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# Form 990

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

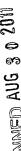
2010

Open to Public Inspection

benefit trust or private foundation) Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning April 1, , 2010, and ending March 31, , 20 11 C Name of organization Nebraska Municipal Power Pool D Employer identification number Check if applicable Address change Doing Business As 47-0575470

| ш                           | Name c     | hange           | Number and street (of P.O. box is maints not delivered to street address)          | hoonvsuii     | e                | E relepin        | one number      |                    |
|-----------------------------|------------|-----------------|--|---------------|------------------|------------------|-----------------|--------------------|
|                             | initial re | turn            | 1111 'O' Street  |               | 200 402-474-4759 |                  |                 | 759                |
|                             | Termina    | ated            | City or town, state or country, and ZIP + 4  |               |                  |                  |                 |                    |
|                             | Amende     | ed return       | Lincoln, NE 68508-3614   |               |                  | <b>G</b> Gross r | eceipts \$      | 5,638,448          |
|                             | Applicat   | tion pending    | F Name and address of principal officer J. Gary Stauffer, Exec. Direct             | tor           | H(a) Is thus     | a group return   | for affiliates? | Yes 🗹 No           |
|                             |            |                 | 1111 'O' Street, Suite 200, Lincoln, NE 68508                                      |               | H(b) Are         | all affiliates i | ncluded? [      | Yes 🔲 No           |
| ı                           | Tax-exe    | empt status     | 501(c)(3)  | r 🗌 527       |                  | No," attach a    | ı lıst (see ıns | tructions)         |
| J                           | Websit     | te: 🕨 ww        | w.nmppenergy.org   |               | H(c) Grou        | p exemptio       | n number 🕨      |                    |
| K                           | Form of    | organization    | ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L                                    | Year of forma | tion 1975        | M State          | of legal don    | nicile <b>NE</b>   |
| P                           | art I      | Summ            | ary  |               |                  | •                |                 |                    |
|                             | 1          | Briefly de      | escribe the organization's mission or most significant activities                  | S             |                  |                  |                 |                    |
| •                           |            | Develop         | computer software programs and provide support services to me                      | embers.       |                  |                  |                 |                    |
| ĕ                           | Ì          | Provide e       | electric distribution services to members  |               |                  |                  |                 |                    |
| Ë                           |            | Provide e       | electric load management services to members.                                      |               |                  |                  |                 |                    |
| 9.0                         | 2          | Check th        | is box ▶ ☐ If the organization discontinued its operations or disposed of mo       | ore than 25%  | of its net asset | ts               | ***             |                    |
| Ğ                           | 3          | Number          | of voting members of the governing body (Part VI, line 1a)                         |               |                  | 3                |                 | 16                 |
| Se                          | 4          | Number          | of independent voting members of the governing body (Part \                        | /I, line 1b)  |                  | . 4              |                 | 16                 |
| ₹                           | 5          | Total nur       | nber of individuals employed in calendar year 2010 (Part V, Iir                    | ne 2a)        |                  | . 5              |                 | 55                 |
| Activities & Governance     | 6          |                 | nber of volunteers (estimate if necessary)   |               |                  | . 6              |                 | C                  |
|                             | 7a         | Total unr       | elated business revenue from Part VIII, column (C), line 12                        |               |                  | . 7a             |                 |                    |
|                             | ь          | Net unrel       | ated business taxable income from Form 990-T, line 34 .                            |               |                  | 7b               |                 | C                  |
|                             |            |                 |  |               | Prior Y          | ear              | Curr            | ent Year           |
| Ф                           | 8          | Contribut       | tions and grants (Part VIII, line 1h)  |               |                  | 214,867          |                 | 205,811            |
| Revenue                     | 9          | Program         | service revenue (Part VIII, line 2g)   |               |                  | 919,910          |                 | 1,038,066          |
| ě                           | 10         | Investme        | nt income (Part VIII, column (A), lines 3, 4, and 7d)                              | [             | 1,518            |                  | 756             |                    |
| Œ                           | 11         | Other rev       | renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                   | . [           |                  | 4,198,636        |                 | 4,393,815          |
|                             | 12         | Total reve      | enue-add lines 8 through 11 (must equal Part VIII, column (A),                     | line 12)      | 5,334,931 5,     |                  |                 |                    |
|                             | 13         | Grants ar       | nd similar amounts paid (Part IX, column (A), lines 1-3)                           |               |                  | 0                | ·               | 15000              |
|                             | 14         | Benefits        | paid to or for members (Part IX, column (A), line 4)                               | . [           |                  | 0                |                 | C                  |
| ø                           | 15         | Salaries,       | other compensation, employee benefits (Part IX, column (A), lines                  | s 5–10)       |                  | 676,712          |                 | 743,875            |
| Expenses                    | 16a        | Profession      | onal fundraising fees (Part IX, column (A), line 11e)                              |               |                  | 0                |                 | 0                  |
| g                           | b          | Total fund      | draising expenses (Part IX, column (D), line 25) ▶                                 | 0             |                  |                  |                 |                    |
| ũ                           | 17         | Other exp       | penses (Part IX columb (AT Ines 173-116, 111-24f)                                  |               |                  | 4,642,245        |                 | 4,866,526          |
|                             | 18         | Total exp       | enses Add lines 16=17 (must equal Part IX, column (A), line 2                      | 25) .         |                  | 5,318,957        |                 | 5,625,401          |
|                             | 19         | Revenue         | less expenses Suptract line 18 from line 12  |               |                  | 15,974           |                 | 13,047             |
| 569                         |            |                 | Kal Alicha Io  | В             | eginning of Ci   | urrent Year      | End             | of Year            |
| sets<br>alan                | 20         | Total ass       | ets (Part X, line 16)  |               |                  | 980,624          |                 | 1,015,284          |
| at Assets or<br>nd Balances | 21         |                 | ilities (Part X, line 26)  |               |                  | 825,669          |                 | 847,281            |
| 훒                           | 22         | Net asset       | ts or fund balances, Subtract line 21 from line 20                                 |               |                  | 154,955          |                 | 168,003            |
| P                           | art II     | Signat          | ure Block  |               |                  |                  |                 |                    |
| Un                          | der pena   | alties of perju | ry, I declare that I have examined this return, including accompanying schedul     | es and statem | nents, and to t  | the best of n    | ny knowledg     | e and belief, it i |
| tru                         | e, correc  | t, and compl    | ete Declaration of preparer fother than officer) is based on all information of wi | hich preparer | has any know     | ledge            |                 |                    |

