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Department of the Treasury

Return of Organization Exempt From Income Tax

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

2010

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 A For the 2010 D Employer identification number Name of organization
VALLEY ELECTRIC ASSOCIATION INC B Check if applicable Address change 88-0089964 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (775) 727-5312 Terminated G Gross receipts \$ 53,834,023 Amended return City or town, state or country, and ZIP + 4 PAHRUMP, NV 89041 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes TOM HUSTED PO BOX 237 **H(b)** Are all affiliates included? PAHRUMP, NV 89041 If "No," attach a list (see instructions) H(c) Group exemption number ► Website: ► WWW VEA COOP K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1965 M State of legal domicile NV Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE QUALITY AND RELIABLE ELECTRIC SERVICE TO MEMBERS OF THE COOPERATIVE Activities & Governance 2 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) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 6 5 110 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) 6 0 **7a**Total unrelated business revenue from Part VIII, column (C), line 12 221,272 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) . 0 0 Rayenue Program service revenue (Part VIII, line 2g) . 49,864,959 51,993,734 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 25,121 26,070 Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 39,928 11 128,239 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 50,018,319 52,059,732 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 83,568 O 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 Expenses 9,890,652 7,130,376 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 44,051,478 42,131,159 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 53,942,130 49,345,103 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 2,714,629 -3,923,811 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 153,175,143 165,733,580 21 Total liabilities (Part X, line 26) . 113,874,436 125,117,816 Net assets or fund balances Subtract line 21 from line 20 39,300,707 40,615,764 Part II 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	****** Signature of officer TOM HUSTED CEO Type or print name and title			2011-10-18 Date	
Paid	Print/Type preparer's name Matt R Willis Firm's name BOLINGER SEGARS GILBERT A	Preparer's signature Matt R Willis	Date 2011-10-14	Check if self- employed ▶	PTIN
Preparer	Timis hame F bollinger Segars dilbert Al	4D 19033 EEF			Firm's EIN
Jse Only	Firm's address ▶ 8215 NASHVILLE AVENUE LUBBOCK, TX 79423				Phone no (806) 747-3806
1ay the IR	S discuss this return with the preparer	shown above? (see instructions) .			✓ Yes No

Form **990** (2010)

Form	990 (2010)				Page 2
Par		nt of Program Service A	Accomplishments to any question in this Part III		୮
1		he organization's mission	<u></u>		<u> </u>
- THE REFL	COOPERATIVE'S ECTED IN TOP Q	RESPONSIBILITY AND AIM	IS TO PROVIDE EXCELLENT ANI RELIABILITY, AFFORDABLE RAT DEAVORS		
2	Did the organizati	on undertake any significant p	ogram services during the year wh	uch were not listed on	
	the prior Form 990				es 🔽 No
,		these new services on Schedu			
3	services?		significant changes in how it condu		es 🗸 No
4	Describe the exer Section 501(c)(3)	npt purpose achievements for) and 501(c)(4) organizations	each of the organization's three lar and section 4947(a)(1) trusts are venue, if any, for each program ser	required to report the amount o	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	PROVIDING ELECTRI	, , , , , , , , , , , , , , , , , , , ,	25 ACTIVE SERVICES AT YEAR END WERE I		RATIVE BASIS THROUGH
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s (Expenses \$	ervices (Describe in Schedule including	O) grants of \$) (Revenue \$)
4e	Total program se	ervice expenses►\$			

Part IV	Checklist	of Rea	uired	Schedu	ıles

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other IRS	5 Filings	and Tax	Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [
-	5.1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 107			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
b	year?	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form 1 D 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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	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		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
4.4	Did the organization receive any nayments for indeer tanning convices during the tay year?	4.4.		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
0	1. 165, has it med a form 726 to report these payments. If No, provide an explanation in schedule O.			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Charle of Cabadula O	contains a response to an	augetien in this Dart I/I					1.4
Check if Schedule O	contains a response to any	question in this Part VI					

Se	ection 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							
ь	Enter the number of voting members included in line 1a, above, who are							
_	ındependent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any							
_	other officer, director, trustee, or key employee?	2		No_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Does the organization have members or stockholders?	6	Yes					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes					
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the							
	year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	9		Νο					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		NO				
	evenue Code.)							
	·		Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
		11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
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	Yes					
13	Does the organization have a written whistleblower policy?	13		Νo				
14	Does the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O $$ (See instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the							
	16b							
Se	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed▶							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)							
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply							

│ Own website │ Another's website 🗸 Upon request

(775) 727-5312

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MINDY MORROW
 800 E HWY 372
 PAHRUMP, NV 89048

