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DLN: 93493136046351

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)

OMB No 1545-0047 2010

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

Open to Public

A Fo	r the 2010	, , , , , , , , , , , , , , , , , , , ,			
_	eck if applica	Ole C Name of organization NORTHWESTERN ELECTRIC COOPERATIVE INC			identification number
	Iress change	Doing Business As		73-0375	825
_	ne change			E Telephone	number
_	ial return minated	Number and street (or P O box if mail is not delivered to street address) PO BOX 2707	Room/suite	(580) 25	5-7425
_	ended returr	City or town, state or country, and ZIP + 4		G Gross receip	ots \$ 28,447,638
	olication pend	WOODWARD, OK 73802			
		F Name and address of principal officer	H(a) is this a	group return for affil	uates?
		TYSON LITTAU PO BOX 2707			
		WOODWARD, OK 73802		affiliates included	
To	v avament ats	to Francisco Fra		," attach a iis o exemption n	t (see instructions) umber 🟲
	x-exempt sta	,, ,, , ,, , ,, ,			
		WWW NWECOK COOP			
		tion 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨	L Year of for	mation 1940	M State of legal domicile O
Ра		ımmary			
		y describe the organization's mission or most significant activities ROVIDE ELECTRIC POWER TO RURAL AREAS AT COST ON A COOPER,	ATIVE BASI	S	
ي د					
Avuriues a soremanise	2 Chec	k this box 🔭 if the organization discontinued its operations or disposed of	more than 25	5% of its net a	assets
) K	3 Num	er of voting members of the governing body (Part VI, line 1a)		3	
į	4 Num	er of independent voting members of the governing body (Part VI, line 1b)		4	
	5 Tota	number of individuals employed in calendar year 2010 (Part V, line 2a) .		5	6
ξ	6 Tota	number of volunteers (estimate if necessary)		6	
ţ	7a Tota	unrelated business revenue from Part VIII, column (C), line 12		7a	78,15
	b Net u	nrelated business taxable income from Form 990-T, line 34		7b	-2,56
			Prior	Year	Current Year
	8 Co	ntributions and grants (Part VIII, line 1h)		0	
9		gram service revenue (Part VIII, line 2g)		25,459,695	28,096,566
Revenue			130,407		
ξ		estment income (Part VIII, column (A), lines 3, 4, and 7d) ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			133,70
		al revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		14,575	105,05
				25,604,677	28,335,32
		nts and similar amounts paid (Part IX, column (A), lines 1-3)		0	(
		nefits paid to or for members (Part IX, column (A), line 4)		0	(
		aries, other compensation, employee benefits (Part IX, column (A), lines 5-			
\$	10			3,225,742	3,622,33
Expenses	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)		0	(
ਡੋ	b Tot	ıl fundraısıng expenses (Part IX, column (D), lıne 25) ▶0			
_	17 Ot	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		21,100,275	22,479,749
	18 To	al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		24,326,017	26,102,080
	19 Re	renue less expenses Subtract line 18 from line 12		1,278,660	2,233,24
£ 68				of Current	End of Year
96	20 To	al assets (Part X, line 16)		56,841,762	60,676,419
38					38,238,359
25					22,438,060
Par				, ,	
Under knowl	21 To 22 Ne 11 II S	al assets (Part X, line 16)	edules and st	35,849,256 20,992,506 atements, and	38,238, 22,438,0 to the best of my
		****	201	11-05-16	
Sign	 	ignature of officer	Dat	te	
Here	I .	YSON LITTAU CEO			
	p	ype or print name and title			
	Print,	WILLIAM M MILLED	-	Check if self-	PTIN
Paid		rer's name WILLIAM M MILLER WILLIAM M MILLER 201 s name BOLINGER SEGARS GILBERT AND MOSS LLP	1-05-16	employed 🕨 🦳	
	arer L				Firm's EIN
Prepa					
Prepa Use (I FIRM:	address 8215 NASHVILLE AVENUE			Phone no • (806) 747- 3806

