

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

201**0**

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2010 calendar year, or tax year beginning 2010, and ending . 20 10 C Name of organization MOON LAKE ELECTRIC ASSN. INC. D Employer identification number Check if applicable Doing Business As 87-0154903 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number ■ Name change PO BOX 278 435-722-5400 Initial return City or town, state or country, and ZIP + 4 ☐ Terminated ROOSEVELT, UT 84066-0278 G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No Application pending **GRANT EARL PO BOX 278 ROOSEVELT, UT** H(b) Are all affiliates included? ✓ Yes No If "No," attach a list (see instructions) √ 501(c) (12)
√ (insert no)
√ 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust ✓ Association ☐ Other ► M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: **RETAIL DESTRIBUTION OF ELECTRICITY TO** MEMBER OWNERS. Governance Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 105 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) 8 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 272,005 793,131 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,694,318 18,501,366 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,966,323 19,294,497 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Partix) comm (A), line 4) 15 Salaries, other compensation, employee benefits (Part(IX) column (A), lines 5-10) 815,236 821,031 Professional fundraising fees (Part IX, column (A), file 11e) . . . 16a Total fundraising expenses (Frank X, column(III), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, (2) -24f). b 17 14,943,942 15,221,484 Total expenses. Add lines 13-17 must equal Part IX, column (A), line 25) 15,759,178 18 16,042,515 Revenue less expenses. Subtrect ine 18 from line 12 19 3,207,145 3,251,982 End of Year Beginning of Current Year Total assets (Part X, line 16) 20 96,692,595 97,223,813 21 Total liabilities (Part X, line 26) 25,442,458 28,163,224 22 Net assets or fund balances. Subtract line 21 from line 20 68,529,371 71,781,355 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaren on of peparer (other than officer) is based on all information of which preparer has any knowledge 5-10-1 Sign Signature of office Here Type or print name and title Print/Type preparer's name Date Preparer's signature Check | ıf Paid Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No Form 990 (2010) For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Page 2

arτ	Checklist of Required Schedules			T
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	Yes	No.
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		1
4	candidates for public office? If "Yes," complete Schedule C, Part I	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8_		1
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
C 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	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	1	1
	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	√	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
	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	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? 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> "Yes," <i>complete Schedule F, Parts I and IV</i>	14a		V
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
Ь	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		1

Form 99	0 (2010)		F	age 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		✓
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 defease any tax-exempt bonds?	24b 24c		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	1	V
		For	n 990	(2010)

Form **990** (2010)

'art	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				
	Check if Schedule O contains a response to any question in this hart V		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19	-			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	1c	✓		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	. 1			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 105			<u> </u> }	į
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u> </u>	<u> </u>	i
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	3a		 	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		 	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			!	
	account)?	4a		✓	
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	- <u>-</u>		ļ,	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1	•
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 •	•
	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		1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
а	and services provided to the payor?	7a		1	
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			L	
е	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?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g	-	 	•
g 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	L			
	organization, have excess business holdings at any time during the year?	8		<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	<u> </u>	-	
a	Did the organization make any taxable distributions under section 4966?	9a 9b	-	 	
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	190		 	
а	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				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	ļ			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	ĺ			
12a	against amounts due or received from them.)	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	-20		†	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.			1 -	
b	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			Ī	
_	the organization is licensed to issue qualified health plans	1			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1	•
. 7a	If "Ven " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	\vdash	t	•