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per	Posi	((C) (che	ck a			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) SHIELA RAU PRESIDENT	9 20	х		х				10,400	0	0
(2) DAVID DAWSON VICE PRESIDENT	5 70	х		Х				10,400	0	0
(3) JOHN MAURER SECRETARY	7 30	х		х				10,400	0	0
(4) RICHARD JOHNSON TREASURER	5 60	х		х				10,400	0	0
(5) DAVID LOWE DIRECTOR	9 60	Х						10,400	0	0
(6) PETE GAZSY DIRECTOR	9 80	Х						10,400	0	0
(7) TOM HUSTED CEO/GENERAL MANAGER	60 00			х				241,095	0	65,901
(8) MINDY MORROW MANAGER OF ADMINISTRATION	60 00			х				133,864	0	54,587
(9) BRIAN FICKETT MANAGER OF FINANCE	60 00			х				37,998	0	13,438
(10) RICK ECKERT MANAGER OF FINANCE	60 00			х				66,434	0	21,978
(11) ROBERT SCARBOROUGH EMPLOYEE - SCADA COORDINATOR	40 00					Х		185,683	0	15,735
(12) HERBERT COCHRELL EMPLOYEE - HUMAN RESOURCES	40 00					х		165,632	0	15,735
(13) BRENT FLAMING EMPLOYEE - LINE FOREMAN	50 00					Х		151,179	0	54,108
(14) TERRY STAGG EMPLOYEE - POWER SUPPLY MANAGER	40 00					Х		138,585	0	15,735
(15) ANTHONY CIPOLLINI EMPLOYEE - LINE FOREMAN	43 00					х		136,205	0	53,454

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

	(A) Name and Title	(B) Average hours	1	() tion ((che		II		(D) Reportable compensation	(E) Reportable compensation from related	ו	(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W- 2/1099- MISC)		compens from t organizati relati organiza	the ion and ed
											+		
											+		
1b	Sub-Total				•	•		-			_		
d	Total from continuation sheets Total (add lines 1b and 1c) .							>	1,319,075		0		310,671
2	Total number of individuals (incl \$100,000 in reportable compen	udıng but not lır	nited to	thos	e lıs		above) who	received more tha	n			<u>'</u>
												Yes	No
3	Did the organization list any fori on line 1a? <i>If</i> "Yes," complete Sch								r highest compensa	ated employee	3		No
4	For any individual listed on line : organization and related organization individual	ations greater tl	nan \$ 1 5	0,00	07 1	f "Y	es," co	mple	te Schedule J for suc		4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
LASKOWSKI CONSTRUCTION PO BOX 6420 PAHRUMP, NV 89041	SOLAR WATER HEATER INSTALLATIONS	747,118
ELECTRICAL CONSULTANTS INC 3521 GABEL RD BILLINGS, MT 59102	ELECTRICAL ENGINEERING	576,855
NATIVE RESOUCES NEVADA 6420 CAMERON AVE SUITE 207 LAS VEGAS, NV 89118	REPLANTING	283,352
SOUTHERN NEVADA ENVIRONMENTAL STE 1 6295 MCLEOD DR LAS VEGAS, NV 89120	BIOLOGICAL MONITORING	181,910
PINNACLE DATA SYSTEMS PO BOX 102017 BIRMINGHAM, AL 35210	BILL PRINTING/MAILING	150,965
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►8) who received more than	

	99 (2010)				Pag	ge 9
Part \	VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f					514
Program Service Revenue	2a ELECTRIC ENERGY SALES b PATRONAGE DIVIDENDS c WHEELING INCOME d e f All other program service revenue g Total. Add lines 2a-2f	221000 221000 221000	51,297,460 634,914 61,360 51,993,734	61,360	34,701	
	3 Investment income (including dividends, interest and other similar amounts)	(II) Personal 83,991 83,991	26,070 111,976			26,070
Other Revenue	7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	(II) O ther	,			,
Other	b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 . a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold b	1,515,672 1,774,291				
	c Net Income or (loss) from sales of Inventory	Business Code 519100 517000			186,299 272	
	e Total. Add lines 11a-11d		186,571 52,059,732	51,709,457	221,272 rm 990 (20	