OTTI	990 (2	2010)			Page ∡
Par	Ш		ervice Accomplishments response to any question in this Part III		
1	Briefl	y describe the organization's mis		·	
EFL	ECTE		ND AIM IS TO PROVIDE EXCELLENT AND INNOVA ERVICE RELIABILITY, AFFORDABLE RATES, EMPL TIVE ENDEAVORS		iHEST
2	the pr	or Form 990 or 990-EZ?	nificant program services during the year which were n	ot listed on ... 「Yes ァ No	
3	Did th	ces?	or make significant changes in how it conducts, any p	rogram Yes No	
	If "Ye	s," describe these changes on Sc	hedule O		
4	Section	on 501(c)(3) and 501(c)(4) orga	nents for each of the organization's three largest progra sizations and section 4947(a)(1) trusts are required to ss, and revenue, if any, for each program service report	report the amount of grants and	
la		, , , , , ,	including grants of \$ ERS - 11,287 ACTIVE SERVICES AT YEAR END WERE PROVIDED ELI) (Revenue \$) ECTRICITY ON A COOPERATIVE BASIS THR	ROUGH
ŀЬ	(Code	e) (Expenses \$	including grants of \$) (Revenue \$	
lc	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)	
4d		er program services (Describe in enses \$	Schedule O) including grants of \$) (Revenue	e \$)	
1e	Tota	l program service expenses►\$			

			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? If "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
b	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		

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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		No
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		No
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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part 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		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
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		No
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		No
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		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Statements Regarding Other

	Check if Schedule O contains a response to any question in this Part V		. 「 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .		168	140
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	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 Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
b	year?	3a 3b	Yes Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
L	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
5a	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
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		
c	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			
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	7h		
В	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?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	(, , , , , , , , , , , , , , , , , , ,			
	Gross income from members or shareholders			
U	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		
b	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

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 O. See instructions.

Chack if Schadula O	contains a response to an	y question in this Part VI									J
Check if Schedule O	contains a response to an	y question in this Fait vi	-	-	•	•	-	•	•		. *

Se	ction A. Governing Body and Management									
			Yes	No						
4-										
1a	Enter the number of voting members of the governing body at the end of the tax year									
b	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo						
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		N o						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	163	N o						
6	Does the organization have members or stockholders?	6	Yes	110						
7a	•									
<i>,</i> a	governing body?	7a	Yes							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	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									
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)									
			Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo						
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b								
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
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	Yes							
b	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							
	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		Νο						
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								
	ction C. Disclosure	TOD								
17	List the States with which a copy of this Form 990 is required to be filed ►OK									
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)									
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply									

Own website Another's website V 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 TYSON LITTAU 2925 WILLIAMS AVENUE

WOODWARD, OK 73801 (580) 256-7425

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz	zation nor any re	lated o	ganı	zatio	on co	mpen	sate	d any current office	r, director, or trust	ee	
(A) Name and Title	(B) A verage hours		tion (that a	che)		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) KENNETH KNOWLES PRESIDENT	5 40	х		х				15,532	0	0	
(2) RAY SMITH VICE PRESIDENT	1 60	х		х				14,077	0	0	
(3) JOHN BRUCE JR SECRETARY-TREASURER	8 30	х		х				16,775	0	0	
(4) GILBERT PERKINS DIRECTOR	5 30	х						15,782	0	0	
(5) LEE R HUCKABY DIRECTOR	5 20	х						4,080	0	0	
(6) CHARLES HARPER DIRECTOR 1/1 - 3/31	4 20	х						4,442	0	0	
(7) DUANE HENDERSON DIRECTOR	3 40	х						14,375	0	0	
(8) CLAIR CRAIGHEAD DIRECTOR	5 20	х						15,007	0	0	
(9) DEAN STONE DIRECTOR	2 80	х						9,445	0	0	
(10) WAYNE HALL DIRECTOR 4/1 - 12/31	5 00	х						3,909	0	0	
(11) TYSON LITTAU CEO	40 00			х				102,592	0	41,042	
							_				