| 0 2011     | Sign<br>Here  | Signature of officer Ronald A- Haase                    | officer) is based on all information of which |      | Date Accounting        |          |
|------------|---------------|---|---|------|------------------------|----------|
| ଟ          | Paid Preparer | Type or print name and title Print/Type preparer's name | Preparer's signature                          | Date | Check if self-employed | MIT      |
| <b>AUG</b> | Use Only      | Firm's name ► Firm's address ►                          |   |      | Firm's EIN ▶ Phone no  |          |
|            | May the IRS   | discuss this return with the preparer s                 | shown above? (see instructions)               |      |                        | Yes No   |
| 3          | For Paperwo   | rk Reduction Act Notice, see the separat                | Cat No 11282)                                 | ,    | Form <b>990</b> (2010  |          |
| DANNED.    |               |   |   |      |                        | <u>,</u> |



| Form 990 | 0 (2010)   |          | Page 2     |
|----------|--|----------|------------|
| Part I   |  | _        |            |
|          | Check if Schedule O contains a response to any question in this Part III   | <u> </u> | <u>· ⊔</u> |
| 1        | Briefly describe the organization's mission:  The purpose of the Nebraska Municipal Power Pool (NMPP) is to provide municipalities, through cooperative action,  |          |            |
|          | energy and related utility services to ensure quality service and economic stability to its member communities.  |          |            |
|          | energy and related utility services to ensure quality service and economic stability to its member communities.  |          |            |
|          | Did the organization undertake any significant program services during the year which were not listed on the   |          |            |
|          |  | Voc      | ☑ No       |
|          | If "Yes," describe these new services on Schedule O  | 163      | ( INC      |
|          | Did the organization cease conducting, or make significant changes in how it conducts, any program   |          |            |
|          |  | Yes      | ☑ No       |
|          | If "Yes," describe these changes on Schedule O   |          |            |
|          | Describe the exempt purpose achievements for each of the organization's three largest program services by exper  | nses. S  | Section    |
|          | 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and others, the total expenses, and revenue, if any, for each program service reported   |          |            |
| 4a       | (Code: 900099 ) (Expenses \$ 591,570 including grants of \$ 0 ) (Revenue \$ 500000000000000000000000000000000000   | 60,111   | )          |
|          | to 20,000 The computer software programs include a complete financial billing package, or the packages can be  |          |            |
|          | purchased individually, depending on the needs of the member community. The packages include: general ledger,  |          |            |
|          | utility billing, inventory control, accounts payable, payroll, accounts receivable, bank reconciliation and service orders   |          |            |
|          | New user workshops and annual "refresher" workshops are held throughout the NMPP service area  |          |            |
|          |  |          |            |
|          |  |          |            |
|          |  |          | •          |
|          |  |          |            |
|          | ······   |          |            |
|          |  |          |            |
| 4b       | (Code 900099 ) (Expenses \$ 329,196 including grants of \$ 0 ) (Revenue \$ 39  | 96,307   | )          |
|          | Provides electric distribution related services to approximately 74 member communities. These services include:  |          |            |
|          | Cost of Service/Rate Design Studies to aid decision makers in the understanding of system costs and assistance   |          |            |
|          | in determining customer rates, Mutual Aid to assist member communities in the event of a natural disaster or   |          |            |
|          | emergency; Electric Distribution Services to assist in the maintenance of member distribution systems, Infrared  |          |            |
|          | Scanning Services to identify abnormal heat in electrical and mechanical systems to predict equipment trouble and  |          |            |
|          | potential revenue loss, create Community Newsletters, Utility Brochures and Logos to promote community   |          |            |
|          | services and image   |          |            |
|          |  |          |            |
|          |  |          |            |
|          |  |          |            |
|          |  |          |            |
| 4c       | , the same and the | 31,648   | )          |
|          | Provide Load Management Services to approximately 57 member communities. These services include the  |          |            |
|          | computer software and acquisition of systems hardware to manage a communities peak electrical demand to  |          |            |
|          | reduce their energy needs and costs  |          |            |
|          |  |          |            |
|          |  |          |            |
|          |  |          |            |
|          |  |          |            |
|          |  |          | ••         |
|          |  |          | ••         |
|          |  |          |            |
|          |  |          |            |
|          | Other program services (Describe in Schedule O)  |          |            |
|          | (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)   |          |            |
| 40       | Total program service expenses 1 095 461   |          |            |

| Part I | V Checklist of Required Schedules  |     |          |          |
|--------|--|-----|----------|----------|
|        |  |     | Yes      | No       |
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |     |          |          |
|        | complete Schedule A  | 1   |          | ✓        |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)  | 2   |          | ✓        |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |          | 1        |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "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   | 1        |          |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |          | 1        |
|        | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |          | 1        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   |          | 1        |
| 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   |          | 1        |
| 10     | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-<br>endowments? If "Yes," complete Schedule D, Part V   | 10  | 1        |          |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.   |     |          |          |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a | <b>√</b> |          |
| b      | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |          | 1        |
| С      | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |          | 1        |
| d      | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |          | 1        |
|        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11e |          | <b>√</b> |
| 12 a   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12a | 1        |          |
| 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 |          | 1        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  | ļ        | 1        |
| 14 a   | Did the organization maintain an office, employees, or agents outside of the United States? .  | 14a |          | 1        |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV  | 14b |          | 1        |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.   | 15  |          | 1        |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  | 16  |          | 1        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17  |          | 1        |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |          | 1        |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  | 19  |          | 1        |
| 20 a   | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20a |          | 1        |
| b      | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)  | 20b |          |          |