Part IX Statement of Functional Expenses

Do no	l other organizations must complete column (A) but are not required to continuous amounts reported on lines 6b, 9, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	· ·	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 2.1				
	'	33,141			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	50.427			
3	Grants and other assistance to governments.	50,427		-	
3	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	697,695			
5	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,342,819			
3	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,155,784			
)	Other employee benefits	1,532,525			
0	Payroll taxes	401,553			
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses				
ŀ	Information technology				
5	Royalties				
5	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
•	Conferences, conventions, and meetings				
)	Interest	4,704,680			
L	Payments to affiliates				
2	Depreciation, depletion, and amortization	3,947,309			
3	Insurance				
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PURCHASED POWER	27,517,018			
b	DISTRIBUTION EXPENSE	3,264,375			
c	ADMIN & GENERAL EXP	933,486			
d	CUSTOMER SERVICE	724,312			
e	TRANSMISSION EXPENSE	693,090			
f	All other expenses	346,889			
5	Total functional expenses. Add lines 1 through 24f	49,345,103			
6	Joint costs. Check here ► ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	8,403,769
	2	Savings and temporary cash investments	•		1,100,000	2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			2,481,074	4	2,503,131
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
\$		Schedule L				6	
ssets	7	Notes and loans receivable, net			51,300	7	1,507,648
⋖	8	Inventories for sale or use			2,048,998	8	1,780,506
	9	Prepaid expenses and deferred charges			5,154,936	9	5,208,243
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	187,376,584			
	ь	Less accumulated depreciation	10b	46,030,078	137,063,650	10c	141,346,506
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV , line 11			3,119,684	13	3,436,747
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	•		2,155,501	15	1,547,030
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			153,175,143	16	165,733,580
	17	Accounts payable and accrued expenses .			2,912,094	17	4,619,549
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
bilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified	y				
E		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		97,936,766	23	112,234,553
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			13,025,576	25	8,263,714
	26	Total liabilities. Add lines 17 through 25			113,874,436	26	125,117,816
- J		Organizations that follow SFAS 117, check here ▶ ☐ and com	plet e	lines 27			
<u>9</u>		through 29, and lines 33 and 34.					
2	27	Unrestricted net assets				27	
Fund Balances	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
or Fu		Organizations that do not follow SFAS 117, check here ► ✓ a lines 30 through 34.	nd con	nplete			
	30					30	165,950
šet	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
Assets	32	Retained earnings, endowment, accumulated income, or other f			39,133,857	32	40,449,814
Net	33	Total net assets or fund balances			39,300,707	33	40,615,764
Z	34	Total liabilities and net assets/fund balances			153,175,143		165,733,580
					1		, ,

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		52,0	059,73
2	Total expenses (must equal Part IX, column (A), line 25)	2			345,10
3	Revenue less expenses Subtract line 2 from line 1	3		2,7	714,62
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		39,3	300,70
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,3	399,57
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		40,6	515,76
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	
				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		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a					No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

DLN: 93493298007291

OMB No 1545-0047

Open to Public

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Inspection

If the organization answered "Yes,"	' to Form 990, Part IV, Line 3, c	or Form 990-EZ, Part V, line 46	(Political Campaign Activities),
then			

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

•/\	ame of the organization LLEY ELECTRIC ASSOCIATION INC			Employer ider	itification number		
	EL ELECTRIC / BOOCE WICH INC			88-0089964			
a	t I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a section 527	organization.		
1	Provide a description of the ord	ganızatıon's dırect and ındırect pol	itical campaign act	ivities in Part IV			
2	Political expenditures	,	, .	.	\$ 15,000		
3	Volunteer hours			·			
a	rt I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).			
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	>	\$		
2	Enter the amount of any excise	e tax incurred by organization man	agers under section	n 4955 🕨	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No		
4a	Was a correction made?				┌ Yes ┌ No		
b	If "Yes," describe in Part IV						
a l	rt I-C Complete if the or	ganization is exempt unde	r section 501(c	c) except section 50:	1(c)(3).		
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	t function activities 🕨	\$		
2	Enter the amount of the filing o exempt funtion activities	rganization's funds contributed to	other organizations	for section 527	\$15,000		
3	Total exempt function expendit	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b 🕨	\$ 15,000		
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes		
5	organization made payments F amount of political contribution	ses and employer identification number (EIN) of all section 527 political organizations to which the filing ents. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the ibutions received that were promptly and directly delivered to a separate political organization, such as a dornal political action committee (PAC). If additional space is needed, provide information in Part IV.					
		ponticular decision dominine de (1710)	ir addictional space		tion in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0 -	(e) A mount of political contributions received		
See	(a) Name a Additional Data Table		·	filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.		
See			·	filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.		
See			·	filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,		
See			·	filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,		
See			·	filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,		
5 e •			·	filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,		

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	b Total lobbying expenditures to influence a legislative body (direct lobbying)						
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns						
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(100)	(a)		(b))	
		Yes	No	,	moun	t	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities? If "Yes," describe in Part IV						
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912		•	1			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), c	r s	ectio	<u>1</u>	
_			_	_	Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part answered "Yes".				ectio	າ	
1	Dues, assessments and similar amounts from members	1					
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political						

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
Organizations Direct and Indirect Political Campaign Activities	,	THE COOPERATIVE CONTRIBUTES FUNDS TO POLITICAL ACTION COMMITTEES (PAC'S) THAT SUPPORT CANDIDATES AND POLITICAL PARTIES WHO SUPPORT RURAL ELECTRIC COOPERATIVES

