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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2010 cale	ndar year, or tax year t	peginning	2010, an	d ending			, 20
В	Check if	applicable	C Name of organization V	VOODBURY CO RURAL ELECTRIC C	ООР	_		D Emplo	yer identification number
	Address	change	Doing Business As						42-0608219
\Box	Name ch	-	Number and street (or P C), box if mail is not delivered to street address)		Room/suite		E Teleph	one number
\sqcap	Initial ret	_	PO BOX 566						712-873-3125
Ħ	Terminat		City or town, state or cou	untry, and ZIP + 4					
H	Amende		MOVILLE, IA 51039-0	566				G Gross	receipts \$ 8,278,668
H		on pending	F Name and address of p				LU(a) la thra		for affiliates? Yes No
	Applicati	ion pending	,	PO BOX 566, MOVILLE IA 51039					ncluded? Yes No
_			501(c)(3)		7(a)(1) or [527			list (see instructions)
 -		mpt status:	W.WOODBURYREC.C		(4)(1) (1)		-		n number
<u>-</u>	Website				1			` 	· · · · · · · · · · · · · · · · · · ·
K			✓ Corporation ☐ Trust	Association Other ▶	L Yea	r of formati	on 1938	M State	of legal domicile: IA
	art	Summ							
	1			on's mission or most significant ac O DELIVER SAFE, RELIABLE, AND I					
ø									
ā		ELECTRI	CAL POWER USING SO	OUND ECONOMIC PRACTICES TO IT	'S MEME	BER-CON	SUMERS		
E									
Activities & Governance	1			ization discontinued its operations or dispose				1 1	
න න	3			the governing body (Part VI, line 1				3	7
S	4	Number (of independent voting	members of the governing body (Part VI, I	ine 1b)		4	7
Ϋ́	5	Total nun	nber of individuals em	ployed in calendar year 2010 (Par	t V, line 2	2a) .		5	18
ĆĖ	6	Total nun	nber of volunteers (es	timate if necessary)				6	7
•	7a	Total unre	elated business reven	ue from Part VIII, column (C), line	12 .			7a	0
	b	Net unrel	ated business taxable	e income from Form 990-T, line 34				7b	0
			· -				Prior Ye	ear	Current Year
Revenue	8	Contribut	tions and grants (Part	VIII, line 1h)		${ extstyle $			
	1		service revenue (Part			$ abla$	7	,955,002	8,258,096
Ş	1	-	nt income (Part VIII, c		22,695	20,572			
ď	1		· · · · · · · · · · · · · · · · · · ·	n (A), lines 5, 6d, 8c, 9c, 10c, and		🗀			
				ugh 11 (must equal Part VIII, colum		12)	7	,977,697	8,278,668
				id (Part IX, column (A), lines 1-3) .					· · · · · · · · · · · · · · · · · · ·
			paid to or for member						
' A				nployee benefits (Part-IX, column (A	 Lines 5-		1	,496,319	1,589,273
Expenses			nal fundraising fees (F	·"	<u> </u>	,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ĕ				irt IX, column (D), line 25)	• •	· · -			
ă				nn (A), Ilines, 11a-11d, 11f+24f)				,988,715	5,594,027
	18	Total ava	onces Add Ince 13	17 (must equal Part IX, column (A),	ino 25)	· ·		,485,034	7,183,300
				act-line 18 from line 12	11116 23)	·		,492,663	1,095,368
. 0		neveriue	less expenses. Subtr			Re	ginning of Cu		End of Year
ts or	00	Tatal ass	j ets (Part X, line 1 6)—	OGDEN, UT					20,836,938
Sse	20			· · · · · · · · · · · · · · · · · · ·	• •	` '		,201,986	
Net Assets of Fund Balance	21		ilities (Part X, line 26)		• •	├─		,164,320	9,900,781
				ubtract line 21 from line 20		· · · .l	10	,037,666	10,936,157
	art II		ure Block						
				nined this return, including accompanying s (other than officer) is based on all informatio					ny knowledge and belief, it is
		, and compi	oto peciajation of prevaler	gother than officer) is based on an information		proparer in	1	/ • //	
٥		4	Market Mills					6-28	-//
Sig		Signa	ature of officer				Da	(e	
He	re	<u> </u>		ent					
			or print name and title	· · · · · · · · · · · · · · · · · · ·		1-		.,	
Pa	id	Print/Typ	oe preparer's name	Preparer's signature		Date		Check [] if PTIN
	eparei	r 🖳	<u> </u>					self-emp	loyed
	e Only		ame ►			-	Firm	's EIN ▶	
		Firm's ac	ddress ►				Pho	ne no.	
May	the IR	S discuss	this return with the p	reparer shown above? (see instruc	ctions) .		· · · ·		· · Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2010)			Page 2
Part	Statement of Program Service Check if Schedule O contains	ce Accomplishments a response to any question in this Part		🗆
1	Briefly describe the organization's mis SEE PAGE 1, PART 1, LINE 1			
2		ignificant program services during the ye		
3	If "Yes," describe these new services		ow it conducts, any program	es ☑No es ☑No
4	If "Yes," describe these changes on S Describe the exempt purpose achieve 501(c)(3) and 501(c)(4) organizations a	Schedule O. Sements for each of the organization's three and section 4947(a)(1) trusts are required ue, if any, for each program service repor	e largest program services by expense to report the amount of grants and alle	es. Section
4a	THE COOPERATIVE MAINTAINS AND OMEMBER-CONSUMERS IN IOWA. THE	7,183,300 including grants of \$ DPERATES ELECTRICAL DISTRIBUTION LIF COOPERATIVE CURRENTLY PROVIDES EI RIBUTION NETWORK OF APPROXIMATELY	NES TO ITS LECTRICITY)
4b	(Code:) (Expenses \$	ıncluding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services. (Describe in S	Schedule O.)		
		g grants of \$) (Revenue :	\$)	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		/
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	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, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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		✓
С	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	√	
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		1
	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 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	√	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14 a b		14a 14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	18		✓
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 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	IV Checklist of Required Schedules (continued)	_		
	,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	√	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	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 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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):	St. Markey	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of 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 (or a family member thereof) 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? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u>
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? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	_	✓
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		-
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	/	<u> </u>
		Form	990	(2010)