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

	(A) Name and Title	(B) Average hours per		tion that a	(che				Repo compe	D) rtable nsation n the	(E) Reportable compensation from related	n	(F Estim amount o	ated of other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ition (W- -MISC)	organizations (W- 2/1099- MISC)		from organizat relai organiz	the non and ted
							1							
												_		
1b	Sub-Total					•		►						
С	Total from continuation sheets	to Part VII, See	ction A				•							
d	Total (add lines 1b and 1c) .			•	•	•	•	•		216,016		0		41,042
2	Total number of individuals (incl \$100,000 in reportable compen	•				ted	above) who	received	l more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci									compens • •	ated employee • • •	3		No
4	For any individual listed on line organization and related organiz													N -
5	Did any person listed on line 1a services rendered to the organiz									inization o	r individual for	5		No No
	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from	highest compe		ndep	ende	ent o	ontra	ctors	that rece	eived more	e than			
		(A) me and business ad								Descr	(B) iption of services		(C Compe	
PO BO	S TREE SERVICE DX 453225 E, OK 74345								Т	REE SERVIO	CE			502,825
315 S	EL MAPPING ECOND AVENUE EN, PA 16365								C	GPS MAPPING	G PROJECT			237,644
1406	IN ELECTRICAL CONST LLC NEPTUNE DRIVE ON, OK 73601								C	CONSTRUCT	ION			103,194

\$100,000 in compensation from the organization \blacktriangleright 3

Form 9 Part \	90 (2010) VIII Statement of Revenue				Pa	ge 9
rait	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
Contributions, gifts, grants and other similar amounts	b Membership dues					
Program Service Revenue	2a ELECTRIC ENERGY b PATRONAGE DIVIDENDS c CONNECT AND OTHER FEES d DISTRIBUTION LINE LEAS e f All other program service revenue g Total. Add lines 2a-2f	221000 221000 221000 221000		59,568		
	3 Investment income (including dividends, interest and other similar amounts)	(11) Personal 8,694 8,694	122,794 3,210 8,694			122,794 3,210 5,268
	(i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	(II) O ther 82,692 71,782 10,910	10,910			10,910
Other Revenue	8a Gross income from fundraising events (not including \$	45,323 40,535 Business Code 221000 561499	4,788 78,150 10,209 88,359 28,335,321	10,209	78,150	
			28,335,321	28,114,989	78,150 rm 990 (20	

Part IX Statement of Functional Expenses

Oo no	l other organizations must complete column (A) but are not required to continuous amounts reported on lines 6b, 9, 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 2.1	·	expenses	general expenses	expenses
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			1	
5	Compensation of current officers, directors, trustees, and key employees	257,058			
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	2,013,064			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	467,552			
9	Other employee benefits	730,322			
0	Payroll taxes	154,335			
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	1,497,115			
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,818,364			
3	Insurance				
4	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	PURCHASED POWER	16,166,734			
b	DISTRIBUTION EXPENSE	1,273,994			
c	ADMIN AND GENERAL	634,691			
d	TAXES	535,945			
e	CUSTOMER ACCOUNTS	475,840			
f	All other expenses	77,066			
:5	Total functional expenses. Add lines 1 through 24f	26,102,080			
26	Joint costs. Check here F If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Part X Balance Sheet (A) (B) Beginning of year End of year 1,701,384 3,104,905 1 2 2 3 3 2,935,039 3,051,218 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 678 528 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) Assets 523,454 417,763 8 563,507 580,850 620,364 701,379 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 66,410,114 10a Part VI of Schedule D 10b 21.988.730 ь Less accumulated depreciation 43.140.862 10c 44.421.384 11 11 12 12 Investments—other securities See Part IV, line 11 7,348,164 8,390,082 13 13 Investments—program-related See Part IV, line 11 . . 14 14 8.310 15 8,310 15 16 56,841,762 16 60,676,419 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,623,202 17 1.742.056 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 33.543.571 23 35.769.248 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 682.483 25 727,055 Other liabilities Complete Part X of Schedule D 35,849,256 26 26 38.238.359 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 72,980 73,190 Capital stock or trust principal, or current funds Assets 1,592,564 31 Paid-in or capital surplus, or land, building or equipment fund 1,958,845 32 19.326.962 32 20,406,025 Retained earnings, endowment, accumulated income, or other funds ¥ 22,438,060 20,992,506 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 56.841.762 60,676,419