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DLN: 93493298007291

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ernal	evenue Service Attach to F	Form 990. ► See separate instructions.			Inspecti	Oll
	e of the organization Y ELECTRIC ASSOCIATION INC		Empl	oyer identificati	on number	•
** \LL	· ELECTRIC PERCENTION INC		88-0	089964		
Pai			unds d	or Accounts.	Complete	e ıf the
	organization answered "Yes" to Form 9	90, Part IV, line 6. (a) Donor advised funds		b) Funds and oth	er accoun	te
	otal number at end of year	(a) Donor advised idinas		b) i anas ana oti	ier accoun	
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adv	usors in writing that the assets hold in don	or advi			
	funds are the organization's property, subject to the	e organization's exclusive legal control?			☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit				☐ Yes	┌ No
ar	Conservation Easements. Complete	e if the organization answered "Yes" to	o Form	1990, Part IV,	lıne 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	tion or pleasure)	ertified	historic structu		
				Held at the E	nd of the '	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	s	2b			
C	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
	Number of conservation easements modified, transf the taxable year ► Number of states where property subject to conserv Does the organization have a written policy regardir	vation easement is located ►			iring	
	enforcement of the conservation easements it holds		illing of	violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, ins					
	A mount of expenses incurred in monitoring, inspect			the year 🖛 \$		
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				┌ Yes	☐ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial		•		
art	Organizations Maintaining Collection Complete if the organization answered		or Oth	ner Similar A	ssets.	
а	If the organization elected, as permitted under SFA sart, historical treasures, or other similar assets heliprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researd	h ın fur			,
b	If the organization elected, as permitted under SFA ! historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line	1		► \$		
	(ii) Assets included in Form 990, Part X			 - \$		
	If the organization received or held works of art, his following amounts required to be reported under SFA		r financ	-		
а	Revenues included in Form 990, Part VIII, line 1			► \$		
	revenues included in Form 550, Fait VIII, lille I			F 4		

b Assets included in Form 990, Part X

Part	Organization	ns Maintaining Co	llections of Art	<u>:, His</u>	tori	<u>cal Tre</u>	easu	ires, or C	<u> the</u>	<u>r Similar</u>	Asse	ets (co	ntınued)
3	Using the organization items (check all that a		r records, check an	y of th	ne foll	owing th	nat ar	e a signific	ant u	se of its col	lection	n	
а	Public exhibition			d	Γ	Loan o	rexc	hange prog	rams				
b	Scholarly research	า		e	Γ	Other							
c	Preservation for fu	iture generations											
4	Provide a description of Part XIV	of the organization's c	ollections and expla	ın hov	w they	/ further	the o	organızatıor	n's ex	empt purpo	se in		
5	During the year, did the assets to be sold to ra	_								ular	Г	Yes	┌ No
Par	Escrow and Part IV, line 9	Custodial Arrang , or reported an ar						n answere	d "Y	es" to Fori	n 990),	
1a	Is the organization an included on Form 990,		dian or other interme	ediary	for c	ontributi	ions	or other ass	setsi	not	Γ	Yes	┌ No
b	If "Yes," explain the ar	rangement in Part XI'	V and complete the	follow	ing ta	able		г					
								-			A mou	ınt	
С	Beginning balance							-	1c				
d	Additions during the y	ear						-	1d				
e	Distributions during th	ie year							1e				
f	Ending balance								1f				
2a	Did the organization in	clude an amount on F	orm 990, Part X, lin	e 21?							厂	Yes	┌ No
b	If "Yes," explain the ar	rangement ın Part XI\	/										
Par	rt V Endowment	Funds. Complete											
_			(a)Current Year	(b)	Prior \	/ear	(c) Tw	o Years Back	(d)	Three Years Ba	ack (e	Four Ye	ears Back
1a	Beginning of year balai	nce											
Ь	Contributions												
С	Investment earnings o												
d	Grants or scholarships												
e	Other expenditures for and programs												
f	Administrative expens												
g	End of year balance												
2	Provide the estimated		r end balance held a	as									
a	Board designated or qu												
ъ	Permanent endowment												
		•											
c 3a	Term endowment	unds not in the nesse	ssion of the organiz	ation f	that a	ro hold	and a	dministoro	d for	tho			
Ja	organization by	unus not in the posse	ssion of the organiz	ation	tilat a	ire ireiu	and c	idiiiiiiistere	u ioi	tile		Yes	No
	(i) unrelated organizat	ions								[3a(i)		
	(ii) related organizatio	ns								[3a(ii)		
Ь	If "Yes" to 3a(11), are t	-	•							[3b		
4	Describe in Part XIV tl												
Par	t VI Investments	s—Land, Building	s, and Equipme	nt. S	ee F	orm 99	90, P	art X, line	10.				
	Description	ofinvestment				Cost or ot (investm		(b)Cost or of basis (othe		(c) Accumula depreciatio		(d) Boo	ok value
1a L	Land							4,000	0,769				4,000,769
b E	Buildings			•				6,409	9,736	2,250	,058		4,159,678
c L	Leasehold improvement	s											
d E	Equipment							156,194	1,555	43,780	,020	11.	2,414,535
e (Other				1			20,771	1,524			2	0,771,524

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
1)Financial derivatives		Social city of year market value
2)Closely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)		1
art VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of one of your market range
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
BANK OVERDRAFT	899,017	
CONSUMER DEPOSITS	992,788	
DEFERRED CREDIT - CONSUMER ADVANCES FOR		
INE CONSTRUCTION	412,673	
ACCUMULATED PROVISION FOR POST-RETIREMENT HEALTH BENEFITS	3,736,100	
ACCRUED COMPENSATED ABSCENCES	651,178	
	·	
OTHER CURRENT AND ACCRUED LIABILITIES	307,098	
DEFERRED COMPENSATION	1,264,860	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	8,263,714	