Form **990** (2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Chock is conticued to continue a respective to any queeners are an extensive and the continue and the contin		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u></u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	20_	•	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	- <u>-</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		✓_
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
V L	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
•	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			ļ
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4 4 =	.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>✓</u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			. 🔽
Secti	ion A. Governing Body and Management			
			Yes	No
1a		'		
b	Enter the number of voting members included in line 1a, above, who are independent	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		7
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		7
6	Does the organization have members or stockholders?	6	1	· · · · ·
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	1	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	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	9	1 - 1	I ✓
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	oae.) Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	1
b		IVa		-
	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?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
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	1	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14	\	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	with a taxable entity during the year?	16a		1
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		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s only) ava	ılable
19 20	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records		-	olicy,
20	organization: ► RONALD A KUNKEL, 1495 HUMBOLT AVE, MOVILLE IA 51039 712-873-3125	J. 1110		

Part VII	Compensation of Officers, Directors,	Trustees, Ke	y 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.
- 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, 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	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	nt officer, director	r, or trustee.
(A)	(B)			-	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	1	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
(1) CHARLES WIDMAN - DIRECTOR	1.7	1		1				3,100	0	0
(2) TOM RYAN - DIRECTOR	3.2	1		1				6,025	0	0
(3) RONALD STEINHOFF - DIRECTOR	2.9	1		1				5,125	0	0
(4) RON BOHLE - DIRECTOR	2.5	√		1				4,675	0	0
(5) CHRIS COUNTRYMAN - DIRECTOR	2.0	1						3,100	О	0
(6) KEVIN REINKING - DIRECTOR	2.3	1						3,775	0	0
(7) GREG HERBOLD - DIRECTOR	1.8	✓						1,075	0	0
(8) CAL TYER - DIRECTOR	2.4	✓						2,250	0	0
(9) RONALD A KUNKEL - CEO	43.5			1				135,094	0	51,380
(10)										
(11)										····
(12)						·				<u> </u>
(13)										
(14)										
(15)										
(16)		_								<u>.</u>

