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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)

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

2010

OMB No 1545-0047

Open to Public
Inspection

	revenue							Inspection		
			lendar year, or tax year begi C Name of organization	nning 01-01-2010 and ending 12-31-20	10	D Emplo	yer i	dentification number		
_	eck ıf a dress cl	applicable hange	EAST RIVER ELECTRIC POWER	COOPERATIVE INC		46-02	•			
_	me cha	-	Doing Business As							
_		,				E Teleph	ione	number		
_	tial retu		Number and street (or P O box PO BOX 227	ıf maıl ıs not delivered to street address)	Room/suite	(605)	256	-4536		
Tei —	mınate	ed	10 BOX 221			G Cross r	racain	ts \$ 156,640,184		
Am	ended	return	City or town, state or country, a MADISON, SD 57042	and ZIP + 4		G Gloss I	eceip	is \$ 136,640,164		
Apı	olicatio	n pending	71110100N, 30 37012							
			F Name and address of	prıncıpal officer	H(a) Is this	a group return fo	or affili	ates? Yes No		
			JEFFREY L NELSON 121 SE FIRST STREET F	20 B0 X 227						
			MADISON, SD 57042	0 B0 X 227		l affiliates incl				
					_	o," attach a up exemptio		(see instructions)		
r Ta	x-exen	mpt status	「 501(c)(3)) ◀ (insert no)	H(c) Grou	up exemption	011 110	amber F		
ı w	ebsit	e: 🕨 WW	W EASTRIVER COOP							
V Eon	m of or	raanization	✓ Corporation Trust Assoc	intion Cothor M	I Voor of fo	ormation 194	<u>.</u> Т.	M State of legal domicile SE		
	rt I	_	mary	lation Other F	L rear or it	offiation 194	9	• State of legal doffficile St		
Га										
		,		ssion or most significant activities ND DISTRIBUTION OF ELECTRIC POW	VER TO MEMB	ER SYSTEN	MS			
3										
≅										
<u>.</u>										
Governance			•	n discontinued its operations or disposed		25% of its i		1		
ය ජ			-	erning body (Part VI, line 1a)			3	2.2		
Ý	4	Number	of independent voting membe	ers of the governing body (Part VI, line 1t)	.	4	21		
Ě	5	Total nur	mber of individuals employed	ın calendar year 2010 (Part V, line 2a)			5	140		
Activities &	6	Total nur	nber of volunteers (estimate	ıf necessary)			6	C		
4	7a	Total uni	elated business revenue from	n Part VIII, column (C), line 12			7a	С		
	b	Net unre	lated business taxable incon	ne from Form 990-T, line 34			7b	C		
					Pric	or Year		Current Year		
_	8	Contri	0	0						
Пïе	9	Progra	m service revenue (Part VII	139,801,6	91	152,557,083				
Revenue	10	Invest	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) 1,050,502							
	11	Other	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,046,741							
	12			11 (must equal Part VIII, column (A), lii	ne	141 000 0	2.4	154642404		
	4.5					141,898,9	-	154,643,404		
	13			art IX, column (A), lines 1-3)		80,0	-	147,879		
	14			rt IX, column (A), line 4)	_		0	0		
88	15	Salarie 10)	es, other compensation, emp	oyee benefits (Part IX, column (A), lines	5-	10,549,3	37	11,395,507		
ž	16a	,	sional fundraising fees (Part	IX, column (A), line 11e)		, ,	0			
Expenses	ь		ndraising expenses (Part IX, columi				+			
Ð	17			A), lines 11a-11d, 11f-24f)		118,735,2	7.2	135,378,162		
	18			must equal Part IX, column (A), line 25)		129,364,6	-	146,921,548		
	19			ne 18 from line 12		12,534,6	-	7,721,856		
. op	19	Keven	ue less expelises Subtract II	ne to nom fille 12	Boginni-	g of Curren	-	7,721,850		
පෙල කුළු					_	g or curren Year	•	End of Year		
5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	20	Total a	ssets (Part X, line 16)			265,755,9	85	282,561,283		
Net Assets or Fund Balances	21					178,353,0	-	188,098,248		
žŽ	22			act line 21 from line 20		87,402,8	-	94,463,035		
Pa	1311		ature Block			. ,-		, ,		
Jnde cnow	r pena	alties of pe and belief	erjury, I declare that I have exa	mined this return, including accompanying ete. Declaration of preparer (other than offic						
		****	**		2	011-10-05				
Sigr	1		ture of officer			ate				
Her		JEFF	REY L NELSON GENERAL MANAGER							
			or print name and title							
		Print/Type		Preparer's signature	Date	Check if self		PTIN		
Paid		preparer's	name LAURIE HANSON me FEIDE BAILLY LLP	I ALIDTE HANCON	2011-10-05	employed 🕨	<u> </u>			
Prep	arer		Firm's EIN							
Use (Firm's add	iress F 200 EAST 10TH ST PO BOX	5125				Phone no • (605) 339-		
,	~···y	ĺ	SIOUX FALLS, SD 5711751	25				1999		