Secress or (deficit) for the year Subtract line 2 from line 1	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	52,059,732
Net unrealized gams (losses) on investments	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	49,345,103
5	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,714,629
Figure F	4	Net unrealized gains (losses) on investments	4	
Processor Part XIV Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	5	Donated services and use of facilities	5	
8	6	Investment expenses	6	
9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 21 Total adjustments (net) Add lines 4 - 8 22	7	Prior period adjustments	7	
Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 1,315,055	8	Other (Describe in Part XIV)	8	-1,399,572
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 1,315,055	9	Total adjustments (net) Add lines 4 - 8	9	-1,399,572
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 3 Net unrealized gains on investments 4 Donated services and use of facilities 5 Recoveries of prior year grants 6 Other (Describe in Part XIV) 6 Add lines 2a through 2d 7 Amounts included on Form 990, Part VIII, line 12, but not on line 1 8 Investment expenses not included on Form 990, Part VIII, line 7b 9 Other (Describe in Part XIV) 1 Total expenses and losses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Donated services and use of facilities 2 Donated services and use of facilities 3 49,205,10 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 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 4 Add lines 4a and 4b 4 C 139,994 c Add lines 4a and 4b 4 C 139,994	10		10	1,315,057
A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments .	Par		er R	eturn
Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	51,919,738
b Donated services and use of facilities	2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4 2d 2d 2d 2d 2e 2e 2e 2e 3 Subtract line 2e from line 1 3 51,919,73 3 51,919,73 3 51,919,73 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a 4a 4a 4a 4a 4a 4a 4a 139,994 4a 139,999 5 70 all Revenue Add lines 3 and 4c. (This should equal Form 990, Part II, line 12) 5 5 52,059,73 7a	а	Net unrealized gains on investments		
d Other (Describe in Part XIV)	b	Donated services and use of facilities		
Add lines 2a through 2d	c	Recoveries of prior year grants		
Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts 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)	e	Add lines 2a through 2d	2e	0
A	3	Subtract line 2e from line 1	3	51,919,738
b Other (Describe in Part XIV)	4			
c Add lines 4a and 4b	а			
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b			
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements		.		139,994
1 Total expenses and losses per audited financial statements				<u> </u>
statements 1 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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) 4b 139,994 c Add lines 4a and 4b 4c 139,994			s per	
a Donated services and use of facilities	-		1	49,203,109
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
c Other losses	а	Donated services and use of facilities		
d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 49,205,10 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a b Other (Describe in Part XIV) 4b 139,994 c Add lines 4a and 4b 4c 139,994	b	Prior year adjustments		
e Add lines 2a through 2d	c	Other losses		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
4 A mounts 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)	e	Add lines 2a through 2d	2e	0
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) 4b 139,994 c Add lines 4a and 4b 4c 139,994	3	Subtract line 2e from line 1	3	49,205,109
b Other (Describe in Part XIV)	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а			
	b	Other (Describe in Part XIV)		
E TIL ALL BIA (TI III LE COODITIA)			-	139,994
Part XIV Supplemental Information	5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	49,345,103

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Ident if ier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X	ON JANUARY 1, 2009, THE COOPERATIVE ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE, OR OTHER STATE TAXING AUTHORITY
Part XI, Line 8 - Other Adjustment	s	NET DECREASE IN MEMBERSHIPS -900 DISCOUNT FROM ESTATE RETIREMENTS 726,622 RETIREMENT OF CAPITAL CREDITS -2,326,494 OTHER COMPREHENSIVE INCOME ADJUSTMENT FOR POST-RETIREMENT BENEFITS 201,200
Part XII, Line 4b - Other Adjustments		EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 139,994
Part XIII, Line 4b - Other Adjustments		EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 139,994
		Part VIII THE AMOUNT OF INVESTMENTS - PROGRAM RELATED ASSETS ON FORM 990, PAGE 11, PART X, LINE 13 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART VIII HAS BEEN LEFT BLANK Part IX THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BEEN LEFT BLANK

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493298007291 OMB No 1545-0047

Employer identification number

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

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

Inspect ion

VALLEY ELECTRIC ASSOCIATION	IINC					88-0089964	
Part I General Information	on on Grants and	d Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sistance?					∀ Yes ⊢
Part II Grants and Other A Form 990, Part IV, III	Assistance to Go ne 21 for any recip	vernments and O		United States. Coreck this box if no one	e recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5		_				· · · · · <u></u> *_	<u> </u>
3 Enter total number of other org For Privacy Act and Paperwork Reduction				Cat No 50055P			le I (Form 990) 2010