Par	VII Section A. Officers, Directors, Trus	stees, Key	Empl	oye	es, a	and	High	est	Compensated	Employees (c	ontinu			
	(A)	(B)	l _		•	C)			(D)	(E)			(F)	
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	d Key employee	Highest compensated employee	-	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation for related organizations (W-2/1099-MIS	,	amo comp froi orgai and	mated ount of ther ensation the nizatior related nization	1
(17)														
(18)														
(19)														
(20)								ļ -						
(21)								ļ	-			-		
(22)												·		 ,
(23)				-										
(24)											+			
(25)														
(26)														_
(27)		-						ļ			-			
(28)														
1b	Sub-total		·	·	<u>. </u>	<u> </u>			164,219		0		5	1,380
С	Total from continuation sheets to Part	-						•	0		0			0
d	Total (add lines 1b and 1c)							<u>, </u>	164,219		0	• -	5	1,380
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ed	above	e) w	tho received m	ore than \$100	,000 (ın		
													Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	est compens	ated	3		1
4	For any individual listed on line 1a, is the							n a	 and other comp	ensation fron	n the	3		\ <u> </u>
•	organization and related organizations individual	greater the	an \$1	150,	000	? /:	f "Ye	s,"	complete Sch	edule J for	such	4	/	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indiv	idual	5		1
Section	on B. Independent Contractors				-	-								
1	Complete this table for your five highest compensation from the organization.	compensate	ed ind	dep	end	ent	contr	acto	ors that receive	d more than	\$100,	000 of		
	(A) Name and business add	ress					,		(B) Description of s	ervices	С	(C) compens	ation	
IES IN	DUSTRIAL INC, 120 S LINCOLN ST, HOLDRE	GE NE 689	49					EL	ECTRIC DISTRI	BUTION			16	1,388
								LIN	IE CONSTRUCT	ION				
	Total number of independent contracto	re (includia	na hi	ıt n	O† 1	imi+	ad +c	<u> </u>	nee listed abo	who				
2	received more than \$100,000 in compens									, , , wild				

Part VIII		Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b	7	j		
s, g	С	Fundraising events 1c	7			
jift: ar e	d	Related organizations 1d	7			}
is, g	е	Government grants (contributions) 1e	7			
tion r si	f	All other contributions, gifts, grants,				
ibu		and similar amounts not included above 1f	1			
do	g	Noncash contributions included in lines 1a-1f: \$				
S E	h	Total. Add lines 1a–1f				
		Business Code				
ven	2a	DISTRIBUTION OF ELECTRICITY 221000	7,962,763	7,962,763		
Se .	b	PATRONAGE CAPITAL 221000	295,333	295,333		
Ą.	С					
Ser	d					
аш	е					
Program Service Revenue	f	All other program service revenue .				
<u>-</u>	g	Total. Add lines 2a–2f ▶	8,258,096			
	3	Investment income (including dividends, interest,	1			
		and other similar amounts)	20,572	20,572		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	 			
	6-	Gross Rents	-			·
	6a	Less: rental expenses	-{			
	b	Rental income or (loss)	-			
	c d	No. 1	-			
	7a	Gross amount from sales of (i) Secunties (ii) Other				
		assets other than inventory	-			
	b	Less: cost or other basis	1			
		and sales expenses .				
	С	Gain or (loss)	1			
	d	Net gain or (loss)				
enue	8a	Gross income from fundraising	1			
		events (not including \$				
Other Rev		of contributions reported on line 1c).	1			
Je l		See Part IV, line 18 a	_			
ᅙ		Less: direct expenses b		<u>.</u>		
- 1		Net income or (loss) from fundraising events . >	1			
	9a	Gross income from gaming activities. See Part IV, line 19 a				
	L		-			
		Less: direct expenses b Net income or (loss) from gaming activities ▶				J
		Gross sales of inventory, less	 			
J	104	returns and allowances a		ŀ		
	h	Less: cost of goods sold b	-			
		Net income or (loss) from sales of inventory	 			
		Miscellaneous Revenue Business Code	 			-
	11a					·····
	b					
ĺ	С					
	d	All other revenue				
	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions ▶	8,278,668	8,278,668		