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

Form	990 (2010)				Page 2
Pari		ent of Program Service A Schedule O contains a response			୮
1	Briefly describe	the organization's mission			
EAST	RIVER ELECTR	IC POWER COOPERATIVE EXI	STS TO ENHANCE THE VALUE O	FITS MEMBERS	
2	Did the organiza	tion undertake any cignificant pr	ogram services during the year wh	uch ware not listed on	
2	the prior Form 9	90 or 990-EZ?	· · · · · · · · · · · ·		es 🔽 No
3	Did the organiza		ignificant changes in how it condu		'es ✓ No
4	Describe the ex- Section 501(c)(empt purpose achievements for e 3) and 501(c)(4) organizations a	ach of the organization's three larg nd section 4947(a)(1) trusts are r enue, if any, for each program serv	equired to report the amount	
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	MUNICIPALLY-OWI COOPERATIVE OPE	NED ELECTRIC SYSTEM, WHICH IN TURI ERATES AND MAINTAINS 2,730 MILES OF	SALE ELECTRIC POWER SUPPLY COOPERAT I SERVE MORE THAN 92,000 HOMES AND HIGH VOLTAGE TRANSMISSION LINE, 224 F 41 COUNTIES IN EASTERN SOUTH DAKC	BUSINESSES AND ABOUT 250,000 CC SUBSTATIONS AND RELATED FACILI	DNSUMERS THE FIES TO SERVE AN AREA OF
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedule	•) (Revenue \$)
		service expenses►\$	grants or y	/ (Incremue 4	/
	iotai piogialli:	scivice expenses p			

			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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
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		Νο
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? <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		
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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 quasiendowments? If "Yes," complete Schedule D, Part V	10		No
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? <i>If "Yes," complete Schedule D, Part VI.</i>	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	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i> 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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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	Yes	
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		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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	Yes	
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		N o
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</i> "Yes," complete Schedule R, Part I	33		N o
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		Νο
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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		N o
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	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	46		
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
return	140	V	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
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		No
If "Yes," enter the name of the foreign country •			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
If "Yes," did the organization include with every solicitation an express statement that such contributions or givere not tax deductible?	fts 6b		
Organizations that may receive deductible contributions under section 170(c).			
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an services provided to the payor?	d 7a		
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	. 7c		
If "Yes," indicate the number of Forms 8282 filed during the year			
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 7g		
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
Sponsoring organizations maintaining donor advised funds.			
Did the organization make any taxable distributions under section 4966?	9a		
Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
Section 501(c)(7) organizations. Enter Instruction foce and contributions included on Part VIII line 13			
Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
facilities			
Section 501(c)(12) organizations. Enter Gross income from members or shareholders	535		
Gross income from members or shareholders			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Section 501(c)(29) qualified nonprofit health insurance issuers.			
Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
Enter the amount of reserves the organization is required to maintain by the states			
In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
13c			
Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No

Part VI 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

	question in this Part VI					

Se	ction A. Governing Body and Management			
			Yes	No
	1 1			
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	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 filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	vende code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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?	11a	Yes	
L	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	162	
U	Describe in Schedule of 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	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "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	
b	Other officers or key employees of the organization	15b	Yes	
	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	ection C. Disclosure	100		L
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its 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			
	C Own website C Another's website V Ilnon request			

| 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 🕨 20 BARB STROM 121 SE FIRST STREET

MADISON, SD 57042 (605) 256-4536

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 organ	•	elated o	rganı	zatio	on co	ompen	sate	d any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours per	Posi	(C) Position (check all that apply)					(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	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)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours	(C) (D) Position (check all Reportable that apply) compensation							(E) Reportable compensatio		(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensited employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099 MISC)	s	compens from t organizati relat organiza	the on and ed
See A	Addıtıonal Data Table												
1b	Sub-Total						<u>.</u> .	_					
c d	Total (add lines 1b and 1c)							>	1,619,321		0		461,950
2	Total number of individuals (inc \$100,000 in reportable comper	luding but not lir	nıted to	thos	e lıs		above) who	received more tha	n	.		
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc.							ee, c	or highest compens:	ated employee	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									4	Yes		
5	Did any person listed on line 1a services rendered to the organiz		-				-		_	r individual for •	5	163	Νο
	ection B. Independent Con	tractors											
1	Complete this table for your five		nsated	ındep	ende	ent c	ontra	tors	that received more	than			