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

| Part     | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V   |          |     | [Z             |
|----------|--|----------|-----|----------------|
|          | Oncok ir ochedule o dontains a response to any question in this rate v   | <u> </u> | Yes | No.            |
| 1a       | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .   1a   9   |          |     |                |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0   | . !      |     | 1              |
| C        | Did the organization comply with backup withholding rules for reportable payments to vendors and   | 1 :      |     | 1              |
|          | reportable gaming (gambling) winnings to prize winners?  | 1c       | 1   |                |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |          |     |                |
|          | Statements, filed for the calendar year ending with or within the year covered by this return 2a 55  |          |     |                |
| þ        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b       | 1   |                |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |          |     | ļ              |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |     | <b>✓</b>       |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b       | ļ   | ļ              |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  | 1        |     |                |
|          | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | _ ا      |     | 1              |
| <b>h</b> | If "Yes," enter the name of the foreign country:   | 4a       | ļ   | l.             |
| D        | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   | 1        |     |                |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | 1              |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | 1              |
| C        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |     | <del> </del> - |
| 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       | ✓   |                |
| 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).  | 1        |     | ]              |
| 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? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | 7b       |     | -              |
| ·        | required to file Form 8282?  | 7c       |     |                |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year  | 10       |     |                |
| e        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |     |                |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       |     |                |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |     |                |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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.  |          |     |                |
| a        | Did the organization make any taxable distributions under section 4966?  | 9a       |     | _              |
| ь<br>10  | Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter.  | 9b       |     | <u> </u>       |
| а        | Initiation fees and capital contributions included on Part VIII, line 12   |          |     |                |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 1        |     |                |
| 11       | Section 501(c)(12) organizations. Enter  | 1 ]      |     |                |
| а        | 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      |     |                |
| b        | 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.   |          |     | ļ              |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |     |                |
| h        | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which  |          |     |                |
| þ        | All a suppose that is a financial for a suppose of the state of the st |          |     |                |
| С        | Enter the amount of reserves on hand   |          |     |                |
| i4a      | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |     |                |
| <u>.</u> | the vigenization receive any payments for industrial annual services during the tax year.  | 141      |     |                |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . . Section 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 16 1a b Enter the number of voting members included in line 1a, above, who are independent 16 1b 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? 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Does the organization have members or stockholders? . . . . 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **10a** Does the organization have local chapters, branches, or affiliates? 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 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 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c . . . . 13 13 Does the organization have a written whistleblower policy? . . Does the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Forms 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 ☐ Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Ronald A Haase, Director, Finance & Accounting 1111 'O' Street, Suite 200, Lincoln, NE 68508-3614, 402-474-4759

| Form 990 (2010) |
|-----------------|
|                 |

Page 7

| Part VII | Compensation of Officers, Director | s, Trustees | , Key Employees, | <b>Highest Compensa</b> | ted Employees, |
|----------|------------------------------------|-------------|------------------|-------------------------|----------------|
|          | and Independent Contractors        |             |                  |                         |                |

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

[7]

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization no | (B)  | <u> </u>       |                       |          | C)           |                              |        | (D)  | (E)  | (F)  |
|---|--|----------------|-----------------------|----------|--------------|------------------------------|--------|--|--|--|
| Name and Title                                | Average  | Posit          | ion (                 |          | •            | that ap                      | (via   | Reportable   | Reportable   | Estimated  |
|   | hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | Individual tri | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Ty Abernethy                              | - 1  |                |                       |          |              |                              |        | 0  | 0  | 0  |
| Director                                      | <u></u>  | 1              |                       |          |              |                              | _      |  |  |  |
| (2) Chris Anderson                            | . 1  |                |                       | ļ        |              |                              |        | 0  | o  | 0  |
| Director                                      | · ·  | 1              |                       | L        | <u> </u>     |                              | ļ      |  |  |  |
| (3) Ron Doggett                               | . 1  | 1              |                       | ŀ        |              |                              |        | 0  | 0  | O  |
| Director                                      | <u>'</u>   | 1              |                       | <u> </u> |              |                              |        | ļ  |  |  |
| (4) Harold Farrar                             | - 1  |                |                       |          |              |                              |        | 0  | 0  | o  |
| Director                                      | '  | ✓              |                       |          |              |                              |        | •  | 0  |  |
| (5) Rod Fries                                 | - 1  |                |                       |          |              |                              |        | 0  | o  | o  |
| Director                                      | <u>'</u>   | ✓              |                       |          |              |                              |        |  | 0  | •  |
| (6) Jim Hawks                                 | - 1  |                |                       |          |              |                              |        | 0  | 0  | 0  |
| Director                                      | 1  | ✓              |                       |          |              |                              |        | 0  | ا  | U  |
| (7) Mariene Johnson                           | . 1  |                |                       |          |              |                              |        |  |  |  |
| Director                                      | 7 '  | ✓              |                       |          |              |                              |        | 0  | 0  | 0  |
| (8) Mike Muirhead, Resigned                   |  |                |                       |          |              |                              |        |  |  |  |
| Position open at 3/31/11                      |  | 1              |                       | }        |              |                              |        | 0  | 0  | 0  |
| (9) Robert Knudson                            |  |                |                       |          |              |                              |        |  |  |  |
| Director                                      | 1  | 1              |                       |          |              |                              |        | 0  | 0  | 0  |
| (10) Albert Wood                              |  |                |                       |          |              |                              |        | _  | _  |  |
| Director                                      | - 1  | ✓              |                       |          |              |                              | ŀ      | 0  | 0  | 0  |
| (11) Andrew Devine                            | <u> </u>   |                |                       | <u> </u> |              |                              |        |  |  |  |
| Director                                      | - 1  | 1              |                       |          |              | ŀ                            |        | 0  | 0  | 0  |
| (12) Gary Mader                               |  |                |                       |          |              |                              |        |  |  |  |
| Director                                      | 1  | ✓              |                       |          |              |                              |        | 0  | 0  | 0  |
| (13) Shelly Sahling-Zart                      |  |                |                       |          |              |                              |        |  |  |  |
| Director                                      | - 1  | 1              |                       | ŀ        |              |                              |        | 0  | 0  | 0  |
| (14) Mike Beachler                            |  | <u> </u>       |                       |          |              |                              |        |  |  |  |
| Director, President                           | - 1  | 1              |                       |          |              |                              |        | 0  | 0  | 0  |
| (15) Dan Berlowitz                            | -  | Ė              |                       |          |              |                              |        |  |  |  |
| Director, Vice President                      | - 1  | 1              |                       |          |              |                              |        | 0  | 0  | 0  |
| (16) Marvin Schultes                          | <del></del>  | - <u>-</u>     | <b></b> -             | -        |              |                              |        | <del></del>  |  |  |
| Director, Secretary/Treasurer                 | - 1  | 1              |                       |          |              |                              |        | 0  | 0  | 0  |

