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. 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

_			iy nave to use a copy of this return to s				mspection		
<u>A</u>	For th	e 2010 calendar year, or tax year beg		10, and endin	g Decem	iber 31	, 20 10		
В	Check		ger Valley Electric Association, Inc.	_		D Employ	yer identification number		
	Addres	s change Doing Business As					83 0106908		
	Name o	hange Number and street (or P.O. box	c if mail is not delivered to street address)	Room/su	ite	E Telepho	one number		
	Initial re	eturn PO Box 399		ļ			307-786-2800		
	Termin	city or town, state or country	, and ZIP + 4					_	
	Amend	ed return Mountain View WY 82939			İ	G Gross r	receipts \$		
$\bar{\sqcap}$		tion pending F Name and address of princ	ipal officer		H(a) Is this a	aroun return	for affiliates? Yes No		
	. фрос	, politically				all affiliates included? Yes No			
	Tay ay	empt status 501(c)(3)	501(c) () ◀ (insert no) ☐ 4947(a)(1) or 527			Ilist (see instructions)	•	
		te: ► www.bvea.coop	301(0)() 1 (mission mo)	701 [] 021			n number 🕨		
			Association ☐ Other ▶					—	
	art I	Summary	Association Other P	L Year of forma	ation 1938	W State	of legal domicile WY	—	
-	1			·					
	'		mission or most significant activit	ies.					
9		Sale of Electric Power & Internet Se	ervice to wiembers						
ă									
ē	١ ـ						•••••••••••		
õ	2		n discontinued its operations or disposed of						
æ	3		governing body (Part VI, line 1a) .			3		7	
es	4		embers of the governing body (Part	•		4		7	
<u>Xi</u>	5	Total number of individuals emplo	yed in calendar year 2010 (Part V,	line 2a) .		5	3	31	
Activities & Governance	6	Total number of volunteers (estimate)	ate if necessary)			6		0	
	7a	Total unrelated business revenue	from Part VIII, column (C), line 12			7a		0	
	b	Net unrelated business taxable inc	come from Form 990-T, line 34 .			7b		0	
					Prior Yea	ar	Current Year		
ø	8	Contributions and grants (Part VIII	, line 1h)	[0		0	
5	9	Program Service revenue (Part VIII	10,	201,010	10,969,08	33			
Revenue	10	Investment income (Part VIII, colum		[142,769	178,96	<u>.</u>	
α	11	Other revenue (Part VIII, column (A	» l		6,617	1,430			
	12	Total revenue -add lines 8 through	11 (must equal Part VIII, column (A), line 12)	10.	350,396	11,156,526		
	13 /	Grants and similar appounts paid				0		0	
	14	Benefits paid to or for members (F			•	0	0		
to.	15	Salaries, other compensation employe			2	456,506	2,457,00	12	
Set	16a	Professional fundraising fees/(Part			-	0		_	
Expenses	b	Total fundraising expenses (Part I)		· · ·				Ť	
ă	17	Other expenses (Part IX, column (····	7	353,942	7,979,00	<u>-</u> '	
	18	Total expenses. Add lines 13–17 (i	•	_		810,448	10,436,00	_	
	19	•	· · · · · · · · · · · · · · · · · · ·	· ·		539,948		_	
	13	Revenue less expenses. Subtract			Seginning of Cur		720,52 End of Year	<u></u>	
Net Assets or Fund Balances	200	Total appets (Part V Irac 46)		}-				_	
SSe	20	Total assets (Part X, line 16) .		· · · -		328,446	20,113,11	_	
a te	21	Total liabilities (Part X, line 26)		· · · -		065,062	7,167,88	_	
	22	Net assets or fund balances. Subt	ract line 21 from line 20		12,	263,384	12,945,22	3	
	rt II	Signature Block					 		
		ities of perjury, I declare that I have examine t, and complete Declaration of preparer (othe					ny knowledge and belief, it	. IS	
	,, 00/100	The somption of property (single-	than onlocy is based on an information of			 /	1	—	
O:	_	J. Warry 4	ne			5/12	12011		
Sig		Signature of officer	C	1	Date	e ' '			
Here F. Danny Eyre General Manager								_	
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·			Toriu		
Pai	id	Print/Type preparer's name	Preparer's signature	Da	te	Check [→ 1		
	pare	r	_ L			self-emp	loyed	_	
	e On	l — .			Firm'	s EIN ▶			
		Firm's address ▶			Phor	ne no	<u></u>	_	
May	the II	RS discuss this return with the prep	arer shown above? (see instruction	ns)			Yes 🗌 No	0	

Other program services. (Describe in Schedule O.)