\$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
AMERT CONSTRUCTION CO INC PO BOX 469 MADISON, SD 57042	CONSTRUCTION CONTRACTOR	2,447,899
GRAY CONSTRUCTION CO PO BOX 123 WATERTOWN, SD 57201	CONSTRUCTION CONTRACTOR	974,843
LAWRENCE & SCHILLER INC 3932 SOUTH WILLOW AVENUE SIOUX FALLS, SD 57105	ADVERTISING AGENCY	398,080
POWER SYSTEM ENGINEERING 1532 W BROADWAY SUITE 100 MADISON, WI 53713	ENGINEERING SERVICES	193,953
HF JACOBS & SON CONSTRUCTION 1510 CEDAR DRIVE ABERDEEN, SD 57401	CONSTRUCTION CONTRACTOR	127,724
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5) who received more than	

Form 9							Pag	e 9
Pall		Statement of Reven	ie.		(A) Total revenue	(B) Related or exempt function revenue	business	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events	. 1c . 1d . 1e . and 1f . nes 1a-1f \$					314
Program Service Revenue		WHEELING REVENUE		Business Code 221000 221000 221000 221000	145,564,800 4,584,224 2,377,982 30,077	2,377,982 30,077		
	4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	(I) Real 1,180,344	(II) Personal	873,949 1,180,344	1,180,344		873,949
ne	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising	(ı) Securities	(II) O ther 2,028,808 1,996,780 32,028	32,028			32,028
Other Revenue	b c 9a b c 10a b c c 11a b c c c c c c c c c c c c c c c c c c	(not including \$ of contributions reported on See Part IV, line 18 Less direct expenses Net income or (loss) from fur Gross income from gaming a Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances . Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue	a b Indraising events Indraising events Indraising events Indraising events Indiana	Business Code				
	12	Total revenue. See Instructi	• • • • • • • • • • • • • • • • • • •		154,643,404	153,737,427	0 m 990 (20:	

	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).										
Do no	ot include amounts reported on lines 6b, b, 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	147,879									
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	1,262,370									
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	7,907,530									
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,571,763									
9	Other employee benefits										
10	Payroll taxes	653,844									
а	Fees for services (non-employees) Management										
b	Legal										
c	Accounting										
d	Lobbying										
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other										
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	7,096,410									
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	5,041,389									
23	Insurance										
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	COST OF POWER	116,605,445									
b	TRANSMISSION-OPERATIONS	6,475,988									
c	ADMIN & GENERAL	5,592,623									
d	TRANSMISSION-MAINTENANC	2,091,154									
е	ALLOCATED & OTHER	-7,524,847									
f	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	146,921,548									
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 1 1 3.956.683 2 2 8.654.938 3 3 18,874,209 20,459,238 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 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) **A**ssets 6 7 8 8,898,634 8,713,042 3,924,626 6,218,030 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 232,867,175 10a Part VI of Schedule D 74.480.098 ь Less accumulated depreciation 10b 152,110,553 **10c** 158.387.077 11 11 10,152,588 12 12 Investments—other securities See Part IV, line 11 9,223,898 70,905,060 67.838.692 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 265.755.985 16 282,561,283 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 24.313.313 17 25.945.703 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 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 22 125,570,819 23 132,643,055 23 Secured mortgages and notes payable to unrelated third parties . . 20.500.000 22,400,000 24 24 Unsecured notes and loans payable to unrelated third parties 25 7.968.965 25 7,109,490 Other liabilities Complete Part X of Schedule D 26 178.353.097 26 188.098.248 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 Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. 5 30 2.500 **30** 2,500 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 87,400,388 32 94,460,535 Retained earnings, endowment, accumulated income, or other funds ¥ 87,402,888 33 94,463,035 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 265,755,985 282,561,283 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		154,6	543,40
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	921,54
3	Revenue less expenses Subtract line 2 from line 1	3		7,7	721,850
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		87,4	102,888
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 6	561,70
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		94,4	163,03!
Pai	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
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			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νο
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 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 on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ıssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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DLN: 93493280005061

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.