Part						
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	es in	SCH	eaure		
	Check if Schedule O contains a response to any question in this Part VI					
Section	on 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 1a 7	į				
ь	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					
2	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	2		✓		
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓_		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	<u>/</u>		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6	1	✓		
 Does the organization have members or stockholders?						
7a	of the governing body?	7a	1			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	Ĺ,		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	1			
b	Each committee with authority to act on behalf of the governing body?	8b	\			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١.		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L.,	✓_		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	No		
40-	Dona the amountable have been been been been as officers?	10a	res	/		
10a b	Does the organization have local chapters, branches, or affiliates?	IUa		 		
J	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	11a	1			
	Photographic and the state of t					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	100	/	<u> </u>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	*			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c				
13	Does the organization have a written whistleblower policy?	13	1	Ť		
14	Does the organization have a written document retention and destruction policy?	14	1	\vdash		
15	Did the process for determining compensation of the following persons include a review and approval by		<u> </u>			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		l			
а	The organization's CEO, Executive Director, or top management official	15a	1	1		
b	Other officers or key employees of the organization	15b	✓			
	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		1		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its		 			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the		l			
	organization's exempt status with respect to such arrangements?	16b				
Secti	on C. Disclosure					
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3))	ls onl	v) ava	ulable		
	for public inspection. Indicate how you make these available. Check all that apply.					
40	Own website Another's website Upon request	عدد ک	roct -	olie:		
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.	n mitel	est [oncy,		
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the)			
	organization: ► ALAN HASLEM 800 W HWY 40 ROOSEVELT, UT 84066 435-722-5400					

		_
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. 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 nor	r any relate	d orga	anız	atıo	n c	ompe	nsa	ated any curren	t officer, director	, or trustee.
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	• • • • • • • • • • • • • • • • • • • •			Reportable	Reportable	Estimated			
	hours per week	익퓕	sul	Q	6	₽,Ĕ	7	compensation from	compensation from related	amount of other
	(describe	dre	titu	Officer	ğ	Ples	Former	the	organizations	compensation
	hours for related	ctor	ion	ľ	Key employee	8 8		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	af to		yee	를		(W-2/1099-WIGC)	i	and related
	in Schedule	6	Institutional trustee			Highest compensated employee				organizations
	O)		°			ted				
(1) LARRY NIELSEN								9,137		
BOARD MEMBER		✓						, ,,,,,,		
(2) A. KENT OLSEN							İ	18,574		
BOARD MEMBER		✓					<u> </u>			
(3) PATSY LOLLAR	·							9,032		
BOARD MEMBER		✓	L_	<u> </u>			<u> </u>			
(4) RICHARD ROSS		١.						9.844		
BOARD MEMBER		1			<u> </u>	<u> </u>	<u> </u>			
(5) DOUGLAS HOLGATE		Ι,						19,815		
BOARD MEMBER		/			<u> </u>	ļ	<u> </u>			
(6) TAMARA VINCENT	.]	١.						20,141		
BOARD MEMBER		✓					_			
(7) YORDIS NIELSON		١.				1		19,215		
BOARD MEMBER		✓								
(8) JEFFORY HENDERSON	.]	١.						10,008		
BOARD MEMBER	ļ	1	<u> </u>							
(9) JOE D. FIELDSTED								7,033		
BOARD MEMBER		/								·
(10) BRAD J. CASTO		.		ŀ				7,767		
BOARD MEMBER		✓	_	L.		ļ				
(11) GRANT J. EARL	40							210,466		
GENERAL MANAGER/CEO	L			✓	✓	✓				
(12) KENNETH WINDER	40							154,263		
MANAGER OF ENGINEERING					✓	✓	L			
(13) ALAN HASLEM	40	İ						114,503		
MANAGER OF FINANCE		L	<u> </u>	✓	ļ	✓				
(14) PAUL BETTS	40							108,016		
MANAGER OF OPERATIONS						✓		1		
(15) ROBERT K KISSLING	40					١.		103,215		
COLORADO MANAGER		ļ	<u> </u>	<u> </u>		/	$oxed{}$	132,200		
(16)	_					1				
	1	1		1	ı	1	1	1	I .	