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28.3	335,32:
2	Total expenses (must equal Part IX, column (A), line 25)	2			102,080
3	Revenue less expenses Subtract line 2 from line 1	3		2,2	233,241
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,9	92,506
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 7	787,687
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		22,4	138,060
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
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 to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A - 133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** NORTHWESTERN ELECTRIC COOPERATIVE INC 73-0375825

Pa	organizations Maintaining Donor Action organization answered "Yes" to Form 99		Funds	or Accounts	. Comple	ete if the
	0. ga24.00 4.10 0.0 00 00 00 10 95	(a) Donor advised funds	T (b) Funds and o	ther accou	unts
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi	5	nor advı	sed	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	5 5	•		☐ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Forn	າ 990, Part I\	/, lıne 7.	
L	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space					≅a
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	ıfıed conservatıon contributıon ın the for	m of a co	nservation		
				Held at the	End of the	e Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	erred, released, extinguished, or termina	ted by th	e organization	during	
	the taxable year 🕨					
1	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	violations, and	☐ Yes	┌ No

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	eası	ures, or O	<u>the</u>	<u>r Similar</u>	Asse	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing t	that a	re a sıgnıfıca	int u	ise of its co	lectio	n	
а	Public exhibition		d	Γ	Loan	orexc	:hange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furthe	rthe	organızatıon	's ex	kempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 990	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	forc	ontribu	tions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Γ			A mo	unt	
С	Beginning balance							1c				
d	Additions during the year						F	1d				
e	Distributions during the year						r	1e				
f	Ending balance						F	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
	rt V Endowment Funds. Complete		n ans	wer	ed "Ye	s" to	Form 990.	Par	t IV. line	10.		
		(a)Current Year) Prior			wo Years Back		Three Years B		e)Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
Ь	Permanent endowment 🕨											
с	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	and	admınıstered	d for	the			
	organization by								г		Yes	No
	(i) unrelated organizations		•			•		•		3a(i)	<u> </u>	<u> </u>
	(ii) related organizations							•		3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•				•		•	[3b		<u> </u>
	t VI Investments—Land, Buildings					00 D	Part V Juno	10				
rai	t VI investments—Land, Buildings	s, and Equipme	ille. S				1		(=) (=================================			
	Description of investment				Cost or s (invest		(b) Cost or ot basis (othe		(c) Accumul depreciati		(d) Bo	ook value
1a	Land						241	,697				241,697
b	Buildings		•				2,213	,174	70	9,562		1,503,612
c	Leasehold improvements											
d	Equipment		•				63,790	,886	21,27	9,168	4	2,511,718
	Other						164	,357				164,357
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B), line	10(c).)				►		4	4,421,384
									Schedu	ıle D (Form 9	90) 2010