Open to Public

erna	Revenue Service Attach to Fo	rm 990. ► See separate instructions.		Inspec	tion
	me of the organization TRIVER ELECTRIC POWER COOPERATIVE INC		Employer i	dentification numbe	er
_^3	NAVEN ELECTRIC FOWER COOFERALISE INC		46-02254	102	
Pa	rt I Organizations Maintaining Donor Ad		nds or Ac	counts. Comple	te if the
	organization answered "Yes" to Form 990	•	/b) F	-4	
	Total number at and of year	(a) Donor advised funds	(b) Fur	nds and other accou	ints
	Total number at end of year				
	Aggregate contributions to (during year) Aggregate grants from (during year)				
	Aggregate value at end of year				
	_ · · · · · · · · · · · · · · · · · · ·				
)	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	organization's exclusive legal control?		☐ Yes	┌ No
,	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit		•	ose Yes	┌ No
Pa I	t III Conservation Easements. Complete i	f the organization answered "Yes" to	Form 990	, Part IV, line 7.	
	Purpose(s) of conservation easements held by the or	_ ` _			
	Preservation of land for public use (e.g., recreation	· <u>-</u>		importantly land are	а
	Protection of natural habitat	Preservation of a c	ertified histo	oric structure	
	Preservation of open space				
	Complete lines 2a-2d if the organization held a qualif easement on the last day of the tax year	fied conservation contribution in the form	of a conserv	ation	
	easement on the last day of the tax year	Г	He	ld at the End of the	Year
а	Total number of conservation easements	<u> </u>	2a	at the End of the	
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified hist	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	` '	2d		
!	Number of conservation easements modified, transfer		t by the orga	anization during	
	the taxable year -	Tou, released, extinguished, or terminates	a by the orga	zacion aaring	
	· ————————————————————————————————————				
•	Number of states where property subject to conserva		_		
i	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violat	rions, and Yes	Г No
	Staff and volunteer hours devoted to monitoring, inspe	ecting and enforcing conservation easeme	ents during t	he year ►	
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	during the y	ear ► \$	
í	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sect	ion	☐ Yes	┌ No
1	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	he footnote to the organization's financial	•	•	
ar	Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures, o	or Other S	imilar Assets.	
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held to provide, in Part XIV, the text of the footnote to its final	116, not to report in its revenue statemen for public exhibition, education or researc	h ın furthera		е,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	•			
	(i) Revenues included in Form 990, Part VIII, line 1			- \$	
	(ii) Assets included in Form 990, Part X			- \$	
!	If the organization received or held works of art, histo	rical treasures, or other similar assets fo			
•	following amounts required to be reported under SFAS			, ,	
а	Revenues included in Form 990, Part VIII, line 1		•	+ \$	

b Assets included in Form 990, Part X

Part	Organizations	Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easu	res, or C	<u>)the</u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's a items (check all that appl		r records, check an	y of th	ne foll	owing th	at are	a significa	ant u	se of its col	lection	ו	
а	Public exhibition			d	Γ	Loan or	rexch	ange prog	rams				
b	Scholarly research			e	Γ	Other							
c	Preservation for future generations												
4	Provide a description of t Part XIV	he organization's co	ollections and expla	ain hov	w they	/ further	the o	rganızatıor	n's ex	empt purpo	se in		
5	During the year, did the o assets to be sold to raise	-								nılar	Г	Yes	┌ No
Par	t IV Escrow and Cu Part IV, line 9, c		ements. Comple nount on Form 99					answere	d "Y	es" to Fori	n 990),	
1a	Is the organization an ago included on Form 990, Pa		lian or other intermo	ediary	for c	ontrıbutı	ions o	r other ass	setsı	not	Γ	Yes	┌ No
b	If "Yes," explain the arrai	ngement in Part XIV	V and complete the	follow	ing ta	able		_					
											A mou	ınt	
С	Beginning balance							-	1c				
d	Additions during the year	r							1d				
e	Distributions during the y	/ear							1e				
f	Ending balance								1 f				
2a	Did the organization inclu	de an amount on Fo	orm 990, Part X, lın	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrar	ngement in Part XIV	/										
Par	rt V Endowment Fu	ınds. Complete	ıf the organizatio										
4	Dagung of war halans		(a)Current Year	(b)	Prior \	/ear	(c) Two	Years Back	(d)	Three Years Ba	ick (e)Four Ye	ears Back
1a L	Beginning of year balance								+				
b	Contributions								+				
C	Investment earnings or lo								+				
d	Grants or scholarships Other expenditures for fa								+				
е	and programs												
f	Administrative expenses												
g	End of year balance .												
2	Provide the estimated pe	rcentage of the yea	r end balance held	as									
а	Board designated or quas	ı-endowment 🕨											
ь	Permanent endowment	+											
с	Term endowment 🕨												
3a	Are there endowment fund	ds not in the posse:	ssion of the organiz	ation	that a	re held a	and a	dministere	d for	the			
	organization by									F		Yes	No
	(i) unrelated organization	s			•				•	<u> </u>	3a(i)		
	(ii) related organizations						•		•		3a(ii)		
ь 4	If "Yes" to 3a(II), are the Describe in Part XIV the	-	•						•		3b		
			s, and Equipme				Λ Da	rt X line	10				
	Description of		o, una Equipino		(a)	Cost or otl	her	(b)Cost or of basis (othe	ther	(c) Accumula		(d) Boo	ok value
1a	Land							2,665	5,354		+		2,665,354
	Buildings						-+	11,820		2,189	,363		9,631,256
	Leasehold improvements						-+	11,020	,,,,,	2,103	,,,,,,		-, 55 1,250
	Equipment						-+	106,717	7,529	34,086	,116	7.	2,631,413
	Other						-+	111,663		38,204			3,459,054
				-	1				, , , , ,	20,201	,	, ,	, ,