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	yee	es, a	and	Highe	est	Compensated	Employees (c	ontinue	ed)		-3
	(A)	(B)			(C)				(D)	(E)			F)	
	Name and title	Average hours per week	ırs per			sition (check all that ap			Reportable compensation from	Reportable compensation from related		amo	nated unt of her	
		(describe hours for	dividual directo	stitution	Officer	Key employee	ghest conployee	Former	the organization	organizations (W-2/1099-MIS		compe fror	ensatio n the	
		related organizations in Schedule	Individual trustee or director	Institutional trustee		оуее	Highest compensated employee		(W-2/1099-MISC)			and i	nzation elated ization:	
		O)		ě			藍							
(17)														
(18)												-	-	
(19)														
(20)													_	
(21)											+			
(22)														
(23)											-			
(24)					-	_					_			
(25)					-	_					+			
(26)				_		-				<u> </u>	\perp			
		-				_		<u> </u>						
(27)														
(28)														
1b	Sub-total		<u>.</u>	<u> </u>			 				+			
С	Total from continuation sheets to Part							▶						
d	Total (add lines 1b and 1c)							<u> </u>						
2	Total number of individuals (including but reportable compensation from the organi		d to th	ose	e list	ted	above	e) w	ho received m	ore than \$100),000 ii	า		
	Toportubio compondation from the organi	2000112											Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							emp	oloyee, or high	est compens	sated	3		/
4	For any individual listed on line 1a, is the							on a	and other comp	ensation fron	n the	3		
	organization and related organizations	greater th	an \$	150,	,000	? /	f "Ye	s, "	complete Sch	nedule J for	such			<u> </u>
5	Individual		 omne	nea	tion	fro	manı	, ur	 related organis		idual	4	✓	
3	for services rendered to the organization											5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization.	compensat _	ted ind	dep	end _	ent	contr	act	ors that receive	ed more than	\$100,0	000 of		
	(A) Name and business add	iress							(B) Description of s	ervices	Co	(C) ompens	ation	
ANDE	RSON & WOOD CONSTRUCTION							PC	OWER LINE COM	IST			1,32	7,075
	CONSTRUCTION							-	W OFFICE AND					6,678
	ON NOSACK							-	DMMUNICATION	IS NEW B				6,189
	D K SERVICE INC DSE UTILITIES SERV INC							-	REE TRIMING OLE TESTING	+				8,590 4,426
2	Total number of independent contractor	ors (includi	na bi	ıt n	ot	limi	ted to			ove) who			- 17	7,720
	received more than \$100,000 in compens									_,				
													- 000	/2010

Part	VIII	Statement of Revenue			=		···
	_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated campaigns	1a				
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b		i		
S, E	C	Fundraising events	1c				
gift	d	Related organizations	1d				
ξË	е	Government grants (contributions)	1e				
er s	f	All other contributions, gifts, grants,					
후후		and similar amounts not included above	1f				
nd o	g	Noncash contributions included in lines 1a-		<u></u> -			
	h	Total. Add lines 1a-1f	Business Code				
Program Service Revenue			Business Code				
leve	2a						
9. H	b						-
Ž	d						
S	e						
)rar	f	All other program service revenu					
Jo So	g	Total. Add lines 2a–2f					<u> </u>
	3	Investment income (including			-		
		and other similar amounts) .		143,442	143,442		143,442
	4	Income from investment of tax-exen	npt bond proceeds ▶	`	·		
	5		i ▶				
		(i) Real	(II) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	<u> </u>	.				
	7a	Gross amount from sales of (i) Securiti					
		assets other than inventory	649,689	ļ			
	b	Less cost or other basis					
		and sales expenses .	C40 C00	-			
	c c	Gain or (loss) Net gain or (loss)	649,689	649,689	649,689		649,689
	d	Net gain or (loss)	· · · · •	043,003	043,003		043,003
9	8a	Gross income from fundraising					
enueve		events (not including \$		ŀ	!		Ì
		of contributions reported on line 10	5				
<u>-</u>		See Part IV, line 18					
Other R	b	Less: direct expenses	. b	İ			
	С	Net income or (loss) from fundral	sing events . >				
	9a	Gross income from gaming activit					ļ
		See Part IV, line 19					
	b	Less: direct expenses					
		Net income or (loss) from gaming					
	10a	Gross sales of inventory, I returns and allowances					
				1			
	b	Less: cost of goods sold Net income or (loss) from sales of		 	17 200 106		
	<u> </u>	Miscellaneous Revenue	Business Code	17,389,195	17,389,195	<u> </u>	
	11a	PATRONAGE DIVIDENDS	223,1033 4046	1,112,171	1,112,171		1,112,171
	b	***************************************		1,112,171	1,116,171		1,112,171
	C						
	ď	All other revenue					<u> </u>
	e	Total. Add lines 11a-11d	 	1,112,171			
	12	Total revenue. See instructions.		19,294,497	19,294,497		1,905,302