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TO ASSIST INDIVIDUALS IN NEED WITH THEIR ELECTRIC BILL	493	50,427			

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring	Part I, Line 2	Schedule I, Part I, Line 2 INDIVIDUALS SEEKING ASSISTANCE WITH ELECTRIC BILLS MUST SUBMIT AN
Grants in the U S		APPLICATION FORM TO THEIR LOCAL SOCIAL SERVICE AGENCY APPLICANTS WILL BE ASKED THE FOLLOWING
		A) WHAT ARE THE UNUSUAL CIRCUMSTANCES THAT REQUIRE YOU TO SEEK ASSISTANCE? B) IF YOU RECEIVE
		ASSISTANCE, WILL YOU BE ABLE TO KEEP CURRENT ON FUTURE UTILITY BILLS? C) DO YOU LIVE IN ANY FORM OF
		SUBSIDIZED HOUSING? D) HAVE YOU ENTERED INTO A BILL PAYMENT ARRANGEMENT WITH THE COOPERATIVE?
		E) HAVE YOU APPLIED FOR ASSISTANCE FROM ANY OTHER STATE OR FEDERAL LOW INCOME ENERGY
		ASSISTANCE PROGRAM BEFORE APPLYING HERE? FUNDS MAY BE USED TO PAY PAST DUE BILL OR RESTORE
		SERVICE IF SERVICE WAS TERMINATED FUNDS MAY NOT BE USED FOR DEPOSITS, RETURNED CHECK FEES,
		DAMAGE CHARGES, ENERGY THEFT CHARGES, FINAL BILLS OR IRRIGATION AND GENERAL SERVICE ACCOUNTS
Other Information	Part IV	ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT
		ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE
		COMMUNITIES IN WHICH OUR MEMBERS RESIDE

DLN: 93493298007291

OMB No 1545-0047

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization VALLEY ELECTRIC ASSOCIATION INC

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

88-0089964

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate 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			
	Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes	
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name	ļ	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) TOM HUSTED	(I) (II)	226,796 0	0	14,299	46,097	19,804 0	306,996)	
(2) MINDY MORROW	(ı) (ıı)	110,080	12,692 0	11,092	34,311	20,276 0	188,451		
(3) ROBERT SCARBOROUGH	(1) (11)	83,533 0	0	102,150	0 0	15,735 0	201,418		
(4) HERBERT COCHRELL	(1) (11)	83,314 0	0	82,318	0 0	15,735 0	5 181,367 0 0		
(5) BRENT FLAMING	(1) (11)	130,339	3,000 0	17,840	38,373	15,735 0	205,287)	
(6) TERRY STAGG	(1) (11)	97,913 0	0	40,672	0	15,735 0	5 154,320 0 0		
(7) ANTHONY CIPOLLINI	(ı) (ıı)	108,938	3,000	I	31,616	21,838	189,659		
(8)			1 ,	,		1			
(9)			1	7	1	1			
(10)			1	'	1	1			
(11)			1			1			
(12)		†	ſ		 	[
(13)		+			 		+		
(14)		+	<u> </u>		 				
(15)					 				
(16)	+	+		 	 		+		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	,	DURING 2009, THE ASSOCIATION OFFERED A SPECIAL RETIREMENT PLAN (SERP) TO EMPLOYEES AGE 53 WITH 5 YEARS OF SERVICE TO THE ASSOCIATION AS PART OF THE SERP, THE ASSOCIATION OFFERED TO PROVIDE POST-RETIREMENT MEDICAL BENEFITS TO THE EMPLOYEES BELOW IS THE AMOUNT OF SERP COMPENSATION PAYMENTS MADE TO EACH EMPLOYEE LISTED ON SCHEDULE J PART II HERBERT COCHRELL \$83,314 ROBERT SCARBOROUGH \$83,533 TERRY STAGG \$97,913
Supplemental Information		Part II, Column C INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTION TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS TOM HUSTED ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$46,097 Adol (K) EMPLOYER MATCH -0 - TOTAL COLUMN C \$46,097 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (46,097) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN \$31,311 401 (K) EMPLOYER MATCH 3,000 TOTAL COLUMN C \$34,311 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$31,311 401 (K) EMPLOYER MATCH 3,000 TOTAL COLUMN C \$34,311 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$31,311 ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN \$31,311 ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN \$31,311 ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN \$30,00 TOTAL COLUMN C \$38,373 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$35,373 ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN \$2,661 ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN \$2,8616 A

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OMB No 1545-0047

2010

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization VALLEY ELECTRIC ASSOCIATION INC 88-0089964

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE COOPERATIVE'S BY LAWS WERE AMENDED ON APRIL 30, 2011, DURING THE 2011 ANNUAL MEETING OF THE FULL MEMBERSHIP OF THE COOPERATIVE ARTICLE VI, SECTION 3 WAS AMENDED TO UPDATE THE LANGUAGE FOR CONSISTENCY BETWEEN HOW A BOARD OF DIRECTOR IS REMOVED AND ELECTED ARTICLE VI, SECTION 10 WAS AMENDED TO CREATE CONSISTENCY WITH CURRENT BUSINESS PRACTICES WHERE THE COOPERATIVE PROVIDES FIDUCIARY AND FIDELITY INSURANCE FOR ITS DIRECTORS AND OFFICERS ARTICLE VII, SECTION 2 WAS AMENDED TO ALLOW THE BOARD TO ELECT TO PROVIDE CAPITAL CREDIT RETIREMENT FOR A PORTION OF NEWER MEMBERS OTHER CHANGES TO THE BY LAWS WERE MINOR TY POGRAPHICAL, GRAMMATICAL, OR REVISIONARY CHANGES