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) a

	All other organizations must complete co	lumn (A) but are not	required to complet	te columns (B), (C),	and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				_
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	29,125	29,125		
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 8	Other salaries and wages Pension plan contributions (include section 401(k)	987,080	987,080		
9	and section 403(b) employer contributions) Other employee benefits	204,488	204,488		
10	Payroll taxes	72,602	72,602		
11	Fees for services (non-employees):				
a	Management	5.440	5.440		
b	Legal	5,440 11,200	5,440 11,200		
d	Lobbying	11,200	11,200		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	10,289	10,289		
13	Office expenses	43,293	43,293		<u> </u>
14 15	Information technology	56,029	56,029		
16	Royaltres	93,448	93,448		
17	Travel	8,386	8,386		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		5,533		
19	Conferences, conventions, and meetings	29,771	29,771		
20	Interest	432,561	432,561		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	565,194	565,194		
23	Insurance	10,675	10,675		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If			ļ	
	line 24f amount exceeds 10% of line 25, column			ļ	
	(A) amount, list line 24f expenses on Schedule O.)	1			
а	ELECTRICITY PURCHASES	3,905,950	3,905,950		
b	EQUIPMENT RENTAL & MAINTENANCE	181,451	181,451		
С	SUPPLIES/TRENCHING/MATERIALS	168,687	168,687		
d	DUES/FEES/PERMITS/TESTING	66,453	66,453		
e	MISCELLANEOUS OPERATING COSTS	5,200	5,200		
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	7,183,300	7,183,300		
<u>25</u> <u>26</u>	Joint costs. Check here Goldines I through 241 Joint costs. Check here Goldines I through 241 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	7,163,300	7,163,300		

Part 2	Balance Sheet	(A)		(B) End of year
-, -		Beginning of year	_	· · · · · · · · · · · · · · · · · · ·
1	Cash—non-interest-bearing	90,117 83.804	2	110,21 442,66
2	Savings and temporary cash investments	83,804	3	442,00
3	Pledges and grants receivable, net	1,121,885	4	920,18
4	Accounts receivable, net	1,121,005	-	320,10
5	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)), 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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	106,907	8	650,21
9	Prepaid expenses and deferred charges	39,734	9	88,17
102				
'	other basis. Complete Part VI of Schedule D 10a 25,398,977			
l t	Less: accumulated depreciation 10b 8,288,770	16,500,584	10c	17,110,20
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11	1,258,955	13	1,515,27
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,201,986	16	20,836,93
17	Accounts payable and accrued expenses	726,938	17	709,90
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Payables to current and former officers, directors, trustees, key			
21 22	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties	8,319,372	23	8,631,57
23	Unsecured notes and loans payable to unrelated third parties	0,313,372	24	0,031,37
25	Other liabilities. Complete Part X of Schedule D	118,010		559,30
26	Total liabilities. Add lines 17 through 25	9,164,320		9,900,78
+==	Organizations that follow SFAS 117, check here ▶ ☐ and complete	0,10.1,020		
3	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	-
29	Permanently restricted net assets		29	
;	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
[complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32 33	Retained earnings, endowment, accumulated income, or other funds .	10,037,666	32	10,936,15
33	Total net assets or fund balances	10,037,666		10,936,15
34	Total liabilities and net assets/fund balances	19,201,986	34	20,836,93 Form 990 (201

orm 99	90 (2010)			Pa	ge 12
Pari	Reconciliation of Net Assets 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		8,27	8,668
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,18	3,300
3	Revenue less expenses. Subtract line 2 from line 1	3		1,09	5,368
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,03	7,666
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(196	,877)
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		10,93	6.157
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	<u></u>			
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," ex Schedule O.	plain in	- ,	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b	1	Ť
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	versight	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in	11	1,54	٠,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were	10	A LA	d _e