(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives	. ,	Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)		
art VIII Investments—Program Related. See	Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) PATRONAGE CAPITAL - WESTERN FARMERS		
LECTRIC COOP	7,407,784	
2) PATRONAGE CAPITAL - NRUCFC	35,757	
3) PATRONAGE CAPITAL - ARKANSAS ELECTRIC		
COOPERATIVE	54,553	
4) PATRONAGE CAPITAL - SEDC	52,145	
5) PATRONAGE CAPITAL - COBANK	127,731	
6) MEMBERSHIPS	20,442	
7) CAPITAL TERM CERTIFICANTS - CFC	691,670	
otal. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	8,390,082 e 15.	
(a) Descript	ion	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part X,		
(a) Description of Liability	(b) A mount	
ederal Income Taxes	Z-3	
	122 025	
CONSUMER DEPOSITS CCRUED EMPLOYEE COMPENSATED ABSENCES	123,025	
	287,933	
ATRONAGE CAPITAL PAYABLE	3,877 197,338	
CCRUED INTEREST PAYABLE	114,882	
ı		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	727,055	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,335,32
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,102,080
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,233,24
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	-787,687
9	Total adjustments (net) Add lines 4 - 8	9	-787,683
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,445,554
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	r n
1	Total revenue, gains, and other support per audited financial statements	1	28,258,25!
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		
е	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	28,258,255
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 77,066		
c	Add lines 4a and 4b	4c	77,066
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	28,335,32
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	26,025,014
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	26,025,014
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 77,066		
c	Add lines 4a and 4b	4c	77,066
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	26,102,080
Da	t XIV Supplemental Information		-

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

Part XIV Supplemental Information

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		ON JANUARY 1, 2009, THE COOPERATIVE ADOPTED THE UNCERTAIN TAX POSITIONS PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), OR OTHER STATE TAXING AUTHORITY AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES
Part XI, Line 8 - O ther Adjustments		PATRONAGE CAPITAL RETIRED -594,626 OTHER COMPREHENSIVE INCOME PROVISION FOR PENSION AND BENEFITS -291,363 UNCLAIMED PATRONAGE CAPITAL RETIREMENT CHECKS 98,092 NET INCREASE IN MEMBERSHIPS 210
Part XII, Line 4b - Other Adjustments		RECLASSIFIED AIR EVAC EXPENSES 77,066
Part XIII, Line 4b - Other Adjustments		RECLASSIFIED AIR EVAC EXPENSES 77,066
		Part IX THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY, IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BEEN LEFT BLANK

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2010

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Name of the organization NORTHWESTERN ELECTRIC COOPERATIVE INC								Employer identification number						
Part I Excess Benefit Tran							organiz		nly).	- 40h				
Complete if the organizat			es on For	m 990, P	art IV, line 25a o	r 250, c	or Form s	990-62,1	art v, iin		rrected?			
1 (a) Name of disqu	ualıfıed	person			(b) Desc	ription	of trans a	ction		Yes	No			
										165	140			
2 Enter the amount of tax impose	ed on th	e organı						ear under						
section 4958		2							\$ ——					
3 Enter the amount of tax, If any,	, on line	Z, abov	e, reimburs	sea by the	organization.				\$					
Part II Loans to and/or F														
Complete if the organiz	ation ai	nswered	"Yes" on F	orm 990,	Part IV, line 26,	or Forn	n 990-E	T .	, lıne 38a	1				
	(b) L	oan to				(-)	·	(f) Approv		(g)Writte				
(a) Name of interested person and	1	m the	(c)0 r		(d)Balance due	(e) : defau		by boar		agreemen				
purpose	organiz	zation?	principal	amount	(4,54,4,1,6,6,4,4,6,6,4,4,6,6,4,4,6,6,4,6,4,			committ						
	То	From				Yes	No	Yes	No	Yes	No			
(1)														
		l x					No		No		Νο			
(2) TYSON LITTAU		 ^					110		110		110			
LOAN TO PURCHASE														
COMPUTER, LOAN MADE														
PURSUANT POLICY COVERING ALL EMPLOYEES		l x		1,621	528		No	Yes		Yes				
							1	1		1				
Total				▶ \$	528									
Part IIII Grants or Assistan							_							
Complete if the orga	nizatio						/.							
(a) Name of interested pers	on	(Б		nip betweend the org	en interested per: anization	son	(c) A m	ount of gr	ant or typ	e of assis	tance			
			<u> </u>											

Part IV	Business	Transactions	Involvina	Interested	Persons
	D45111055		±111 0 1 0 1 111 19	Tiller Coleca	