1 1

| Part             | VII Section A. Officers, Directors, True     | stees, Key        | Emplo                          | эуе                   | es, a   | and        | High                            | est         | Compensated                           | Employees (cont          | nued)       |                   |  |
|------------------|--|-------------------|--------------------------------|-----------------------|---------|------------|---------------------------------|-------------|---------------------------------------|--------------------------|-------------|-------------------|--|
|                  | (A)  | (B)               |                                |                       | (0      | C)         |                                 |             | (D)                                   | (E)                      |             | (F)               |  |
|                  | Name and title                               | Average           | Posrt                          | ion (d                | checl   | k all i    | that ap                         | ply)        | Reportable                            | Reportable               |             | timated           |  |
|                  |  | hours per         | 8 2                            | =                     | 0       | Z          | 욕포                              | 7           | compensation                          | compensation from        |             | ount of           |  |
|                  |  | week<br>(describe | ₽.5                            | state                 | Officer | Xey 6      | 팔                               | Former      | from<br>the                           | related<br>organizations |             | other<br>bensatio | on   |
|                  |  | hours for         | Individual trustee or director | Institutional trustee | ۳       | employee   | oyer c                          | 9           | organization                          | (W-2/1099-MISC)          |             | om the            | ,,,  |
|                  |  | related           | 목품                             | nai                   | 1       | Ş          | l " g                           |             | (W-2/1099-MISC)                       |                          |             | anızatıor         |  |
|                  |  | organizations     | l ist                          | Ę                     |         | 8          | per                             |             | İ                                     |                          |             | related           |  |
|                  |  | in Schedule<br>O) | 6                              | stee                  |         |            | Highest compensated<br>employee |             |                                       |                          | orga        | nızatıon          | 15   |
|                  |  |                   |                                |                       |         |            | 8.                              |             |                                       | _                        |             |                   |  |
| (17) J           | Gary Stauffer                                | 3                 |                                |                       |         |            |                                 |             | 258,535                               | اها                      |             | 3                 | 37,380   |
| Ex               | ecutive Director                             |                   |                                |                       | ✓       | ✓          |                                 |             | 250,555                               | J                        |             |                   | ,,,,,,,,,,                                       |
| (18) Rd          | nald A Haase                                 | 4                 |                                |                       |         |            |                                 |             | 161,166                               | o                        |             | •                 | 26,888   |
| Dii              | ector of Finance and Acounting               | ] "               |                                |                       | 1       | ✓          |                                 |             | 101,100                               | ١                        |             |                   | .0,000   |
| (19) Tii         | n Sutherland                                 | 47                |                                |                       |         |            |                                 |             | 452.405                               |                          |             |                   | 00 464   |
| Di               | rector of Retail Utility Services            | 17                |                                | i                     | 1       | ✓          |                                 |             | 153,185                               | 0                        |             | 2                 | 29,161   |
| (20) Kevin Gaden |  |                   |                                |                       |         |            |                                 |             |                                       |                          |             |                   |  |
| Dii              | ector of Wholesale Electric Operations       | 0                 |                                |                       |         |            | ✓                               |             | 197,333                               | 0                        |             | 3                 | 36,538   |
|                  | hn Harms                                     |                   |                                |                       |         |            |                                 |             | 1                                     |                          |             |                   |  |
|                  | ector of Wholesale Gas Operations            | 0                 |                                |                       |         |            | ✓                               |             | 143,721                               | 0                        |             | 3                 | 31,522   |
| -                | ris Dibbern                                  |                   | <b></b>                        |                       |         |            | <u> </u>                        |             |                                       |                          |             |                   |  |
|                  | eneral Counsel                               | 6                 |                                |                       |         |            | 1                               |             | 141,560                               | 0                        |             | 31,483            |  |
|                  | bert Pick                                    |                   | <del></del>                    |                       | -       | ├─         | <b></b>                         |             | <del> </del>                          |                          |             |                   |  |
|                  |  | 0                 |                                |                       |         |            | 1                               |             | 166,415                               | 0                        |             | 3                 | 33,654   |
|                  | nager of Electric Markets                    |                   |                                |                       | -       | _          | -                               | -           | -                                     |                          |             |                   |  |
| 32               | (24) Benjamın Mader                          |                   | ŀ                              |                       |         |            | ,                               |             | 125,702                               | o                        |             | 2                 | 25,602   |
|                  | nager of Electric Operations                 |                   |                                |                       |         | _          | <b>✓</b>                        | <u> </u>    | ļ                                     |                          |             |                   |  |
| (25)             |  | ļ                 |                                |                       |         |            |                                 |             |                                       |                          |             |                   |  |
| <del></del>      |  |                   |                                |                       |         |            |                                 | ├-          |                                       |                          |             |                   |  |
| (26)             |  | ļ                 |                                |                       |         |            |                                 |             |                                       |                          |             |                   |  |
|                  |  |                   |                                |                       |         | <u> </u> _ |                                 | <u> </u>    |                                       |                          |             |                   |  |
| (27)             |  |                   |                                |                       |         |            |                                 |             |                                       |                          |             |                   |  |
|                  |  |                   |                                | <u> </u>              |         |            |                                 | _           | <u> </u>                              |                          |             |                   |  |
| (28)             |  | Į                 |                                |                       |         | ŀ          |                                 | ŀ           |                                       |                          |             |                   |  |
|                  |  |                   |                                |                       |         | L          |                                 |             |                                       |                          |             |                   |  |
| 1b               | Sub-total                                    |                   |                                |                       |         |            |                                 |             | 1,347,617                             | 0                        |             | 25                | 2,228  |
| С                | Total from continuation sheets to Part       | VII, Sectio       | n A                            |                       |         |            |                                 | <b>&gt;</b> | 0                                     | 0                        |             |                   | 0  |
| d                | Total (add lines 1b and 1c)                  |                   |                                |                       |         | ·          | <del>.</del> .                  | ▶           | 1,347,617                             | 0                        |             | 25                | 2,228  |
| 2                | Total number of individuals (including but   | not limited       | to th                          | ose                   | list    | ed         | above                           | e) w        | ho received m                         | ore than \$100,00        | 0 in        |                   |  |
|                  | reportable compensation from the organi      | zation ► 1        | 5                              |                       |         |            |                                 |             |                                       |                          |             |                   |  |
|                  |  | <u> </u>          |                                |                       |         |            |                                 |             |                                       | •                        | <del></del> | Yes               | No   |
| 3                | Did the organization list any former of      | ficer, direc      | tor o                          | r tr                  | uste    | е,         | key e                           | emp         | oloyee, or high                       | est compensate           | d           |                   |  |
|                  | employee on line 1a? If "Yes," complete s    | Schedule J        | for su                         | ıch                   | ındı    | vidi       | ual                             |             |                                       |                          | 3           | 1                 | 1  |
| 4                | For any individual listed on line 1a, is the | sum of rea        | oortal                         | ole (                 | com     | nper       | nsatio                          | n a         | nd other comp                         | ensation from th         | e 🗀         |                   |  |
|                  | organization and related organizations       |                   |                                |                       |         |            |                                 |             |                                       |                          |             | 1                 |  |
|                  | individual                                   |                   |                                |                       |         |            |                                 |             | •                                     |                          | 4           | <b>1</b>          | 1  |
| 5                | Did any person listed on line 1a receive of  | r accrue co       | mpei                           | nsat                  | tion    | froi       | n anv                           | / un        | related organiz                       | ation or individua       |             | 1                 | <del>                                     </del> |
| -                | for services rendered to the organization'   |                   |                                |                       |         |            |                                 |             |                                       |                          | 5           | 1                 | 1  |
| Section          | n B. Independent Contractors                 |                   | <u>_</u>                       |                       |         |            |                                 |             | · · · · · · · · · · · · · · · · · · · |                          |             |                   | <del>_ ``</del>                                  |
| 1                | Complete this table for your five highest of | compensate        | ed inc                         | depe                  | ende    | ent        | contr                           | acto        | ors that receive                      | ed more than \$10        | 0.000 o     | f                 |  |
| •                | compensation from the organization           |                   |                                |                       |         |            |                                 |             |                                       | •                        | -,          |                   |  |
|                  |  |                   |                                |                       |         |            |                                 |             | (B)                                   |                          | (C)         |                   |  |
|                  | (A)<br>Name and business add                 | ress              |                                |                       |         |            |                                 |             | Description of s                      | ervices                  | Compen      |                   |  |
| None             |  |                   |                                |                       |         |            |                                 | N/A         | ۸                                     |                          |             |                   | N/A  |
| HOUSE            |  |                   |                                |                       |         |            |                                 | 14/         | <b>1</b>                              | <del></del>              |             |                   | TUP  |
|                  | <del>.</del>                                 |                   |                                |                       |         |            |                                 | $\vdash$    |                                       |                          |             |                   |  |
|                  |  |                   |                                |                       |         |            |                                 |             |                                       |                          |             |                   |  |
|                  |  |                   |                                |                       |         |            |                                 | $\vdash$    | · · · · · · · · · · · · · · · · · · · |                          |             |                   |  |
| 2                | Total number of independent contractor       | rs (includir      | na hu                          | ıt n                  | ot I    | ımıt       | ed to                           | ) th        | inse listed abr                       | ove) who                 |             |                   |  |
| _                | received more than \$100,000 in compens      |                   |                                |                       |         |            |                                 |             |                                       | -, -,                    |             |                   |  |
|                  |  |                   |                                | J                     |         |            |                                 |             | <del> </del>                          |                          |             |                   |  |