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
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.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Bescription of investment type	(b) Book value	Cost or end-of-year market value
(1) INVESTMENTS IN ASSOCIATED COMPANIES	70,905,060	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	/ /	
Part IX Other Assets. See Form 990, Part X, lin		1
(a) Descrip	tion	(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		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
DEFERRED CREDITS	5,488,637	
POSTRETIREMENT BENEFIT OBLIGATIONS	942,940	
OTHER LIABILITIES	677,913	
	277,323	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	7,109,490	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	154,643,404
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	146,921,548
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,721,856
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	-661,709
9	Total adjustments (net) Add lines 4 - 8	9	-661,709
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,060,147
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	154,617,442
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 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	154,617,442
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 4a and 4b	4c	25,962
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	154,643,404
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	146,895,585
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	з	146,895,585
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)		
c	Add lines 4a and 4b	4c	25,962
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	146,921,547
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 UNCERTAIN TAX POSITIONS UNDER FIN 48		THE COOPERATIVE HAS ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (PREVIOUSLY FINANCIAL INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), ON JANUARY 1, 2009 THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE FINANCIAL STATEMENTS AS OF BOTH THE DATE OF ADOPTION, AND AS OF DECEMBER 31, 2010, THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS ZERO THE COOPERATIVE IS NO LONGER SUBJECT TO FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007
PART XI, LINE 8 - OTHER ADJUSTMENTS		RETIREMENT OF CAPITAL CREDITS -700,000 AMORT OF POSTRETIREMENT BENEFIT TRANSITION OBLIGATION 38,291
PART XII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES NETTED TO REVENUE FOR GAAP 25,962
PART XIII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES NETTED TO REVENUE FOR GAAP 25,962

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General Information on Grants and Assistance

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493280005061

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization EAST RIVER ELECTRIC POWER COOPERATIVE INC Employer identification number

46-0225402

	/, line 21 for any	o Governments and recipient that received eded	d more than \$5,000	. Check this box if n		eived more than \$5,	
L (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grai or assistance
1) SD 4-H FOUNDATION O BOX 2207E ROOKINGS, SD 57007	46-6016086	501(C)(3)	25,500				CHARACTER COUNTS, OUR KID OUR FUTURE CAMPAIGN
2) KIDS VOTING SD1641 EADWOOD AVE APID CITY,SD 57702	46-0438703	501(C)(3)	8,000				CURRICULUM SPONSOR FOR KID VOTING
B) LAIC FORWARD ADISONPO BOX 32 ADISON,SD 57042	51-0183368	501(C)(3)	10,000				ECONOMIC DEVELOPMENT
1) SDARLPO BOX 2170 ROOKINGS,SD 57007	36-4293293	501(C)(3)	7,000				A G LEA DERSHIP PRO GRAM
5) SOUTH DAKOTA CARES 351 N HARRISON AVE IERRE,SD 57501	46-0227839	501(C)(3)	8,000				SAVE OUR FARM YOUTH
5) MITCHELL TECHNICAL NSTITUTE1800 E SPRUCE ITCHELL, SD 57301	46-0452950	501(C)(3)		18,000	FMV	BUCKET TRUCK	EDUCATIONAL
7) SDSU FOUNDATION 23 MEDARY AVE ROOKINGS, SD 57007	46-0273801	501(C)(3)	42,000				SCHOLARSHIPS A CAPITAL IMPROVEMENT CAMPAIGN

	·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION MAKES GRANTS TO VARIOUS FISCALLY RESPONSIBLE AND
MONITORING GRANTS IN THE U S		TRUSTWORTHY ORGANIZATIONS IN SOUTH DAKOTA AND MINNESOTA THE GRANTS ARE APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS IN THE YEARLY BUDGET AND ALSO AUTHORIZED FOR DISBURSEMENT
		BY MANAGEMENT UPON RECEIPT OF INVOICE THERE ARE NO RESTRICTIONS ON THE GRANTS EXCEPT FOR THE
		RECIPIENTS TO USE THE FUNDS AS REPRESENTED IN THE INVOICE TO PROMOTE EDUCATION OR TO PROMOTE ECONOMIC DEVELOPMENT IN THE AREAS SERVED BY EAST RIVER ELECTRIC

DLN: 93493280005061

OMB No 1545-0047

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.