(Expenses \$

Part	V Checklist of Required Schedules	_		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<u> </u>	✓
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		✓_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			Section 2
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		√
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		✓
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	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		✓
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	IV Checklist of Required Schedules (continued)			
			Yes	No'
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeate any tax exempt bonds?	24b	-	✓
	to defease any tax-exempt bonds?	24c		✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29 -30 <i>-</i>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the-organization receive-contributions of art, historical treasures, or other similar assets, or qualified	29		√
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		√
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? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
				

Form 99 Part	· · · · · · · · · · · · · · · · · · ·			Page
	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 1a 20	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		<u> </u>	<u> </u>
0-	reportable gaming (gambling) winnings to prize winners?	1c	1	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		İ	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 35		1	
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 <i>e-file</i> . (see instructions)	2b		├
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	 	+
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	0.0		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ľ
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		ļ
	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			
•	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		\vdash
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			\vdash
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	,8.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		_
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		-
	Section 501(c)(7) organizations. Enter:	₹		
	Initiation fees and capital contributions included on Part VIII, line 12	•		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	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	igsqcut	✓
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			l
	Section 501(c)(29) qualified nonprofit health insurance issuers.	46	 	<u> </u>
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	✓
	Note. See the instructions for additional information the organization must report on Schedule O. 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

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year? .

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

14a

14b

13b

13c

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			. \square
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>'</u>		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		\ <u>\</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	1
6	Does the organization have members or stockholders?	6	1	Ė
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	1	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.73		,
а	The governing body?	8a	1	
ь	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Secti	in B. Policies (This Section B requests information about policies not required by the Internal Rever	9	000	. ✓
0001	on B. Folicies (This deciron B requests information about policies not required by the internal never	ue Ci	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such	1		<u> </u>
	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	✓	
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	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	_12b	✓_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	✓	
13	Does the organization have a written whistleblower policy?	13	<	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. 1 "	,]
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	-
16a	The state of the s	·, ;		
b	with a taxable entity during the year? . If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a	27. 5	✓
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	12.56 %	¥. 4	
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only	v) ava	ılable
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	f inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Susan Porter, Bridger Valley Electric, 40014 Business Loop I-80, Mt View WY 82939 (307) 786-2800	of the		
	·			

Form	990	(2010)	

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

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

Check this box if neither the organization no		d org	anız			ompe	ensa			
(A)	(B)	_		•	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	notice in individual trustee individual trustee in individual trus	Estimated amount of other compensation from the organization and related organizations						
(1) D. Kim Charles	- 5.0							15,316		36
Director & Board President		1	<u> </u>	✓				15,510		
(2) Gary Nix Director & Board Vice President	2.0	1		✓				20,807		36
(3) D. Jud Redden Director and Board Sec./Treasurer	2.0	1		1				20,807		36
(4) Jon Wilde Director	- 2.0	1						19,497		36
(5) Betty Applequist Director	- 3.5	1						11,473		36
(6) Ruth Rees Director	- 4.0	1						10,030		36
(7) Rick Maxfield Director	- 6.0	1						15,288		36
(8) F. Danny Eyre General Manager	- 42			1				106,465		22,501
(9) Clinton Walker Director voted out of office April 23	5.0	✓						1,678		
(10) Marion Talbot Resigned in April	- 1.0	1						678		
(11)										
(12)	•									
(13)	-									
(14)	-				_					
(15)	-									
(16)	-									

Par	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	уеє	es, a	and	High	est	Compensated	Employees (con	tınued)
	(A)	(B) (C) Average Position (check all that apply							(D)	(E)	(F) ´
	Name and title	Average hours per week (describe hours for related organizations in Schedule	Individual to or director	nstitutional trustee	Officer	Rey employee	Mighest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(17)		O)		e			ř <u>ed</u>				
(18)				'							
(19)											
(20)											
(21)											-
(22)											·
(23)											
(24)											
(25)											
(26)										·	
(27)											
(28)											
1b	Sub-total		•	•				>			
_	_Total_from_continuation_sheets_to_Part_							<u> </u>			
d 2	Total (add lines 1b and 1c)	not limited						► •) w	ho received mo	ore than \$100,00	<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1		000						
5	Did any person listed on line 1a receive of for services rendered to the organization?								•	ation or individu	ıal
Section	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	lepe	ende	ent (contra	acto	ors that receive	d more than \$1	00,000 of
	(A) Name and business addi	ess							(B) Description of se	ervices	(C) Compensation
				-							
2	Total number of independent contracto received more than \$100,000 in compens							th	ose listed abo	ove) who	Form 990 (2010)