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).

	All other organizations must complete co	numm (A) but are not	required to complet	C COMMINIO (D), (O),	110 (D).
	not include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	821,031		821,031	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
0	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
ь	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .				
g	Other			-	
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	801,370	801,370		
21	Payments to affiliates	ļ			
22	Depreciation, depletion, and amortization	3,374,466	3,374,466		
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
_	SCH II	11,045,648	9,432,721	1,612,927	
a b	JUI #	11,043,040	3,432,721	1,012,327	
C				· ·	
d		 			
e					<u> </u>
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	16,042,515	13,608,557	2,433,958	
26	Joint costs. Check here ▶☐ If following SOP 98-2 (ASC 958-720). Complete this line			<u> </u>	
	only if the organization reported in column				
	(B) joint costs from a combined educational campaign and fundraising solicitation			_	

P	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		11,003,437	1	8,667,698
	2	Savings and temporary cash investments		39,988	2	2,048,824
	3	Pledges and grants receivable, net		·· -	3	
	4	Accounts receivable, net	7,824,907	4	7,236,994	
	5	Receivables from current and former officers,	directors, trustees, key			
		employees, and highest compensated employ	ees. Complete Part II of	:		
		Schedule L		1,100	5	965
ste	6	Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of seemployees' beneficiary organizations (see instru		6		
Assets	7	Notes and loans receivable, net		52,880	7	534,145
Ass	8	Inventories for sale or use		2,439,859	-	2,564,834
•	9	Prepaid expenses and deferred charges		106,297		115,533
	10a	Land, buildings, and equipment: cost or		100,207	 	110,000
		other basis. Complete Part VI of Schedule D	10a 122,189,80	13		
	Ь	Less: accumulated depreciation	10b 48,861,15		10c	73,328,651
	11	Investments – publicly traded securities .		15,055,005	11	10,020,001
	12	Investments—other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		2,541,663	 	2,726,168
	14	Intangible assets			14	
	15			1	15	.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	96,692,595		97,223,813
	17	Accounts payable and accrued expenses .		13,168,486	17	10,807,555
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	-	20		
S)	21	Escrow or custodial account liability. Complete		21		
Liabilities	22	Payables to current and former officers, employees, highest compensated employees,				
I		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties	12,637,721	23	12,234,053
	24	Unsecured notes and loans payable to unrelated	•		24	
	25	Other liabilities. Complete Part X of Schedule D		2,357,017	25	2,400,850
	26			28,163,224	26	25,442,458
ces		Organizations that follow SFAS 117, check h lines 27 through 29, and lines 33 and 34.	ere ► ☐ and complete			
ā	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets			28	
ğ	29	Permanently restricted net assets			29	
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, cl complete lines 30 through 34.	neck here ▶ 📋 and			
ts	30	Capital stock or trust principal, or current funds			30	
380	31	Paid-in or capital surplus, or land, building, or ed	quipment fund	65,322,224	31	68,529,370
Ä	32	Retained earnings, endowment, accumulated in		3,207,146	32	3,251,983
Š	33	Total net assets or fund balances		68,529,370	33	71,781,353
_	34	Total liabilities and net assets/fund balances .		96,692,595	34	97,223,813
						Form 990 (2010)

Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,29	4,497
2	Total expenses (must equal Part IX, column (A), line 25)	2		16,04	2,515
3	<u>-</u>	3		3,25	1,982
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		68,52	9,370
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		-		
		6		71,78	1,352
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	ain in			
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	7	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiaht		<u> </u>	
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explaschedule O.	aın ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	were	- 1		
	issued on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis		ĺ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth ın			
	the Single Audit Act and OMB Circular A-133?		За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underg	o the			<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud		3ь		
		•	Forr	n 990	(2010)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	of the or	ganization		Employ	er ident	ification number	
MOON	N LAKE	ELECTRIC ASSN. INC				87-0154903	
Par	t I	Organizations Maintaining Dono organization answered "Yes" to Fo	r Advised Funds or Other Similar Fu orm 990, Part IV, line 6.	inds or	Acco	unts. Complete	if the
			(a) Donor advised funds		(b) Fund	s and other accounts	
1	Total	number at end of year					
2	Aggr	egate contributions to (during year)					
3	Aggr	egate grants from (during year)					
4		egate value at end of year					
5			donor advisors in writing that the assets to the organization's exclusive legal conf		donor	advised	□No
6	only		ors, and donor advisors in writing that gr benefit of the donor or donor advisor, or	for any	other p		∏No
Par			ete if the organization answered "Yes				
1			by the organization (check all that apply).	10 1 01	000	, r are rv, into 1.	
-			ecreation or education) Preservation	of an his	torical	v important land	area
		rotection of natural habitat	·			storic structure	aroa
		reservation of open space		01 4 001	med in	Storio Straotaro	
2		· · · · · · · · · · · · · · · · · · ·	tion held a qualified conservation contribu	tion in th	e form	of a conservation	1
-		ment on the last day of the tax year.	non nois a quames conservation contribu		0 101111	or a conscivation	•
						leld at the End of the	Tax Year
а	Total	number of conservation easements			2a	1010 01 010 0110 01 010	
		acreage restricted by conservation eas	· · · · · · · · · · · · · · · · · · ·		2b		
b					2c		-
۲ C			tified historic structure included in (a) ed in (c) acquired after 8/17/06, and no		20		
d		ric structure listed in the National Regist					
2		_			2d	a araanization di	ring the
3		ear 🕨	l, transferred, released, extinguished, or te	mmatec	з бу ин	e organization du	ning the
	_						
4 5		ber of states where property subject to			 - baa	مالمه مد	
	viola	tions, and enforcement of the conservat				· · 🗌 Yes	☐ No
6	Staff	and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	n easem	ents d	uring the year	
7	Δmo	unt of expenses incurred in monitoring	inspecting, and enforcing conservation ea	eamante	during	the year	
•	▶ \$	ant of expenses incurred in monitoring,	inspecting, and emorcing conservation ea	Sements	during	i tile year	
8		s each conservation easement reported	on line 2(d) above satisfy the requirements	s of secti	on 170)(h)(4)(R)	
•						· ·	∏No
•	•••	, , , , , , ,				_	Пио
9			ports conservation easements in its reven- text of the footnote to the organization's t		-		oc the
		nization's accounting for conservation e	_	manciai	Statem	ents that describ	es ille
Dor	t III		ctions of Art, Historical Treasures, o	or Othor	. Cimai	lor Assets	
Гаг	C III		ered "Yes" to Form 990, Part IV, line 8		Silli	idi Assets.	
4-	16 46 0						
ıa			ler SFAS 116 (ASC 958), not to report in i				
			similar assets held for public exhibition, of the footnote to its financial statements the				rance o
b	work	- ·	ider SFAS 116 (ASC 958), to report in its similar assets held for public exhibition, is s relating to these items.				
			line 1			· \$	
	(ii) A	ssets included in Form 990. Part Y				· \$	
2	If the	e organization received or held works	of art, historical treasures, or other simil	ar asset	s for fi	nancial dain pro	vide the
-			nder SFAS 116 (ASC 958) relating to these		C 101 II	gun, pro	
а	Reve	enues included in Form 990, Part VIII, lin	e 1			· \$	
h		ts included in Form 990. Part X			-	· ¢	