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

Complete if the organization	ni aliswered tes oli	roi III 990, Pait IV, III	ie zoa, zob, oi zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
	organization			Yes	No
(1) WESTERN FARMERS ELECTRIC COOPERATIVE	A BOARD MEMBER OF THE COOPERATIVE SERVES ON THE BOARD OF WESTERN FARMERS		COOPERATIVE PURCHASES ELECTRICITY FROM WESTERN FARMERS		No

Part V Supplemental Information

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

Identifier Return Reference Explanat	ion
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Schedule L (Form 990 or 990-EZ) 2010

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Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization NORTHWESTERN ELECTRIC COOPERATIVE INC Employer identification number

73-0375825

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE MEMBERS AMENDED ARTICLE IV OF THE COOPERATIVE'S BY LAWS TO ADD A NEW ELIGIBILITY REQUIREMENT FOR MEMBERS OF THE BOARD OF TRUSTEES THE NEW ELIGIBILITY REQUIREMENT OF ARITICLE IV, SECTION 2 16 DISQUALIFIES A PERSON FROM BECOMING OR REMAINING A TRUSTEE IF THAT PERSON "HAS BEEN EMPLOYED BY THE COOPERATIVE WITHIN FIVE YEARS OF HIS/HER EMPLOYMENT TERMINATION DATE AND THE SCHEDULED DISTRICT MEETING FOR WHICH MEMBER DESIRES TO RUN"

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE, 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION, 3 THE DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS, AND 4 AMENDMENTS TO THE COOPERATIVE'S BY LAWS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		MANAGEMENT E-MAILED A COPY OF THE FORM 990 TO THE BOARD PRIOR TO FILING MANAGEMENT PRESENTS THE FORM 990 TO THE BOARD FOR DISCUSSION AND APPROVAL AT THE MEETING SUBSEQUENT TO FILING

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	THE BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO REVIEW AND BE FAMILIAR WITH THE POLICIES OUTLINED IN THE COOPERATIVE'S CONFLICT OF INTEREST POLICY THE BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANY ACTION OR SITUATION THAT MIGHT VIOLATE THE POLICY TO THE FULL BOARD OF DIRECTORS AS SOON AS POSSIBLE THE CONFLICT OF INTEREST POLICY IS REVIEWED AND REDISTRIBUTED TO EACH EMPLOYEE, OFFICER AND DIRECTOR AT LEAST ONCE EVERY THREE YEARS

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	THE BOARD OF DIRECTORS USE A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE CEO THE SURVEY SHOWS COMPARATIVE SALARIES FOR GENERAL MANAGERS FROM SIMILARLY SITUATED COOPERATIVES LOCATED IN OKLAHOMA AND THE NATION THE CEO AND AN INDEPENDENT COMPENSATION COMMITTEE USE A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE COOPERATIVE'S OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEES, IF ANY THE SURVEY INCLUDES SALARIES FROM SIMILARLY SITUATED COOPERATIVES THROUGHOUT OKLAHOMA AND THE NATION

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS TO ANY MEMBER WHO REQUESTS A COPY OF ANY SUCH DOCUMENT ANNUALLY THE COOPERATIVE PROVIDES THE YEAR END BALANCE SHEET AND INCOME STATEMENT TO THE MEMBERS OF THE COOPERATIVE WITH THE ANNUAL REPORT THE OPERATING REPORT IS ALSO PROVIDED TO THE MEMBERS VIA MONTHLY NEWSLETTER