Par	i VIII	Statement of Rev	enue					
				-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a	1	_			
	ь	Membership dues .	1b					
s, g	С	Fundraising events .	1c					
gift lar	d	Related organizations	1d					
ž, <u>ir</u>	е	Government grants (cont						
Other Revenue Program Service Revenue and other similar amounts	f	All other contributions, gif	fts, grants,					
		and similar amounts not inc						
ont nd (g	Noncash contributions include						
_	h	Total. Add lines 1a-1f	<u> </u>					
une	_			Business Code				
eve	2a	Sale of Electric Energy	! 		10,226,400	10,226,400		
ě.	b	Misc Services			665,254	665,254		
Š	C	Contract Work			18,179	18,179		
နှင့	d	Write Down of Loan			0	0		
퍨	e				50.040			
ğ	f	All other program serv Total. Add lines 2a-2f	•		59,249	59,249		<u> </u>
-	<u>g</u> 3	Investment income (nde untorget	10,969,083			
	Ū	and other similar amou			161,990	161,990		161,990
	4	Income from investment	-		101,330	101,330		101,990
	5	Royalties						
}	•	Γ	(i) Real	(ii) Personal				, ;
	6a	Gross Rents	4512					
	b	Less rental expenses			ļ			
	С	Rental income or (loss)	4512					
Ì	d	Net rental income or (le	oss)	▶	4512	4512		4512
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		26,947				-
1	b	Less' cost or other basis						
		and sales expenses .		9,974				
1	C	Gain or (loss)		16,973				
	d	Net gain or (loss) .		▶	16,973	16,973		16,973
venue	8a	Gross income from fur events (not including \$	ndraising					
		of contributions reported See Part IV, line 18						
ᡖ						Ĺ		
		Net income or (loss) fro		events . ►				
		Gross income from gan See Part IV, line 19 .	· · · · a					
- 1		Less: direct expenses						
		Net income or (loss) fro		/ities ▶				
		Gross sales of inv						
i		returns and allowances		18,799				
		Less: cost of goods so						
H	<u> </u>	Net income or (loss) from Miscellaneous Rev		ntory Dusiness Code	3,968	3,968		3,968
-	11a			ausiness Code				
	b							
	C					_		
	d	All other revenue .						·
	-	Total. Add lines 11a-1	4 -1	▶		-		1
		Total revenue. See ins			11,156,526	11,156,526		180 393

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	0			
_	the U.S. See Part IV, line 22	o			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	214,133			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	1,494,455			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	276,459			
9	Other employee benefits [324,500			
10	Payroll taxes	147,455			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	18,206			
G	Accounting	10,200			
d e	Lobbying	0	_ 		
f	Investment management fees	0			
g g	Other	0			
12	Advertising and promotion	16,525			
13	Office expenses	90,340		-	
14	Information technology	0	·		
15—	-Royalties 	0 -			
16	Occupancy	0			
17	Travel	17,289			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0			
19 20	Conferences, conventions, and meetings Interest	55,128			
21	Daymonto to offiliates	271,704			
22	Depreciation, depletion, and amortization .	1,158,581			
23	Insurance	55,585			
24	Other expenses. Itemize expenses not covered	,			
	above (List miscellaneous expenses in line 24f. If				_
	line 24f amount exceeds 10% of line 25, column	İ			
	(A) amount, list line 24f expenses on Schedule O.)		•		
а	POWER COST	4,864,365			
b	MISCELLANEOUS	1,421,080			
C					
d					
e	All other expanses				
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	10,436,005			
<u>25</u> 26	Joint costs. Check here ▶ ☐ if following	10,430,005			
	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				

Form **990** (2010)