3a

3b

Form **990** (2010)

☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**10**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

WOODBURY CO RURAL ELECTRIC COOP

42-0608219

Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Com

Pal	organizations Maintaining Donor organization answered "Yes" to Follows			Account	s. Complete il tile
		(a) Donor advised funds		(b) Funds an	d other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year) .				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and d				
	funds are the organization's property, subject	t to the organization's exclusive legal o	ontrol?.		· Yes No
6	Did the organization inform all grantees, done				
	only for charitable purposes and not for the				
	conferring impermissible private benefit? .	<u> </u>		<u></u>	· 🗌 Yes 🗌 No
Par	t II Conservation Easements. Comple	ete if the organization answered "Y	<u>es" to For</u>	m 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., re	ecreation or education) 🔲 Preservati	ion of an his	storically in	nportant land area
	☐ Protection of natural habitat	☐ Preservat	ion of a cer	tified histor	ic structure
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organizati easement on the last day of the tax year.	ion held a qualified conservation contr	bution in th	e form of a	a conservation
				Held	at the End of the Tax Yea
а	Total number of conservation easements .			2a	
b	Total acreage restricted by conservation ease	ements		2b	
С	Number of conservation easements on a certi			2c	
d	Number of conservation easements include	ed in (c) acquired after 8/17/06, and	not on a		
	historic structure listed in the National Registe	er		2d	
3	Number of conservation easements modified, tax year ▶	, transferred, released, extinguished, o	r terminate	d by the or	ganization during the
4 5	Number of states where property subject to concern the organization have a written policity violations, and enforcement of the conservation	cy regarding the periodic monitoring	, inspectio	n, handling	g of · □Yes □No
6	Staff and volunteer hours devoted to monitoria	ing, inspecting, and enforcing conserve	ation easen	nents durin	g the year
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing conservation	easements	during the	year
8	Does each conservation easement reported o (i) and section 170(h)(4)(B)(II)?	• •			* * *
9	In Part XIV, describe how the organization rep balance sheet, and include, if applicable, the t	text of the footnote to the organization			
	organization's accounting for conservation ear		or Otho	Cimilar	Acceta
Part	Complete if the organization answe			- Similar I	ASSEIS.
1a	If the organization elected, as permitted unde works of art, historical treasures, or other si public service, provide, in Part XIV, the text of	imilar assets held for public exhibition	n, educatio	n, or resea	arch in furtherance o
b	If the organization elected, as permitted und works of art, historical treasures, or other sin public service, provide the following amounts	milar assets held for public exhibition relating to these items:	n, educatio	n, or resea	arch in furtherance o
	(i) Revenues included in Form 990, Part VIII, li	ine 1		. ▶ \$	
	(ii) Assets included in Form 990, Part X			. ▶ \$	
2	If the organization received or held works of following amounts required to be reported und	f art, historical treasures, or other si	milar asset	s for financ	cial gain, provide the
a b	Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part X				