| •_   | 990 (201<br>VIII | <u> </u>   |                |         |  |                      | <del> </del>                           |   | Page 9  |
|--|------------------|--|----------------|---------|--|----------------------|--|---|---|
| Pan  | VIII             | Statement of Rev                                       |                |         |  | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ats  | 1a               | Federated campaigns                                    | s              | 1a      | 0  |                      | j                                      |   | •   |
| E I  | b                | Membership dues .                                      |                | 1b      | 190,646  | 1                    | į                                      |   |   |
| s, g   | С                | Fundraising events                                     | •              | 1c      | 0  |                      |  |   |   |
| gift   | d                | Related organizations                                  | s              | 1d      | 0  |                      |  |   |   |
| S, E   | е                | Government grants (cor                                 | ntributions)   | 1e      | 15,165   | 1                    |  | ľ                                       |   |
| tion or s  | f                | All other contributions, g                             |                |         |  | j                    | 1                                      |   |   |
| اج ق   |                  | and similar amounts not in                             | cluded above   | 1f      | 0  | 1                    |  |   |   |
| Contributions, gifts, grants and other similar amounts | g                | Noncash contributions inclu                            |                | -1f \$  | 0  |                      |  |   | •   |
| <u>2</u> g   | h                | Total. Add lines 1a-1                                  | lf .           |         | <b>&gt;</b>                                      | 205,811              |  |   |   |
| en   |                  |  |                |         | Business Code                                    |                      |  |   |   |
| Program Service Revenue                                | 2a               | Computer software ar                                   | nd support     |         | 900099   | 560,111              | 560,111                                | 0                                       | 0   |
| æ  | ь                | Electric distribution se                               | ervices        |         | 900099   | 396,307              | 396,307                                | 0                                       | 0   |
| Ji Ge  | С                | Electric load manager                                  | nent service   | es      | 900099   | 81,648               | 81,648                                 | 0                                       | 0   |
| Ser  | d                |  |                |         |  |                      |  |   |   |
| Ē  | e                |  |                |         |  |                      |  |   |   |
| gre  | f                | All other program ser                                  | vice revenu    | ie .    |  | 0                    | 0                                      | 0                                       | 0   |
| 2  | g                | Total. Add lines 2a-2                                  | 2f             |         | <b>&gt;</b>                                      | 1,038,066            |  |   |   |
|  | 3                | Investment income                                      | (including     | dıvıd   | ends, interest,                                  | _                    |  |   |   |
|  |                  | and other similar amo                                  | ounts) .       |         | ▶ [  | 756                  | 0                                      | 0                                       | 756   |
|  | 4                | Income from investmen                                  | nt of tax-exer | npt be  | ond proceeds ►                                   | 0                    | 0                                      | 0                                       | 0   |
|  | 5                | Royalties  |                |         | ▶  | 0                    | 0                                      | 0                                       | 0   |
|  |                  |  | (ı) Real       |         | (II) Personal                                    |                      |  |   |   |
|  | 6a               | Gross Rents  |                |         |  | 1                    |  |   | i   |
|  | ь                | Less rental expenses                                   |                |         |  | i                    |  |   | ı   |
|  | С                | Rental income or (loss)                                |                |         |  |                      |  |   |   |
|  | d                | Net rental income or                                   | (loss)         |         | ▶  | 0                    | 0                                      | 0                                       | 0   |
|  | 7a               | Gross amount from sales of assets other than inventory | (ı) Securit    | ies     | (ii) Other                                       |                      |  |   | 1   |
|  | b                | Less cost or other basis and sales expenses            |                |         |  |                      |  |   | ,   |
|  | С                | Gain or (loss)   |                |         | <del>                                     </del> |                      |  |   | )   |
|  | d                | Net gain or (loss)                                     | L              |         | •  | 0                    | 0                                      | 0                                       | 0   |
| ø.   |                  |  | •              |         |  |                      |  |   |   |
| venue  | 8a               | Gross income from fu<br>events (not including \$       | undraising     |         |  |                      |  |   |   |
| æ  |                  | of contributions reporte                               | ed on line 1   | c)      | 1  |                      |  |   | ,   |
| ē  |                  | See Part IV, line 18 .                                 |                | . а     |  |                      |  |   |   |
| Other Ro   | ь                | Less direct expenses                                   | s .            | b       |  |                      |  |   |   |
| 0  | С                | Net income or (loss) f                                 | rom fundra     | ising   | events >   | 0                    | Į.                                     | 0                                       | 0   |
|  | 9a               | Gross income from ga                                   | amıng actıvı   | ties    |  |                      |  |   |   |
|  |                  | See Part IV, line 19 .                                 | •              | а       |  | j                    | İ                                      | ł                                       |   |
|  | b                | Less direct expenses                                   | S              | b       |  |                      |  |   | !   |
|  |                  | Net income or (loss) f                                 | -              | -       | vities ▶   | 0                    | 0                                      | 0                                       | 0   |
|  | 10a              | Gross sales of in                                      |                | ess     |  |                      |  |   |   |
|  |                  | returns and allowance                                  | es             | . а     | 77,655   | j                    | 1                                      |   | 1   |
|  | ь                | Less: cost of goods s                                  | sold .         | b       | 56,650   |                      | j                                      |   | 1   |
|  | С                | Net income or (loss) f                                 |                | of Inve | entory <b>&gt;</b>                               | 21,005               | 21,005                                 | 0                                       | 0   |
|  |                  | Miscellaneous F  |                |         | Business Code                                    |                      |  |   |   |
|  | 11a              | Reimbursed salary co                                   | sts            |         | 900099   | 4,371,955            | 4,371,955                              | 0                                       | 0   |
|  | ь                | Misc. administrative s                                 |                |         | 900099   | 855                  | 855                                    | 0                                       | 0   |
|  | С                |  |                |         |  |                      |  |   |   |
|  | d                | All other revenue                                      | •              |         |  | 0                    | 0                                      | 0                                       | 0   |
|  | е                | Total. Add lines 11a-                                  | 11d .          |         |  | 4,372,810            |  |   |   |
|  | 12               | Total revenue. See in                                  |                |         | . ▶  | 5,638,448            | 5,431,881                              | 0                                       | 756   |