F	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	600	1	600
	2	Savings and temporary cash investments	378,089	2	522,704
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	1,348,123	4	1,148,996
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
ú	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)	0		0
šet	7	Notes and loans receivable, net	0		0
Assets	8	Inventories for sale or use			-
	9	Prepaid expenses and deferred charges	336,024		380,589
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 33,892,591	152,642	9	110,522
	ь	Less: accumulated depreciation 10b 16,637,190	17,282,262	10c	17,255,401
	11	Investments—publicly traded securities	0	-	0
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	829,637	13	693,206
	14	Intangible assets	0	14	
i	15	Other assets. See Part IV, line 11	1,069	15	1094
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,328,446		20,113,112
	17	Accounts payable and accrued expenses	1,625,490	-	1,632,280
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	5,415,864	23	5,265,374
	24	Unsecured notes and loans payable to unrelated third parties	900,000	24	200,000
	25	Other liabilities. Complete Part X of Schedule D	123,708	25	70,235
_	26	Total liabilities. Add lines 17 through 25	8,065,062	26	7,167,889
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u> </u>		Unrestricted net assets	0	27	0
Ba		Temporarily restricted net assets	0	28	0
Net Assets or Fund Balances		Permanently restricted net assets	0	29	<u> </u>
ţ	30	Capital stock or trust principal, or current funds	n/a	30	n/a
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	n/a		n/a
Ž	32	Retained earnings, endowment, accumulated income, or other funds .	12,263,384	32	12,945,223
Ne	33	Total net assets or fund balances	12,263,384	33	12,945,223
	34	Total liabilities and net assets/fund balances	20,328,446	34	20,113,112

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
	Check is contended to contains a response to any question in this rate Xi		•	· Щ
1	Total revenue (must equal Part VIII, column (A), line 12)		11,15	6,526
2	Total expenses (must equal Part IX, column (A), line 25)		10,43	6,005
3	Revenue less expenses. Subtract line 2 from line 1		72	0,521
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		12,26	3,384
5	Other changes in net assets or fund balances (explain in Schedule O)		-3	8,684
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		12,94	5,221
Part				· П
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b	1	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		4 m	~
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	***		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Forn	990	(2010)
		. 3		,,

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 201**0**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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 BRIDGER VALLEY ELECTRIC ASSOCIATION, INC. 83 0106908 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No 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 (ASC 958), 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. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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: 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 . . . **b** Assets included in Form 990, Part X . . .

Par	t III Organizations Maintaining Co	llections of Art, His	storical Tr	easures,	or Other Similar A	Assets (continued)
3	Using the organization's acquisition, acce	ession, and other reco	ords, check	any of the	following that are a	significant use of its
	collection items (check all that apply):		_			
a	Public exhibition	d			ge programs	
b	Scholarly research	е	Othe	r		
C	Preservation for future generations		ara barrisha	a. furthar th	no organization's av	ament nurness in Bort
4	Provide a description of the organization's XIV.	s collections and expl	ain now the	ey luriner ir	ne organization s exe	empt purpose in Fart
5	During the year, did the organization solid	cit or receive donation	ns of art hi	storical tre	asures or other sim	ilar
	assets to be sold to raise funds rather than					
Par	Escrow and Custodial Arrange					
	line 9, or reported an amount on					
1a	Is the organization an agent, trustee, cus					
	included on Form 990, Part X?					· Yes No
b	If "Yes," explain the arrangement in Part X	IV and complete the for	ollowing tab	ole:	<u> </u>	A
	Decreases halance					Amount
C	Beginning balance				1c	
d e	Distributions during the year				1d 1e	
f	Ending balance				1f	
2a	Did the organization include an amount on					. Yes No
	If "Yes," explain the arrangement in Part X		J			
	Endowment Funds. Complete i		nswered "	Yes" to Fo	rm 990, Part IV, lir	ne 10.
					back (d) Three years ba	
1a	Beginning of year balance				5	, ,
b	Contributions				,	J.
С	Net investment earnings, gains, and				N. 1 .	
	losses				1 . 2 ; " - 3 . "	
d	Grants or scholarships				િક ફુઈ જો 🗇	
е	Other expenditures for facilities and					
	programs				* * * * * * * * * * * * * * * * * * * *	
f	Administrative expenses				, , ,	
9	End of year balance	nar and balance held (L			
2 a	_Board_designated_or_quasi-endowment_▶		15.			
b	Permanent endowment ►%					
c	Term endowment ▶ %	·				
3a	Are there endowment funds not in the pos	ssession of the organi	zation that	are held ar	nd administered for t	the
	organization by:	· ·				Yes No
	(i) unrelated organizations					. 3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organization					. 3b
4	Describe in Part XIV the intended uses of t					
Part		1				
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or o	I	(c) Accumulated depreciation	(d) Book value
1a	Land	304,220				304,220
b	Buildings	1,404,406			-972,694	431,712
С	Leasehold improvements	0	ļ		0	0
d	Equipment	28,288,615			-12,290,016	15,368,599
e Tadal	Other	3,895,350		D) line 10/-	-2,744,481	1,150,869
rotal.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	A, COIUMN (I	b), ime 10(d	;).) . <u>.</u> ▶	17,255,400