Dage	9
Page	4

Par	III Organizations Maintaining								
3	Using the organization's acquisition,		her reco	ords,	check any of th	ne follo	wing that are a	signıfıcar	t use of its
	collection items (check all that apply):								
а	☐ Public exhibition		d		Loan or excha	nge pro	ograms		
b	☐ Scholarly research		е		Other				
С	☐ Preservation for future generation								
4	Provide a description of the organiza	tion's collections	and expl	ain h	ow they further	the org	ganization's exe	mpt purp	ose in Par
	XIV.								
5	During the year, did the organization								
	assets to be sold to raise funds rather								es 🗌 No
Par	IV Escrow and Custodial Arra					answe	red "Yes" to F	orm 990	, Part IV,
	line 9, or reported an amour								
1a	Is the organization an agent, trustee	, custodian or oth	er interr	nedia	ry for contribu	tions o	r other assets n	ot _	_
	included on Form 990, Part X?							□ Y	es 🗌 No
b	If "Yes," explain the arrangement in P	art XIV and compl	ete the f	ollowi	ing table:		 _		
						<u> </u>	A	mount	
С	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16	•		
f	Ending balance					11			
2a	Did the organization include an amou		art X, lind	e 21?				□Y	es 🗌 No
	If "Yes," explain the arrangement in P								
Par	V Endowment Funds. Compl								
	İ	(a) Current year	(b) Pr	or yea	r (c) Two yea	rs back	(d) Three years bac	k (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions							<u> </u>	
С	Net investment earnings, gains, and								
	losses	·	_						
d	Grants or scholarships								
е	Other expenditures for facilities and							1	
	programs								
f	Administrative expenses								
g	End of year balance							J	
2	Provide the estimated percentage of t	he year end balan	ce held a	as:					
а	Board designated or quasi-endowment	nt ▶	%						
b	Permanent endowment ►	%							
C	Term endowment ▶%								
3a	Are there endowment funds not in the	e possession of th	ie organi	ızatio	n that are held	and ad	ministered for th	ne	
	organization by:							(Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organi							3b	LL
4	Describe in Part XIV the intended uses								
Part									
	Description of investment	(a) Cost or ot (investment)		(b) C	Cost or other basis (other)		Accumulated epreciation	(d) Boo	ok value
1a	Land				9,888				9,888
b	Buildings				478,871		241,338		237,533
С	Leasehold improvements								
d	Equipment				24,902,637		8,039,851		16,862,786
<u>e</u>	Other				7,581		7,581		0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part 2	X, col	umn (B), line 10	(c).)	▶		17,110,207

Part VII	Investments-Other Securities	. See Form 990, Part X,	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)		<u> </u>		
(E) (F)				
(G)				
(H)				
(I)			<u> </u>	
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related	Soo Form 990 Part Y	line 13	
	(a) Description of investment type	(b) Book value		
			(c) Method of va Cost or end-of-year r	
	NAGE CAPITAL - SUPPLIERS	1,101,974		
	L TERM CERTIFICATES	408,595		
 	RSHIPS IN COOPERATIVE'S	4,705	COST	
(4)				
(5)		·		
(6)				
(7)				<u> </u>
(8)				
<u>(9)</u> (10)				
	b) must equal Form 990, Part X, col. (B) line 13)	1,515,274		
Part IX	Other Assets. See Form 990, Pa		· · · · · · · · · · · · · · · · · · ·	
) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		· · · · · · · · · · · · · · · · · · ·		
	mn (b) must equal Form 990, Part X, co		<u> ▶</u>	
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount		
	ncome taxes			
	RTIZED GAINS - RUS	99,251		
	CE FOR CONSTRUCTION	460,052		
(4)				
(5)		·		
(7)				
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·		
(10)				
(11)				
	n) must equal Form 990, Part X, col. (B) line 25)	559,303		}
	SC 740) Footnote. In Part XIV, provide		he organization's financial states	nents that reports the
	's liability for uncertain tax positions ur		J	

Schedu	le D (Form 990) 2010		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
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 through 8	9	
10	_	10	
Part			rn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · · · · · · · · · · · · · · · · · ·
a	Net unrealized gains on investments		
b	Donated services and use of facilities	1 1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV.)	1	
	Add lines 2a through 2d	2e	
e	Subtract line 2e from line 1	3	
3		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c 5	
5 Down	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part		$\overline{}$	urn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	- 1	
b	Prior year adjustments	┨. │	
С	Other losses	↓	
d	Other (Describe in Part XIV.)	 _	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part 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.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compliditional information.		
PART	X - LINE 2		
Mana	gement annually makes an appropriate evaluation of any uncertain income tax positions based		
ироп	current statutes in completing these financial statements and the notes to the financial statements.		····
At Ju	ne 30, 2010, management believes that there are no uncertain income tax positions.		
	· · · · · · · · · · · · · · · · · · ·		