# Part IX Statement of Functional Expenses

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

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

|          | All other organizations must complete co  | lumn (A) but are not  |                              | te columns (B), (C), a              | and (D).                       |
|----------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1        | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.  | 15,000                | 15,000                       |                                     | ,                              |
| 2        | Grants and other assistance to individuals in the U.S. See Part IV, line 22   | 0                     | 0                            |                                     | 1                              |
| 3        | Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16   | 0                     | 0                            |                                     | - 1                            |
| 4<br>5   | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  | 100,436               | 0<br>84,495                  | 15,941                              | 0                              |
| 6        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0                     | 0                            | 0                                   | 0                              |
| 7        | Other salaries and wages .  | 499,463               | 420,187                      | 79,276                              | 0                              |
| 8        | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 53,991                | 45,421                       | 8,570                               | 0                              |
| 9        | Other employee benefits .   | 41,993                | 35,328                       | 6,665                               | 0                              |
| 10       | Payroll taxes   | 47,992                | 40,375                       | 7,617                               |                                |
| 11       | Fees for services (non-employees)   | 71,532                | 70,373                       | 7,017                               |                                |
|          |   | 0                     | 0                            | 0                                   | 0                              |
| a        | · ·   | 520                   | 19                           | 501                                 |                                |
| b        | Legal   |                       |                              |                                     |                                |
| C        | Accounting  | 15,540                | 12,181                       | 3,359                               | 0                              |
| d        | Lobbying  | 3,474                 | 2,796                        | 678                                 | 0                              |
| e        | Professional fundraising services. See Part IV, line 17   | 0                     |                              |                                     | 0                              |
| f        | Investment management fees  | 0                     | 0                            | 0                                   | 0                              |
| 9        | Other   | 297,937               | 294,718                      | 3,219                               | 0                              |
| 12       | Advertising and promotion   | 10,874                | 9,997                        | 877                                 | 0                              |
| 13       | Office expenses   | 34,723                | 28,519                       | 6,204                               | 0                              |
| 14       | Information technology  | 4,722                 | 4,722                        | 0                                   | 0                              |
| 15       | Royalties .   | 0                     | 0                            | 0                                   | 0                              |
| 16       | Occupancy   | 51,792                | 41,675                       | 10,117                              | 0                              |
| 17       | Travel  | 50,856                | 49,668                       | 1,188                               | 0                              |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials  | o                     | 0                            | 0                                   | 0                              |
| 19       | Conferences, conventions, and meetings .  | 14,309                | 7,455                        | 6,854                               | 0                              |
| 20       | Interest  | 0                     | 0                            | 0                                   | 0                              |
| 21       | Payments to affiliates .  | 0                     | 0                            | 0                                   | 0                              |
| 22       | Depreciation, depletion, and amortization   | 0                     | 0                            | 0                                   | 0                              |
| 23       | Insurance   | 9,824                 | 7,905                        | 1,919                               | 0                              |
| 24       | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)                |                       |                              |                                     |                                |
| а        | Reimbursed salary costs   | 4,371,955             | 0                            | 4,371,955                           | 0                              |
| b<br>c   |   |                       |                              |                                     |                                |
| d        |   |                       |                              |                                     |                                |
| e<br>f   | All other expenses  |                       |                              |                                     |                                |
|          | All other expenses  Total functional expenses. Add lines 1 through 24f  | E 625 401             | 1 100 461                    | A 524 DAD                           |                                |
| 25<br>26 | Joint costs. Check here ▶☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 5,625,401             | 1,100,461                    | 4,524,940                           | 0                              |