Part VII	Investments-Other Securitie	es. See Form 990, Part X.	line 12.	- · · · · · · · · · · · · · · · · · · ·
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financia	l derivatives			
	held equity interests			
(3) Other n				
(A)	••••••			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Relat		T'''	
	(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
	ake Electric-Capital Credits	75		
	Capital Credits	33,031		
	ed Insurance-Capital Credits	33,049		
	Capital Credits/Membership	47,117		
	1 United Capital Credits	3,568	·	
	ative Response Center	14,433		
	1 Rural Utility Cooperative Finance	560,520		** *
	Membership Fee	1,000		
	G& T -Membership	5		
<u> </u>	e Participation Fee	408		
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, F	(a) Description		(b) Book value
/1\ INTEDE	ST RECEIVABLE	tay bescription		1009
	LANEOUS CURREN ASSETS			85
	LANEOUS CORREN ASSETS			03
(3)		• ***		
(4)				
(5)				
(6)				
(7)				
(8)	-			<u> </u>
(9)			_	
(10)	mn (b) must equal Form 990, Part X,	col (R) line 15)		1094
Part X	Other Liabilities. See Form 99		<u> </u>	1034
1.	(a) Description of liability	(b) Amount	r	
	Income taxes	(b) raneam		
	MER DEPOSITS	70,235		
(3)	WER DEFOSITS	70,233		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		 		
(10)				
			-	
(11)	h) must a gual Form 000 Port V and 70 km 05 h			-
	b) must equal Form 990, Part X, col. (B) line 25)			
	SC 740) Footnote. In Part XIV, provid		ine organization's tinancial state	ements that reports the
organization	s's liability for uncertain tax positions	under FIN 48 (ASC 740).		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,156,526
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,436,005
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	720,521
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	-38,684
9	Total adjustments (net). Add lines 4 through 8	9	-38,684
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	681,837
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	11,156,526
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	74	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	<u></u>	
ď	Other (Describe in Part XIV.)	<u> </u>	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,156,526
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	. ~. 1	
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		11,156,526
Part		er Re	turn
1	Total expenses and losses per audited financial statements	1	10,436,005
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	200	
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	-	
d	Other (Describe in Part XIV.)	<u> </u>	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,436,005
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	لسيم إ	
5	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	10.420.005
Part		<u> </u>	10,436,005
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; i , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com dditional information.	Part IV,	lines 1b and 2b; his part to provide