Schedule D (Fo	m 990) 2010	Page 5
Part XIV	Supplemental Information (continued)	
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SCHEDULE J (Form 990)

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

2010

OMB No 1545-0047

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOODBURY CO RURAL ELECTRIC COOP

Employer identification number

42-0608219

art	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		l	ĺ
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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			
	explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_	A. P. Maria and B. C. Company and C. C. C. Company and C.	1		
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 apply.	1		
	• • • • • • • • • • • • • • • • • • • •			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
	Point 990 of other organizations Approval by the board of compensation committee			
4	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:			[
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	-	1
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
	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.			
5	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:			
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, line 1a, did the organization pay or accrue any	.		
	compensation contingent on the net earnings of:	-		
a	The organization?	6a		
b	Any related organization?	6b		
7	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 payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8	ļ	
0	If "Voe" to line 8 did the organization also follow the rebuttable presumption procedure described in	۲		

Regulations section 53.4958-6(c)?

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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.

		(B) Breakdown of W-2	W-2 and/or 1099-MISC compensation	C compensation	700 40000000000000000000000000000000000			(C) Company
(A) Name	-	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	(b) Nontaxable benefits	(E)(i)–(D)	reported in prior Form 990 or Form 990-EZ
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Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
WOODBURY CO RURAL ELECTRIC COOP	42-0608219
PART IV - LINE 12	
The Cooperative's Board of Directors has a fiscal GAAP Audit completed as of June 30th of each year	ar. The
Form 990 is completed using the calendar year. Therefore, the reconcilliation statements on Schedu	ile D,
Parts XI, XII, and XIII are not applicable.	
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PART VI - LINE 6	
The Cooperative is a 501(c)(12) organization that provides electricity to member-consumers. Member	rs of the
Cooperative are individuals or entities that receive electricity from the Cooperative.	
•••••••••••••••••••••••••••••••••••••••	***************************************
PART VI - LINE 7a	
Each member-consumer of the Cooperative votes to elect seven(7) people to serve on it's governing	board.
PART VI - LINE 7b	
Persuant to the Cooperative Bylaws certain transactions and actions have to be confirmed or concein	ved by
the membership. Those actions or transactions are such as 1) removal of Board Members or 2) disp	osition
of a substantial portion of Cooperative property.	
PART VI - LINE 11a AND 11b	
A copy of the Form 990 is provided to the Board of Directors for their review prior to filing. Action is	taken
for it's approval and authorization to file.	
DART VI. LINE 12c	
PART VI - LINE 12c	•••••••••••••••••••••••••••••••••••••••
Each Director and Officer must review the Conflict of Interest Policy and complete an annual question	nnaire.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
WOODBURY CO RURAL ELECTRIC COOP	42-0608219
PART VI - LINE 15, 15a, & 15b	·
The compensation package of the top official of the Cooperative is agreed to and set by the governing	
independent Board of the Cooperative. The Board uses a combination of Comparable National Compensation	sation
Survey for it's industry along with the results of local labor negotiations of the other personnel at the Co	operative.
The Board of Directors use this information in conjunction with satisfactory performance to make compa	ensation
decisions involving Officer's of the Cooperative.	
PART VI - LINE 19	
The Cooperative provides financial information annually in it's newsletter to members and interested par	ties.
The Cooperative also provides access to governing documents, policies, and additional financial information	ation
upon request at it's headquarters.	
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PART XI - LINE 5	
The Cooperative returned \$196,877 of patronage capital back to its members in 2010.	
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