| P                         | art X | Balance Sheet   |                          |             |                           |
|---------------------------|-------|---|--------------------------|-------------|---------------------------|
|                           |       |   | (A)<br>Beginning of year |             | (B)<br>End of year        |
|                           | 1     | Cash—non-interest-bearing   | 95,817                   | 1           | 292,604                   |
|                           | 2     | Savings and temporary cash investments  | 99,000                   | 2           | 150,000                   |
|                           | 3     | Pledges and grants receivable, net  | 0                        | 3           | 0                         |
|                           | 4     | Accounts receivable, net  | 496,163                  | 4           | 293,060                   |
|                           | 5     | Receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees. Complete Part II of Schedule L  | of                       |             |                           |
|                           | 6     | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).  | ng                       |             | 0                         |
| Assets                    | 7     | Notes and loans receivable, net   | 0                        |             | 0                         |
| As                        | 8     | Inventories for sale or use   | 7,909                    | _           | 7,960                     |
|                           | 9     | Prepaid expenses and deferred charges   | 281,735                  |             | 271,660                   |
|                           | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 14,7  |                          |             |                           |
|                           | ь     | Less. accumulated depreciation 10b 14,7   |                          | 10c         |                           |
|                           | 11    | Investments—publicly traded securities  | 0                        | -           | 0                         |
|                           | 12    | Investments—other securities See Part IV, line 11 .   | 0                        | -           | 0                         |
|                           | 13    | Investments—program-related. See Part IV, line 11   | 0                        | 13          | 0                         |
|                           | 14    | Intangible assets   | 0                        | 14          | 0                         |
|                           | 15    | Other assets See Part IV, line 11   | 0                        | 15          | 0                         |
|                           | 16    | Total assets. Add lines 1 through 15 (must equal line 34)   | 980,624                  | 16          | 1,015,284                 |
|                           | 17    | Accounts payable and accrued expenses   | 336,956                  | 17          | 315,914                   |
|                           | 18    | Grants payable  | 0                        | 18          | 0                         |
|                           | 19    | Deferred revenue  | 488,713                  | 19          | 531,367                   |
|                           | 20    | Tax-exempt bond liabilities   | 0                        | 20          | 0                         |
| es                        | 21    | Escrow or custodial account liability. Complete Part IV of Schedule D .   | 0                        | 21          | 0                         |
| Liabilities               | 22    | Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified persons   |                          |             |                           |
| _                         |       | Complete Part II of Schedule L  | 0                        | 22          | 0                         |
|                           | 23    | Secured mortgages and notes payable to unrelated third parties  | 0                        |             | 0                         |
|                           | 24    | Unsecured notes and loans payable to unrelated third parties .  | 0                        | 24          | 0                         |
|                           | 25    | Other liabilities Complete Part X of Schedule D   | 0                        | 25          | 0                         |
|                           | 26    | Total liabilities. Add lines 17 through 25  | 825,669<br>e             | 26          | 847,281                   |
| ces                       |       | lines 27 through 29, and lines 33 and 34.   |                          | ]           |                           |
| an                        | 27    | Unrestricted net assets   | 48,486                   | 27          | 53,870                    |
| Ba                        | 28    | Temporarily restricted net assets .   | 106,469                  | 28          | 114,133                   |
| Net Assets or Fund Balanc | 29    | Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.  | 0                        | 29          | 0                         |
| Ö                         | 30    | Capital stock or trust principal, or current funds  | 0                        | 30          |                           |
| set                       | 31    | Paid-in or capital surplus, or land, building, or equipment fund  | 0                        | 31          | 0                         |
| Asi                       | 32    | Retained earnings, endowment, accumulated income, or other funds.   | 0                        | 32          | 0                         |
| et                        | 33    | Total net assets or fund balances   | 154,955                  | 33          | 168,003                   |
| Z                         | 34    | Total liabilities and net assets/fund balances  | 980,624                  | 34          | 1,015,284                 |
|                           |       | THE REPORT OF A POST OF A | 300,824                  | <del></del> | 1,015,264<br>F 000 (2016) |

Form **990** (2010)

| Form | 990 | (20 | 10) |
|------|-----|-----|-----|
| Da   | ٠ ١ | 71  |     |

Page 12

| Par | Reconciliation of Net Assets  |            |    |      |          |
|-----|---|------------|----|------|----------|
|     | Check if Schedule O contains a response to any question in this Part XI   | <u>· ·</u> |    |      | <u> </u> |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   |            |    | 5,63 | 8,448    |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2          |    | 5,62 | 5,401    |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3          |    | 1    | 3,047    |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  | ,   T      |    | 15   | 4,955    |
| 5   | Other changes in net assets or fund balances (explain in Schedule O)  | 5          |    |      | 1        |
| 6   | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,  |            |    |      |          |
|     | column (B))   | <b>։</b>   |    | 16   | 8,003    |
| Par | Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII   |            |    |      | . []     |
|     |   |            |    | Yes  | No       |
| 1   | Accounting method used to prepare the Form 990  | ın ın      |    | , -  |          |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?   |            | 2a |      | 1        |
| b   | Were the organization's financial statements audited by an independent accountant?  |            | 2b | 1    |          |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs   | _          |    |      |          |
|     | of the audit, review, or compilation of its financial statements and selection of an independent accounta   | ınt?       | 2c | ✓    |          |
|     | If the organization changed either its oversight process or selection process during the tax year, expla Schedule O.  | ın ın      |    |      |          |
| d   | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year vissued on a separate basis, consolidated basis, or both:  | vere       |    |      |          |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |            | 1  | ,    | -        |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?   | th in      | 3a |      | /        |
| Ь   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit |            | 3b | -    | •        |
|     | , , , , , , , , , , , , , , , , , , ,   |            |    | 990  | (2010)   |