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Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

EAST RIVER ELECTRIC POWER COOPERATIVE INC

Employer identification number

46-0225402

Pa	rt I Questions Regarding Compensation			•
			Yes	Νo
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 idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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	Yes	
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			
	Compensation committee Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations A pproval by the board or 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		Νo
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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			
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, 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 accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	•		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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 & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JEFFREY L NELSON	(1) (11)	434,571 0	0	4,229 0	22,596 0	18,268 0	479,664 0	
(2) GREG HOLLISTER	(ı) (ıı)	154,760 0	0 0	729 0	68,092 0	15,538 0	239,119 0	
(3) JIM EDWARDS	(1) (11)	162,296 0	0 0	778 0	42,398 0	15,826 0	221,298 0	
(4) SCOTT PARSLEY	(ı) (ıı)	150,371 0	0 0	1,362 0	63,941	19,265 0	234,939 0	
(5) ROBERT SAHR	(1) (11)	118,722 0	0 0	250 0	13,053	22,418 0	154,443 0	
(6) LARRY DEKRAMER	(ı) (ıı)	118,224 0	0 0	530 0	24,796 0	12,189 0	155,739 0	
(7) DANNY WALL	(I) (II)	118,141 0	0 0	1,489 0	60,169 0	6,898 0	186,697 0	
(8) RANDY HOFFMAN	(ı) (ıı)	106,297 0	0 0	898 0	40,321	16,146 0	163,662 0	
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Ident if ier	Return Reference	Explanation
	PART I, LINE 1A	USE OF CHARTER AIR IS ALLOWED ONLY WHEN COMMERCIAL AIRLINE SERVICE IS NOT AVAILABLE OR PRACTICAL
	PART I, LINE 4B	JEFFREY L NELSON \$144,653

Schedule J (Form 990) 2010

Page **3**

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Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493280005061

or ricords

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization EAST RIVER ELECTRIC POWER COOPERAT	IVE INC									ation numbe	er
Part I Excess Benefit Trai	nsact	ions (s	ection 501	(c)(3)	and section 501	(c)(4)		16-02254 Izations (
Complete if the organizat										ıne 40b	
1 (a) Name of disq	ualified	Inerson			(b) Desc	- rintion	of trans	action		(c) C	orrected
1 (a) Name of alsq		. person			(b) Desc	TIPLION	OI LIAIIS	action		Yes	No
2 5-1											
2 Enter the amount of tax impos section 4958					r disqualified pers			_	r • \$ —		
3 Enter the amount of tax, If any	, on lın	e 2, abo	ve, reımburs	ed by th	ne organization .			•	• \$		
Part II Loans to and/or	From	Intere	sted Pers	sons.							
Complete if the organiz	zation	answere	d "Yes" on F	orm 990	0, Part IV, line 26	, or For	m 990-			Ва	
	(b) L	oan to				(e) i	ſn	(f)		(g)Writt	· a n
(a) Name of interested person and	or from the		(c) 0 rigii	-	(d)Balance due	defau		Approved by board or committee?		agreeme	
purpose	organ	ızatıon?	principal a	amount	(a)Balance due						
	То	From				Yes	No	Yes	No	Yes	No
_											
						-					
Total				▶ \$	•		•				•
Part IIII Grants or Assistar						. l	. 7	•		•	
Complete if the orga					een interested pe		27.				
(a) Name of interested pers	on				ganization	rson	1 A (၁)	mount of g	rant or t	ype of assis	stance
						+					

	Part IV	Business	Transactions	Involvina	Interested	Persons
--	---------	----------	--------------	-----------	------------	---------

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete ii tile organizatio	ii alisweled Tes Oli	TOTTIL 330, Part IV, III	16 20a, 20b, 01 20c.		
(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	
	organization			Yes	No
· ,	KERMIT PEARSON IS DIRECTOR ON EAST RIVER ELECTRIC'S BOARD OF DIRECTORS		EAST RIVER ELECTRIC POWER COOPERATIVE IS A COOPERATIVE MEMBER OWNER OF AND PURCHASES POWER FROM BASIN ELECTRIC AND PAYS BASIN ELECTRIC FOR OTHER COOPERATIVE RELATED EXPENSES KERMIT PEARSON IS EAST RIVER'S ELECTED DIRECTOR TO THE BASIN ELECTRIC BOARD OF DIRECTORS		Νο

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanati

Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493280005061

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.