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

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

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE FILING THE FORM 990

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	DIRECTORS AND OFFICERS ARE REQUIRED TO REVIEW AND BE FAMILIAR WITH THE POLICIES OUTLINED IN THE COOPERATIVE'S CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY IS EXPLAINED TO ALL NEW DIRECTORS COMING ON THE BOARD DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANY ACTION OR SITUATION THAT MIGHT VIOLATE THE POLICY TO THE FULL BOARD OF DIRECTORS AS SOON AS POSSIBLE BOARD MINUTES ARE NOTED WHEN A DIRECTOR HAS A CONFLICT OF INTEREST

ldentifier	Return Reference	Explanation
		THE BOARD OF DIRECTORS USE A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE GENERAL MANAGER THE SURVEY SHOWS COMPARATIVE SALARIES FOR GENERAL MANAGERS FROM COOPERATIVES LOCATED IN NEVADA AND THE NATION THE BOARD AND THE GENERAL MANAGER USE A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE COOPERATIVES OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEES, IF ANY THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT NEVADA AND THE NATION

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	THE COOPERATIVE PROVIDES A SUMMARIZED COPY OF THE AUDITED FINANCIAL STATEMENTS TO THE MEMBERS OF THE COOPERATIVE AT THE ANNUAL MEETING THE COOPERATIVE'S BY LAWS, ARTICLES OF INCORPORATION AND SEVERAL YEARS OF ANNUAL REPORTS ARE ALSO AVAILABLE ON THE COOPERATIVE'S WEBSITE THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, OR GOVERNING DOCUMENTS TO ANY MEMBER WHO REQUESTS A COPY

ldentifier	Return Reference	Explanation
TO PROVIDE DETAIL REGARDING OFFICER'S OTHER COMPENSATION	Form 990, Part VII, Column F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO \$3,000 OF A PARTICIPATING EMPLOYEE'S SALARY ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER OR HIGHLY COMPENSATED EMPLOYEES IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN FOR THE OFFICER OR HIGHLY COMPENSATED EMPLOYEES, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THE BENEFIT OF THE OFFICER OR HIGHLY COMPENSATED EMPLOYEE IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED

ldentifier	Return Reference	Explanation
PATRONAGE DIV IDENDS		PATRONAGE DIVIDENDS RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS

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

ldentifier	Return Reference	Explanation
RECONCILIATION OF WAGES PER RETURN TO FORM W-3	Form 990, Part IX, Lines 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE IN AN EFFORT TO EXPLAIN WHY THE AMOUNTS REPORTED ON LINES 5-7 DO NOT AGREE TO THE W-3 THE FOLLOWING RECONCILIATION IS PROVIDED TOTAL PER LINES 5-7 \$4,040,514 LESS DIRECTORS FEES REPORTED ON 1099-MISC (62,400) LESS OFFICERS BENEFITS INCLUDED IN LINE 5 (155,904) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGINS 12,681 PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 2,254,463 PLUS DEFERRED COMPENSATION RELATED TO POST-RETIREMENT PLAN 2,578,375 RECONCILIATION TO W-3 \$8,667,729

ldentifier	Return Reference	Explanation
BREAKDOWN OF EXPENSES INCLUDED IN ADMINISTRATIVE AND GENERAL	Form 990, Part IX, Line 24	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS ADMINISTRATIVE AND GENERAL EXPENSE ON FORM 990, PART IX, LINE 24 OUTSIDE SERVICES EMPLOYED \$221,139 OFFICE SUPPLIES AND EXPENSE 79,847 INSURANCE 45,498 GENERAL ADVERTISING 148,775 MEETINGS EXPENSE 84,281 MAINTENANCE OF GENERAL PLANT 48,967 MISCELLANEOUS GENERAL EXPENSE 304,979 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$933,486

ldentifier	Return Reference	Explanation
TO PROVIDE DETAIL REGARDING OTHER EXPENSES	Form 990, Part IX, Line 24f	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS OTHER EXPENSES ON FORM 990, PART IX, LINE 24F SATELLITE INTERNET EXPENSES \$140,086 SALES EXPENSE 205,955 OTHER DEDUCTIONS 848 TOTAL OTHER EXPENSES PER FORM 990 LINE 24F \$346,889

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	NET DECREASE IN MEMBERSHIPS -900 DISCOUNT FROM ESTATE RETIREMENTS 726,622 RETIREMENT OF CAPITAL CREDITS -2,326,494 OTHER COMPREHENSIVE INCOME ADJUSTMENT FOR POST-RETIREMENT BENEFITS 201,200 Total to Form 990, Part XI, Line 5 -1,399,572

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

DLN: 93493298007291

OMB No 1545-0047

Open to Public Inspection

88-0089964

SCHEDULE R (Form 990)