Part	Organizations Maintaining											
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, ch	eck any of the	follow	ing that are a s	ignificant i	use of its			
а	Public exhibition		d		oan or exchang	ae prod	grams					
b	Scholarly research		е	_		•						
С	Preservation for future generation	ns		_								
4	Provide a description of the organiza		and expl	ain how	they further th	ne orga	anization's exen	npt purpos	e in Part			
	XIV.											
5	During the year, did the organization assets to be sold to raise funds rather								No			
Part	IV Escrow and Custodial Arra											
r ar	line 9, or reported an amour					134461	ed les toll	//// 330, I	aitiv,			
1a						ons or	other assets no	nt				
	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets r included on Form 990, Part X?											
b												
_	Too, onplan the arrangement in	are service and compr	010 110 1	3	<i>y</i> 100.0.		Τ Α	mount				
С	Beginning balance					1c			-			
d	Additions during the year					1d	+					
е	Distributions during the year	-										
f	Ending balance											
2a												
b	of "Yes," explain the arrangement in Part XIV.											
Par	Endowment Funds. Compl	ete if the organiz	zation ai	nswere	ed "Yes" to Fo							
		(a) Current year	(b) Pr	or year	(c) Two years	back	(d) Three years back	(e) Four y	ears back			
1a	Beginning of year balance		<u> </u>									
b	Contributions											
С	Net investment earnings, gains, and					·						
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
	· · ·		1					 				
f	Administrative expenses				-			+				
g 2	End of year balance	the year and balar	l nee held :	20:								
a	Board designated or quasi-endowme	•		15.								
b	Permanent endowment >		'0									
c	Term endowment ▶ %											
3a	Are there endowment funds not in th		he organ	ization	that are held a	nd adr	ministered for th	ie				
	organization by:							_	es No			
	(i) unrelated organizations							3a(i)				
	(ii) related organizations							3a(ii)				
b	If "Yes" to 3a(II), are the related organ				edule R?			3b				
4	Describe in Part XIV the intended use	s of the organizati	on's end	owmen	t funds.			1				
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, F	art X,	line 10.			·				
	Description of investment	(a) Cost or o		(b) Co:	st or other basis (other)		Accumulated preciation	(d) Book	value			
1a	Land		1,728,282						1,728,282			
Ь	Buildings		2,269,984				1,449,703		0,820,281			
С	Leasehold improvements											
d	Equipment	. 1	0,169,333				5,344,432		4,824,901			
е	Other		8,022,204				42,067,018	5	5,955,186			
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part	X, colui	mn (B), line 10(d	c).) .	•	7	3,328,650			

Part VII	Investments-Other Securities	See Form 990, Part X, I	ine 12.	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				
(C) (D)				
(E)		-		
(E) (F)				
(G)				
(H)				
(1)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments—Program Related	I. See Form 990, Part X,	line 13.	- "
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) NRUCF	C-CAPITAL TERM CERTIFICATES	1,452,862	COST	
	C PATRONAGE	415,056		
	PATRONAGE	858,249	COST	
(4)				
(5)				
(6)				
(7) (8)				
(9)			· · · · · · · · · · · · · · · · · · ·	
(10)			· ·	
	b) must equal Form 990, Part X, col (B) line 13)	2,726,168		
Part IX	Other Assets. See Form 990, Pa	ırt X, line 15.		
	(a	a) Description		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> <u>(7)</u>	<u></u>			
(8)				
(9)				
(10)	· · · · · · · · · · · · · · · · · · ·			
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Amount		
	income taxes			
	MER DEPOSITS	334,550		
	ETIREMENT BENEFITS	2,066,300		
(5)				
(6)				
(7)	·····			
(8)				
(9)				
(10)				
(11)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25) ▶	2,400,850		
2. FIN 48 (A	SC 740) Footnote, In Part XIV, provide	the text of the footnote to	the organization's financial states	ments that reports the