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	PATRONAGE CAPITAL RETIRED -594,626 OTHER COMPREHENSIVE INCOME PROVISION FOR PENSION AND BENEFITS -291,363 UNCLAIMED PATRONAGE CAPITAL RETIREMENT CHECKS 98,092 NET INCREASE IN MEMBERSHIPS 210 Total to Form 990, Part XI, Line 5 -787,687

ldentifier	Return Reference	Explanation
AUDIT COMMITTEE	Form 990, Part XI, Line 2C	THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR

ldentifier	Return Reference	Explanation
INDEPENDENT DIRECTORS	Form 990, Part VI, Line 1b	RAY SMITH PER IRS FORM 990 INSTRUCTIONS IS NOT AN INDEPENDENT DIRECTOR BECAUSE HE IS ON THE BOARD OF WESTERN FARMERS COOPERATIVE, INC. THE COOPERATIVE PURCHASES ITS ELECTRIC ENERGY FROM WESTERN FARMERS AND IS ALSO A MEMBER OF WESTERN FARMERS AS SUCH, MR SMITH IS THE COOPERATIVE'S REPRESENTATIVE ON WESTERN FARMERS BOARD MR SMITH HAS NO OWNERSHIP INTEREST IN WESTERN FARMERS AND RECEIVES NO DIRECT OR INDIRECT BENEFIT FROM THE COOPERATIVE DOING BUSINESS WITH WESTERN FARMERS

ldentifier	Return Reference	Explanation
ACCOUNTING SYSTEM	Form 990, Part IX	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE UNIFORM SYSTEM OF ACCOUNTS AS PRESCRIBED BY THE FEDERAL ENERGY REGULATORY COMMISSION FOR CLASS A AND B ELECTRIC UTILITIES MODIFIED FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICE(RUS) THE UNIFORM SYSTEM OF ACCOUNTING DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE WILL BREAK OUT SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 WILL BE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS

ldentifier	Return Reference	Explanation
PATRONAGE DIV IDENDS	Form 990, Part VIII, Line 2	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSMISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE ORGANIZATION TO ITS MEMBERS

ldentifier	Return Reference	Explanation
RECONCILIATION OF WAGES PER RETURN TO FORM W-3	l '	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE IN AN EFFORT TO EXPLAIN WHY THE AMOUNTS REPORTED ON LINES 5-7 DO NOT AGREE TO THE W-3 THE FOLLOWING RECONCILIATION IS PROVIDED TOTAL PER LINES 5-7 \$ 2,270,122 LESS DIRECTORS FEES REPORTED ON 1099-MISC (113,423) PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 846,207 RECONCILIATION TO W-3 \$ 3,002,906

ldentifier	Return Reference	Explanation
CEO RESPONSIBILITIES	1 ' '	THE BOARD OF DIRECTORS CONSIDERS THE CEO TO BE BOTH THE TOP MANAGEMENT OFFICIAL AND THE TOP FINANCIAL OFFICIAL THEREFORE, ONLY THE CEO IS LISTED AS AN EMPLOYEE OFFICER

ldentifier	Return Reference	Explanation
BREAKDOWN OF EXPENSES INCLUDED IN ADMINISTRATIVE AND GENERAL	Form 990, Part IX, Line 24	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS ADMINISTRATIVE AND GENERAL EXPENSE ON FORM 990, PART IX, LINE 24 OFFICE AND SUPPLIES \$ 169,437 OUTSIDE SERVICES EMPLOYED 76,801 EMPLOYEE EXPENSE 43,375 TRUSTEE EXPENSE 59,624 INJURIES & DAMAGES 7,361 PROPERTY & GENERAL LIABILITY INSURANCE 61,729 DUES TO ASSOCIATED ORGANIZATIONS 91,154 COMMUNITY SUPPORT 15,080 ANNUAL & DISTRICT MEETING EXPENSE 64,033 MISCELLANEOUS GENERAL EXPENSE 31,724 MAINTENANCE OF GENERAL PLANT 14,373 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$ 634,691

ldentifier	Return Reference	Explanation
TO PROVIDE DETAIL REGARDING THE OFFICER BENEFITS	Form 990, Part VII, Column F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE ORGANIZATION ALSO PROVIDES HEALTH AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN FOR THE OFFICER, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THE BENEFIT OF THE OFFICER IN ADDITION TO THE ABOVE PENSION PLANS, THE ORGANIZATION ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED