUMBER 38-2214287 FOR THE YEAR ENDING DECEMBER 31, 2010 MICHIGAN ELECTRIC COOPERATIVE ASSOC, HEREBY ELECTS, PURSUANT TO IRC SEC 168(K)(2)(D)(III), NOT TO CLAIM THE ADDITIONAL 50% DEPRECIATION ALLOWABLE UNDER IRC SEC 168(K) FOR THE FOLLOWING QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING DECEMBER 31, 2010 ALL PROPERTY IN THE 5, 7, 10 & 15 YEAR CLASS SEE ATTACHED FORM 4562

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

**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493200003241

OMB No 1545-0172

Form 4562

Attachment

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** MICHIGAN ELECTRIC COOPERATIVE ASSOC FORM 990 PAGE 10 38-2214287 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) 20.331 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more . 📂 general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property 4,643 5 0 MMS/L 969 c 7-year property 3,331 7 0 ММ S/L 101 100 7.641 ММ S/L 127 d 10-year property 787 150 ММ e 15-year property S/L 13 f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 17,359 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 38,900 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other In	ıforma	tion (C	aution	: See	the i	instru	ction	s for l	imits i	for pa	sseng	er au	tomot	iles.)
<b>24a</b> Do you have evider	nce to support t	the business/inv	estment u	ise claime	d? ┌Yes	Гпо			<b>24b</b> If	"Yes," ı	s the ev	ıdence	written?	Гүе	sГN	)
<b>(a)</b> Type of property (list vehicles first)	(b) Business/ (d) Date placed in service use percentage (d)		r other (husiness/investment				(f) (g) Recovery Method/ Period Convention		n	(h) Depreciation/ deduction			(i) Elected section 179 cost			
<b>25</b> Special depreciation allo 50% in a qualified busi	· · · · · · · · · · · · · · · · · · ·		ty placed	ın service (	during the	tax year	and ι	used mo	re tha	n <b>25</b>						
<b>26</b> Property used mor	e than 50%		usiness	use												
See Additional Data Table		%							+					+		
		%							+					+		
<b>27</b> Property used 50%	orless in a		ıness us	e												
		%							S/L S/L		_			4		
		%							S/L					$\dashv$		
28 Add amounts in c	olumn (h), lır	nes 25 through	127 En	ter here a	and on li	ne 21, <sub>l</sub>	page	1 .		28			17,35	9		
29 Add amounts in c	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1							29		•		
				_Infor												
Complete this section If you provided vehicles to														e vehic	les	
,	, ,				a)	1 '	<b>b</b> )	III CACC	(c)	•		1)		<u>) ( veme</u>		f)
<b>30</b> Total business/investment miles d year ( <b>do not</b> include commuting mi			ing the •	_	cle 1	V ehicle 2		Vehicle 3			Vehicle					
<b>31</b> Total commuting	miles driven	during the yea	ar.													
32 Total other persor	nal(noncomm	nuting) miles d	driven													
33 Total miles driver through 32	during the y		30													
<b>34</b> Was the vehicle a			-	Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs?															†
<b>35</b> Was the vehicle u owner or related p		by a more th	an 5%													
<b>36</b> Is another vehicle		r personal use	e? .													
Section	on C—Que	stions for	Employ	yers W	ho Pro	vide \	/ehi	cles	for	Use b	y The	ir Er	nploy	ees		
Answer these questio 5% owners or related				eption to	comple	tıng Se	ction	B for	vehic	les use	d by e	mploy	ees wh	o are	not mo	re thai
<b>37</b> Do you maintain a employees?		y statement i											our.	Y	es	No
<b>38</b> Do you maintain a employees? See t												your				
						ers, aire	ector	s, or 1	. % 01	more d	wners	•		$\vdash$		
39 Do you treat all us			-					•	•							
<b>40</b> Do you provide movehicles, and reta		•		oyees, o	btain info	rmatio •	n froi	m you	r emp •	loyees • •	about •	the us	e of the	,		
<b>41</b> Do you meet the r	equirements	concerning q	ualıfıed a	automobi	le demoi	nstratio	n us	e? (Se	e ins	tructioi	ns)					
<b>Note:</b> If your answ	ver to 37, 38	, 39, 40, or 4	1 ıs "Yes	s," do no	t comple	te Sect	ion E	3 for th	ne cov	ered v	ehicle:	5				
Part VI Amo	rtization															
<b>(a)</b> Description of c	(a) Date amortization begins							Code A mort		•	ization A mor		<b>(f)</b> rtization for nis year			
42 A mortization of co	sts that beg	ıns durıng yol	ır 2010	tax year	(see ins	truction	ns)									
43 A mortization of co	sts that beg	an before you	r 2010 t	ax year		•					43					
44 Total. Add amoun	ts ın column	(f) See the in	structio	ns for wh	ere to re	port					44					

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 38-2214287

Name: MICHIGAN ELECTRIC COOPERATIVE ASSOC

#### Form 4562, Part V, Line 26, Property used more than 50% in a qualified business use

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
2007 CHEVY	2007-08-16	100 000 %	32,343	32,343	5 0	S/L-MQ	6,469	
2008 FORD ESCAPE	2009-06-30	100 000 %	24,957	24,957	5 0	S/L-MQ	4,991	
2010 FORD F150	2010-12-10	100 000 %	39,381	39,381	5 0	S/L-MQ	656	
FORD F150	2007-01-26	100 000 %	28,598	28,598	5 0	S/L-MQ	5,243	