Schedule D (For		age 5
Part XIV	Supplemental Information (continued)	
Dart VI Lima	Determine Consideration and the magnificant	
Part XI, Line	- Patronage Capital refunded to members.	
•••••		
		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Bridger V	falley Electric Association, Inc.					-		83 (01069	08		
Part I	Excess Benefit Transactions Complete if the organization a	(section	1 501(c)(1 "Yes" c	3) and section 501(c)(on Form 990, Part IV,	4) organizatio line 25a or 25	ns only). b, or For	m 99	0-EZ,	Part	V, line	• 40b.	_
1	(a) Name of disqualified person		<u>-</u>		(b) Description	of transaction	on				(c) Con	rected?
44)											Yes	No
(1)												
(2)											 	
(4)				 							-	
(5)							-					
(6)												
2 Er	nter the amount of tax imposed inder section 4958		·	tion managers or dis	squalified per	sons dur	ring t	he ye	ar ▶ \$			
3 Er	nter the amount of tax, if any, on li	ne 2, ab	ove, rein	nbursed by the organ	ization			!	▶ \$;		
Part II	Loans to and/or From Interest Complete if the organization a			n Form 990, Part IV,	line 26, or For	m 990-E	Z, Pa	nrt V, I	ine 38	 Ва.		•
(a) N	lame of interested person and purpose		to or from anization?	(c) Original principal amount	(d) Balance	e due	(e) In o	default?	by bo	proved pard or nittee?	(g) W agreer	
		То	From				Yes	No	Yes	No	Yes	No
(1)												!
(2)												
(3)										<u> </u>		
_(4)			<u> </u>							<u> </u>		
(5)									<u> </u>	<u> </u>		
(6)		ļ	ļ							<u> </u>	$oxed{oxed}$	
(7)									<u> </u>	<u> </u>	igsquare	
(8)			<u> </u>								\sqcup	
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Total . Part III	Grants or Assistance Benefit Complete if the organization ar										<u> </u>	
	(a) Name of interested person	(b) R	elationship	between interested persor organization	n and the	(c) A	mount	and ty	pe of a	ssistan	се	
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(1) D. Kım Charles Director & President 4,855,687 Wholesale Power Purchase √ (2) D. Jud Redden Director & Sec/Treas 4,855,687 Wholesale Power Purchase √ (3) F. Danny Eyre General Manager (4) Deseret Power Wholesale Power Supplie 4,855,687 Wholesale Power Purchase √ (4) Deseret Power Wholesale Power Supplie 4,855,687 Wholesale Power Purchase √ (5) Federated Rural Electric Insurance Insurance Provider 61,381 Insurance Coverage √ (6) (7) (8) (9) (10)		(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	anng of zation's nues?
2 D. Jud Redden Director & Sec/Treas 4,855,687 Wholesale Power Purchase \$\forall \)						Yes	No
3 F. Danny Eyre General Manager 61,381 Insurance Coverage √	(1)	D. Kım Charles	Director & President	4,855,687	Wholesale Power Purchase		1
3 F. Danny Eyre General Manager 61,381 Insurance Coverage \$\forall \$ \$	(2)	D. Jud Redden	Director & Sec/Treas	4,855,687	Wholesale Power Purchase		
4) Deseret Power Wholesale Power Supplig 4,855,687 Wholesale Power Sale \$\sqrt{5}\$ Federated Rural Electric Insurance Insurance Provider 61,381 Insurance Coverage \$\sqrt{7}\$ \$\sqrt{6}\$ \$\sqrt{7}\$ \$\sqrt{8}\$ \$\sqrt{9}\$ \$\sq	(3)	F. Danny Eyre	General Manager	61,381	Insurance Coverage		1
(5) Federated Rural Electric Insurance Insurance Insurance Provider (6) (7) (8) (9) (10) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4							1
(6) (7) (8) (9) (10) Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	(5)	Federated Rural Electric Insurance		-			+
(8) (9) (10) Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).							
(8) (9) (10) Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).							<u> </u>
(9) (10) Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).					· · · · · · · · · · · · · · · · · · ·		
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).							
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).							-
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

► Attach to Form 990 or 990-EZ.

Bridger Valley Electric Association, Inc.	83 0106908
Part VI, Section A, Line 6	
Every individual, business, or other entity who receives electric service from the organization is a mer	nber.
Part VI, Section A, Line 7a	
Directors are elected by voting district from among the members. Every member has one vote. Memb	ers may vote in
person or by mail-in ballot.	
Part VI, Section A, Line 7b	
Members comprising not less than ten (10) percent of the total membership may submit by petition a	vritten copy of a
proposal or item to be placed on the ballot to be voted on by the entire membership. In addition, the gr	overning body may
not sell, lease, or dispose of property representing more than ten (10) percent of the total assets of the	organization
unless such sale is authorized by the vote of a two thirds (2/3) majority of the total membership.	
Part VI, Section B, Line 11	
After the Form 990 has been prepared by the organization's accounting staff, the General Manager rev	iews the Form for
accuracy and completeness. Once the General Manager believes the Form is complete and accurate, i	he submits the Form
to the Board for their review. The completed Form 990 was reviewed in detail by the entire Board of Di	rectors at their
regular meeting held on May 10, 2011. Following their review, the General Manager signs the Form and	d files it.
Part VI, Section B, Line 12c	
The General Manager ensures the enforcement of the policy. The General Manager reviews the potent	ial conflicts of
interest, at least annually, and discusses them with the Board in order to determine the appropriate for	m of action, if
necessary, in accordance with the policy. The policy applies to all employees and directors.	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer Identification number
Bridger Valley Electric Association, Inc.	83 0106908
Explanation for Schedule L, Part IV (Continued)	
The organization is part of a statewide trade association in both Wyoming and Utah. As part of the statewi	de association,
the organization pays annual dues to the Wyoming Rural Electric Association (WREA) and the Utah Rural	Electric
Accounting (IIDEA) in the amounts of \$24,000 and \$2,000 accountingly. One the approximation of discators	Came Nier
Association (UREA) in the amounts of \$24,962 and \$3,800 respectively. One the organization's directors,	Sal y IVIX,
is one of 14 individuals (each representing one of the 14 cooperative members of WREA) comprising the	governing
body of WREA. D. Kim Charles, Director and President of the organization, is one of 10 individuals comp	rising the
governing body of UREA.	
goronning body of order.	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Bridger Valley Electric Association, Inc