2010

Open to Public Inspection

Name of the organization
EAST RIVER ELECTRIC POWER COOPERATIVE INC

46-0225402

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE COOPERATIVE SHALL HAVE NO STOCK, BUT MEMBERSHIP IN THE COOPERATIVE SHALL BE EVIDENCED BY A MEMBERSHIP CERTIFICATE MEMBERSHIP IN THE COOPERATIVE SHALL BE OF FOUR CLASSES AS FOLLOWS (A)CLASS "A" MEMBERSHIP ANY INCORPORATED COOPERATIVE ASSOCIATION ORGANIZED UNDER STATE LAWS GOVERNING RURAL ELECTRIC COOPERATIVES, FOR THE PURPOSES OF CONSTRUCTING, OPERATING AND MAINTAINING ELECTRIC DISTRIBUTION LINES OR SYSTEMS MAY BECOME A CLASS "A" MEMBER UPON COMPLIANCE WITH THE OTHER MEMBERSHIP REQUIREMENTS OF THESE BYLAWS EACH CLASS "A" MEMBER SHALL BE ENTITLED TO ONE (1) DIRECTOR AND ONE (1) VOTE AT ANY COOPERATIVE MEETING (B)CLASS "B" MEMBERSHIP ANY MUNICIPALITY OR OTHER BODY POLITIC MAY BECOME A CLASS "B" MEMBER UPON COMPLIANCE WITH THE OTHER MEMBERSHIP REQUIREMENTS OF THESE BYLAWS CLASS "B" MEMBERS SHALL COLLECTIVELY BE ENTITLED TO ONE (1) DIRECTOR AND ONE (1) VOTE AT ANY COOPERATIVE MEETING (C) CLASS "C" MEMBERSHIP ANY FIRM, ASSOCIATION, CORPORATION, BUSINESS TRUST, LIMITED LIABILITY COMPANY OR OTHER ENTITY NOT FITTING THE REQUIREMENTS OF CLASS "A" OR "B" MEMBERSHIP MAY BECOME A CLASS "C" MEMBER UPON COMPLIANCE WITH THE OTHER MEMBERSHIP REQUIREMENTS OF THESE BYLAWS CLASS "C" MEMBERS SHALL COLLECTIVELY BE ENTITLED TO ONE (1) DIRECTOR AND ONE (1) VOTE AT ANY COOPERATIVE MEETING (D)CLASS "D" MEMBERSHIP ANY COOPERATIVE, FIRM, ASSOCIATION, CORPORATION, BUSINESS TRUST, LIMITED LIABILITY COMPANY OR OTHER ENTITY NOT FITTING THE REQUIREMENTS OF CLASS "D" MEMBERS HIP ANY COOPERATIVE, FIRM, ASSOCIATION, CORPORATION, BUSINESS TRUST, LIMITED LIABILITY COMPANY OR OTHER ENTITY NOT FITTING THE REQUIREMENTS OF CLASS "D" MEMBERS SHALL COLLECTIVELY BE ENTITLED TO ONE (1) DIRECTOR AND ONE (1) VOTE AT ANY COOPERATIVE MEETING (D)CLASS "D" MEMBERSHIP MAY BECOME A CLASS "D" MEMBERS SHALL COLLECTIVELY BE ENTITLED TO ONE (1) DIRECTOR AND ONE (1) DIRECTOR AND ONE (1) VOTE AT ANY COOPERATIVE MEETING

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		UPON COMPLETION OF EAST RIVER'S 990, THE RETURN WILL BE POSTED TO THE SECURE AREA OF EAST RIVER'S WEB SITE FOR THE DIRECTORS, OFFICERS, AND MANAGEMENTS REVIEW AT THE NEXT BOARD MEETING, ANY QUESTIONS OR CONCERNS WILL BE ADDRESSED AND THE 990 WILL BE FILED WITH THE IRS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS AND EMPLOYEES ARE COVERED BY THE CONFLICT OF INTEREST POLICY AN EMPLOYEE OR DIRECTOR SHALL MAKE PROMPT AND FULL DISCLOSURE TO THE BOARD OR TO THE EMPLOYEE'S SUPERVISOR OF ANY POTENTIAL SITUATION WHICH MAY INVOLVE A CONFLICT OF INTEREST DETERMINATION OF WHETHER A CONFLICT EXISTS AND REVIEW OF THE CONFLICT WILL BE MADE BY THE BOARD IF THE PERSON INVOLVED IS A BOARD MEMBER OR GENERAL MANAGER, IF THE PERSON INVOLVED IS AN EMPLOYEE, THE EMPLOYEE'S SUPERVISOR WILL MAKE THIS DETERMINATION ANY EMPLOYEE OR DIRECTOR WHOSE CONDUCT VIOLATES THE CONFLICT OF INTEREST POLICY SHALL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING EXPULSION FROM THE BOARD OR TERMINATION, THIS IS DETERMINED BY THE BOARD OR GENERAL MANAGER