Name of the organization

VALLEY ELECTRIC ASSOCIATION INC

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Employer identification number

Part I Identification of Disregarded Entities (Comp	lete if the organization	answered "Yes" (on Form 990, Part	t IV, line 33.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) End-of-year assets	(f) Direct controlling entity	J
(1) VALLEY ELECTRIC TRANSMISSION ASSOCIATION LLC 800 E HIGHWAY 372 PAHRUMP, NV 89041 27-4844226	TRANSMISSION OF ELECTRICITY	NV	0	0	VALLEY ELECTRIC ASSOCINC	CIATION
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		the organization a	answered "Yes" o	n Form 990, Part	IV, line 34 becaus	e it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(1 controlled organization
				1	1	1

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity		rolled ` ızatıon
						Yes	No
(1) VALLEY ELECTRIC CHARITABLE FOUNDATION							
800 E HIGHWAY 372	TO PROVIDE SCHOLARSHIPS AND GRANTS TO MEMBERS OF THE COOPERATIVE'S	NV	501(c)(3)	Line 7	NA		No
PAHRUMP, NV 89048 26-3157116	AREA						
(2) VEA PAC							
PO BOX 237	LOBBYING AT STATE AND FEDERAL LEVELS FOR RURAL	NV	527		NA		No
PAHRUMP, NV 89041 _27-4721243	ELECTRIC COOPERATIVES						
Ear Drivery Ast and Danamyerk Deduction Ast Natice see the Instru	tions for Form 000	Cat No 50	1 2 5 7		Schodulo D / E	000	2010
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	LIVIIS I VI FUI III 330.	Cal NO 50	1991		Schedule R (Fe	(טבב ווויט	7010

Part III	Identifi	cation of Relate	d Org	anizations Taxal	ole as a Partners	ship (Complete ıf	the organization a	nswered "\	Yes" on Form 990,	Part IV, lır	ne 34
	because	it had one or mo	re relat	ted organizations t	reated as a partne	rship during the ta	ax year.)				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	allocat	ortionate ions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Genei mana parti	ral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
Down TV Talantis	ination of Dolot	0		bla a a a Camana	tion on Tourst (C					C	000	D T) /

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

		·		,	<u> </u>		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) VALLEY ELECTRIC SATELLITE TV INC 800 E HWY 372 PAHRUMP, NV89041 88-0412804	CABLE TV SERVICE - DISSOLVED IN 2010	NV	N/A	С			100 000 %

ched	dule R (Form 990) 2010		Pa	age 3
Par	rt V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part	IV, line 34, 35, 35A, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts	II-IV?		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	<u>1f</u>		No
g	Purchase of assets from other organization(s)	19		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	<u>1i</u>	-	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	1	No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relatio	nships and transaction thresholds		
	(a) (b) Name of other organization Transaction	(c) (d) Method of determine	nıng am	nount

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NA			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		ortionate	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Part VII Supplemental Information

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

I Identifier I Keturn Keterence I	Identifier Return Reference Explanation	
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Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 88-0089964

Name: VALLEY ELECTRIC ASSOCIATION INC

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's own internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
ASSEMBLY DEMOCRATIC CAUCUS	2251 N RAMPART BLVD 341 LAS VEGAS, NV 89128	880205213	1500	0
ASSEMBLY REPUBLICAN CAUCUS	7310 W SMOKE RANCH ROAD STE R LAS VEGAS, NV 89128	880468267	1500	0
NEVADA SENATE DEMOCRATS	2251 N RAMPART BLVD 341 LAS VEGAS, NV 89128	880316606	1500	0
SENATE REPUBLICAN LEADERSHIP CONFERENCE	PO BOX 281 RENO, NV 895040281	880468043	1500	0
MIKE SCHNEIDER CAMPAIGN	6381 SANDPIPER WAY LAS VEGAS, NV 89103	880468055	1000	0
COMMITTEE TO ELECT MARCUS CONKLIN	1600 PALMAE LAS VEGAS, NV 89128	383644220	1000	0
COMMITTEE TO ELECT DEBBIE SMITH	3270 WILMA DRIVE SPARKS,NV 894311173	880467783	1000	0
COMMITTEE TO ELECT J OCEGUERA	4560 EL CAMPANA LAS VEGAS, NV 89121	880467487	1000	0
FRIENDS FOR STEVEN HORSFORD	3450 W CHEYENNE AVE STE 100 NORTH LAS VEGAS, NV 89032	651226240	1000	0
FRIENDS FOR MARILYN KIRKPATRICK	4747 SHOWDOWN DRIVE NORTH LAS VEGAS, NV 89031	200990079	1000	0
FRIENDS OF H GANSERT	316 CALIFORNIA AVE 302 RENO,NV 89509	743251121	1000	0
FRIENDS OF ED GOEDHART	PO BOX 277 AMARGOSA VALLEY,NV 89020	263000673	1500	0
FRIENDS OF DAVID BOBZIEN	1605 WESLEY DR RENO, NV 895032332	272886033	500	0