Partil

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Unrelated
s and l
Organizations
Related (

OMB No. 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

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ttach	

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Employer identification number

83 0106908

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2010 (f)
Direct controlling
entity £ Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f) Direct controlling entity (e) End-of-year assets PublicCharity N/A (e)
Public charty status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No. 50135Y (c) Legal domicile (state or foreign country) Wyoming (b) Primary activity (b) Primary activity Charity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity PO Box 399 Mountain View WY 82939 EIN-26-1675486 (1) Bridger Valley Operation Round-UP Foundation, Inc. (a)
Name, address, and EIN of related organization Part II € <u>N</u> ල € 9 ල <u>O</u> 9 9 E Ξ 2

because	because it had one or more related organizations	ore related	d organization	le as a Falls treated as	r nersnip (Ci s a partnersh	omplete if the capping the te	identification of related Organizations, Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	/ered "Yes"	to Form 990, I	art IV, line :	34
(a) Name, address, and EIN of related organization	(b) Prmary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, urrelated, excluded from tax under sections 512-514)	Innant Sh: related, ted, 1 from der 12-514)	(n) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(1)								Yes No		Yes	
(2)											
(6)											
(4)				_							
(5)											
(9)											
(2)											
Part IV Identification Ine 34 box	Identification of Related Organizations Taxab	d Organiz ne or more	related organ	le as a Collizations tre	rporation or	Trust (Comple	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	tion answe year.)	red "Yes" to Fo	orm 990, Par	1 I V,
Name, addres	(a) Name, address, and EIN of related organization	rganization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
(1)											
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(9)											
(9)											
(7)											
				-					Scl	Schedule R (Form 990) 2010	n 990) 2010

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2010

Part V Transactio

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			Yes	S No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	nizations listed in Parts I	I–IV?		
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	>
Gift, grant, or capital contribution to other organization(s)			1	>
Gift, grant, or capital contribution from other organization(s)			10	>
Loans or loan guarantees to or for other organization(s)			10	>
Loans or loan guarantees by other organization(s)			-	>
Sale of assets to other organization(s)			#	>
Purchase of assets from other organization(s)			19	>
Exchange of assets			ŧ	>
Lease of facilities, equipment, or other assets to other organization(s)		•	ij	>
Lease of facilities, equipment, or other assets from other organization(s)			-	>
Performance of services or membership or fundraising solicitations for other organization(s)			7	>
Performance of services or membership or fundraising solicitations by other organization(s)			=	>
Sharing of facilities, equipment, mailing lists, or other assets			1m /	
Sharing of paid employees			ţ.	>
Reimbursement paid to other organization for expenses			Ç	>
Reimbursement paid by other organization for expenses			4	<u>\</u>
Other transfer of cash or property to other organization(s)		•	-	>
Other transfer of cash or property from other organization(s)			11	>
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	uding covered relationsl	hips and transac	tion thresho	olds.
(a) Name of other organization	(b) Transaction Amou type (a–t)	(c) Amount involved M	(d) Method of determining amount involved	mining
n/a				
	-			
		Scheduk	Schedule R (Form 990) 2010	30) 2010

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e)	(e)	9	9	(e)	3		ε	
Name, address, and EiN of entry	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	ral or iging ?an
	-	į	Yes No		Yes No		Yes	å
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(2)								
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	Form 990) 2010	Page
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
	 	
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