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PLAN IS BASED ON A COMPILATION OF SALARY SURVEY DATA ACQUIRED THROUGH THE SERVICES OF A PROFESSIONAL CONSULTANT AN AVERAGE OF THE MEDIAN RATES IN THE VARIOUS SURVEYS IS USED TO DETERMINE THE EAST RIVER MARKET RATE THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE MARKET DATA AND APPROVES ANY CHANGES

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST BY CALLING THE OFFICE, STOPPING IN, OR VIA EMAIL

ldentifier	Return Reference	Explanation
	FORM 990, PART VII, COLUMN F, OTHER COMPENSATION	INCLUDED IN OTHER COMPENSATION IS THE ESTIMATED CURRENT YEAR INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR THE GENERAL MANAGER, ASSISTANT GENERAL MANAGERS AND OTHER HIGHLY COMPENSATED EMPLOYEES THE CURRENT YEAR INCREASE OR DECREASE DOES NOT REPRESENT CURRENT YEAR CONTRIBUTIONS TO THE PLAN RATHER, IT IS AN ESTIMATE OF THE INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE PLAN AS CALCULATED BY THE PLAN ADMINISTRATOR

ldentifier	Return Reference	Explanation							
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	RETIREMENT OF CAPITAL CREDITS -700,000 AMORT OF POSTRETIREMENT BENEFIT TRANSITION OBLIGATION 38,291 TOTAL TO FORM 990, PART XI, LINE 5 -661,709							

Identifier	Return Reference	Explanation
	•	THE LABOR, PENSION AND PAYROLL TAXES REPORTED ON LINES 6-10 ARE INCLUDED IN DISTRIBUTION EXPENSE, ADMINISTRATIVE & GENERAL EXPENSE AND CUSTOMER EXPENSE THEREFORE, LABOR, PENSION AND PAYROLL TAXES ARE SHOWN AS A REDUCTION TO OTHER EXPENSES ON LINE 24E

Software ID: Software Version:

EIN: 46-0225402

Name: EAST RIVER ELECTRIC POWER COOPERATIVE INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	(che		П		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				
JAMES RYKEN PRESIDENT	8 00	х		х				15,438	0	5,129	
WALLACE JOHNSON VICE-PRESIDENT	5 00	Х		х				12,571	0	0	
ERVIN FINK	6 00	Х		Х				14,626	0	0	
SECRETARY BERT ROGNESS	6 00	X		X				14,603	0	0	
TREASURER DAVID ALLEN									0		
DIRECTOR GENE BOERGER	4 00	Х						8,925	0	0	
DIRECTOR	4 00	Х						11,728	0	0	
RICHARD DAILEY DIRECTOR	4 00	Х						9,160	0	0	
ALDEN FLAKOLL DIRECTOR	5 00	Х						12,969	0	0	
KEN GILLASPIE DIRECTOR	5 00	Х						9,389	0	3,300	
GALEN GRANT DIRECTOR	5 00	Х						12,135	0	0	
RICHARD KOUPAL DIRECTOR	4 00	Х						11,188	0	0	
VERDON LAMB DIRECTOR	4 00	Х						10,451	0	0	
ROGER MENTZER DIRECTOR	4 00	Х						9,152	0	0	
KERMIT PEARSON DIRECTOR	4 00	Х						7,905	0	0	
ISABEL TROBAUGH DIRECTOR	4 00	Х						10,697	0	0	
ROGER WIDMAN DIRECTOR	3 00	X						8,356	0	0	
LYLE WITTE DIRECTOR	5 00	Х						12,499	0	0	
VICTOR GROSS DIRECTOR	5 00	Х						12,191	0	0	
PAT HOMAN DIRECTOR	5 00	Х						11,599	0	0	
LESLIE MEHLHAFF DIRECTOR	5 00	Х						12,706	0	0	
MARK ROGEN DIRECTOR	4 00	Х						11,633	0	0	
JAMES LARSON DIRECTOR	5 00	Х						5,753	0	4,675	
JEFFREY L NELSON GENERAL MANAGER	47 00			х				438,800	0	37,914	
GREG HOLLISTER ASSIST GM-ADMINISTRATION	43 00			х				155,489	0	81,977	
JIM EDWARDS ASSIST GM-OPERATIONS	44 00				Х			163,074	0	56,476	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	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)	compensation from the organization and related organizations
SCOTT PARSLEY ASSIST GM-MEMBER SERVICE	44 00					Х		151,733	0	81,554
ROBERT SAHR GENERAL COUNSEL	47 00					×		118,972	0	34,111
LARRY DEKRAMER SUB/DISPATCH MANAGER	45 00					x		118,754	0	35,712
DANNY WALL TRANS/ENG SERVICES MANAGER	41 00					Х		119,630	0	65,815
RANDY HOFFMAN BUDGET SERVICES MANAGER	40 00					x		107,195	0	55,287