	le D (Form 990) 2010		Page 4
Pari	· · · · · · · · · · · · · · · · · · ·		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,294,497
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,042,515
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,251,982
4	Net unrealized gains (losses) on investments	5	_
5	Donated services and use of facilities	6	
6	Investment expenses	7	
7 8	Prior period adjustments	8	
9	Other (Describe in Part XIV.)	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,251,982
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		3,231,302
1	Total revenue, gains, and other support per audited financial statements	1	19,294,497
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	 	10,204,407
-а	Net unrealized gains on investments	1 1	
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	-	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		19,294,497
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	· 1 · · · ·	
	Total expenses and lesses per addited infancial statements	. 1	16,042,515
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	. 1	16,042,515
2 a	· · · · · · · · · · · · · · · · · · ·	. 1	16,042,515
	Amounts included on line 1 but not on Form 990, Part IX, line 25	. 1	16,042,515
а	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities	. 1	16,042,515
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		16,042,515
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities	2e	16,042,515
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities		16,042,515
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities		16,042,515
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		16,042,515
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities		16,042,515
a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities		16,042,515
a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3	16,042,515
a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3	
a b c d e 3 4 a b c 5 Part	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5	16,042,515
a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part Comp	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;
a b c d e 3 4 a b c 5 Part	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e . 3 . 4c . 5	16,042,515 s 1b and 2b;

Schedule D (For	rm 990) 2010	Page 5
Part XIV	Supplemental Information (continued)	
····		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organizatio

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Inspection

Employer identification number

OMB No 1545-0047

2010

Open to Public

MOON LAKE ELECTRIC ASSN. INC. 87-0154903 Part I **Questions Regarding Compensation** No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel ☐ Housing allowance or residence for personal use ✓ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. ✓ Written employment contract ☐ Compensation committee ☐ Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a **b** Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a The organization? . .

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

6b

7

8

Page 2

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	Olympia (D)	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(E) (O)-(D)	reported in prior Form 990 or Form 990-EZ
GRANT EARL	0	156,660	2,800	27,471	42,003	14,650	246,584	208,561
1	(ii)							
KENNETH WINDER	8	123,172	5,800	22,783	31,706	14,054	197,515	135,461 (W2)
2	3							
	ε							
က	8							
	ε							
4	€							
	Θ							
9	(E)							
	ε							
9	€							
	ε							
7	€							
	ε							
8	(11)							
	8							
6	(3)							
	Θ							
10	(ii)							
	(8)							
11	3			ı				
	8							
12	(1)							
	8							
13	(E)							
	8							11 11 11 11 11 11 11 11 11 11 11 11 11
14	8							
	8							
15	3							
	8	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
16	(ii)							
							Sch	Schedule J (Form 990) 2010

ا وا	;	ļ		į	;						;		}	į	į		2010
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.																	Schedule J (Form 990) 2010
this																	(Form
ete																	ule J
dwc																	sched
ပို																	0,
. Als																	
ng B																	
7, a																	
, 6b,																	
, 6a																	
a, 5b																	
c, 5																	
b, 4																	
1a, 1					,												
nes																	
t I, lii																	
Par																	
d for																	
uire																	
red						i ! !											
tions						•) 										
crip							!										
səp.																	
n, or						 	 										
atio							! ! ! !										
plar																	
Ğ,																	
atio																	
form																	
ie in																	
de t																	
ō ō ō																	
to p																	
Complete this part to provi any additional information.																	
this																	
ete ditic																	
omple by add																	
ပေ မြ		į	İ			•	•	•		•							