## SCHEDULE C (Form 990 or 990-EZ)

# **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.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, 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

|            |   | ,,   | —,,                       | (,,g  | ,,   |
|------------|---|--|---------------------------|---|--|
| • 5        | Section 501(c)(3) organization:                       | s that have filed Form 5768 (election und  | der section 501(h)) (     | Complete Part II-A Do not co  | omplete Part II-B  |
| • (        | Section 501(c)(3) organizations                       | s that have NOT filed Form 5768 (election  | n under section 501       | (h)) Complete Part II-B Do  | not complete Part II-A   |
| If the     | e organization answered "Ye                           | s," to Form 990, Part IV, line 5 (Proxy  | Tax) or Form 990-6        | EZ, Part V, line 35a (Proxy 1                                       | Tax), then   |
|            | Section 501(c)(4), (5), or (6) or                     | ganizations Complete Part III  |                           |   |  |
| Name       | e of organization                                     |  |                           | Employer ide  | ntification number   |
|            | raska Municipal Power Pool                            |  |                           |   | 47-0575470   |
| Par        | t I-A Complete if the                                 | ne organization is exempt und  | er section 501(           | c) or is a section 527  | organization.  |
| 1          | Provide a description of                              | the organization's direct and indire   | ect political campa       | aign activities in Part IV.   |  |
| 2          | Political expenditures .                              |  |                           | ▶ \$  | 5  |
| 3          | Volunteer hours .                                     |  |                           |   | ****   |
|            |   |  |                           |   |  |
| Par        |   | ne organization is exempt und  | <del></del>               |   |  |
| 1          | •   | excise tax incurred by the organization  |                           |   | \$<br>   |
| 2          | -   | excise tax incurred by organization  | _                         |   | 5<br><del></del>   |
| 3          | _   | red a section 4955 tax, did it file Fo   | rm 4720 for this y        | ear?  | ∐ Yes ∐ No   |
| <b>4</b> a |   |  |                           | • • • • •   | Yes No   |
|            | If "Yes," describe in Par                             |  |                           |   | <del></del>  |
|            |   | ne organization is exempt und  |                           |   | l(c)(3).   |
| 1          | Enter the amount direct activities                    | ly expended by the filing organize.  | ation for section         | 527 exempt function ▶ \$  | <b>3</b>   |
| 2          |   | filing organization's funds contrib  | _                         |   |  |
| _          | 527 exempt function activ                             |  |                           |   | )<br>  |
| 3          |   | expenditures Add lines 1 and 2.  |                           |   |  |
|            |   |  |                           | •   | · · · · · · · · · · · · · · · · · · ·  |
| 4          |   | file Form 1120-POL for this year?  |                           |   | Yes No   |
| 5          | organization made payme<br>the amount of political co | ses and employer identification numents. For each organization listed, entributions received that were pronfund or a political action committee. | inter the amount property | paid from the filing organi<br>delivered to a separate p            | ization's funds. Also enter<br>political organization, such  |
|            | (a) Name  | (b) Address  | (c) EIN                   | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political<br>contributions received and<br>promptly and directly<br>delivered to a separate<br>political organization. If<br>none, enter -0- |
| (1)        |   |  |                           |   |  |
| (2)        |   |  |                           |   |  |
| (3)        |   |  |                           |   |  |
| (4)        |   |  |                           |   |  |
| (5)        |   |  |                           |   |  |
| (6)        |   |  |                           |   |  |

| _    | • |
|------|---|
| Page | 2 |

| 30110   | oule o (i oi iii 330 di 330-22) 2010                       |                 |   |                    |                                  | rage <b>_</b>                         |  |
|---|--|-----------------|---|--------------------|----------------------------------|---------------------------------------|--|
|   | rt II-A Complete if the organization section 501(h)).      |                 |   | 01(c)(3) and file  | d Form 5768 (ele                 | ction under                           |  |
|   | Check ► ☐ if the filing organization b                     |                 |   |                    |                                  |                                       |  |
| В   | Check ► ☐ If the filing organization c                     |                 |   | trol" provisions a | T                                |                                       |  |
|   |  | bying Expendi   |   |                    | (a) Filing organization's totals | (b) Affiliated group totals           |  |
|   | (The term "expenditures" r                                 |                 |   |                    | Organization's totals            | group totals                          |  |
| 1a         Total lobbying expenditures to influence public opinion (grass roots lobbying)         .         . |  |                 |   |                    |                                  |                                       |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                               |  |                 |   |                    |                                  |                                       |  |
| (   | c Total lobbying expenditures (add lines                   | •               |   |                    |                                  |                                       |  |
| (   | d Other exempt purpose expenditures .                      |                 |   |                    |                                  |                                       |  |
| (   | e Total exempt purpose expenditures (ac                    |                 | •   |                    |                                  | <del></del>                           |  |
| 1   | f Lobbying nontaxable amount Enter columns                 | the amount f    | from the following  | table in both      |                                  |                                       |  |
|   | If the amount on line 1e, column (a) or (b)                | s: The lobbying | g nontaxable amoun  | t is:              |                                  | 1                                     |  |
|   | Not over \$500,000   | 20% of the a    | mount on line 1e  |                    | 1                                |                                       |  |
|   | Over \$500,000 but not over \$1,000,000                    | \$100,000 plu   | s 15% of the excess   | over \$500,000     | 1                                | į                                     |  |
|   | Over \$1,000,000 but not over \$1,500,000                  | \$175,000 plu   | s 10% of the excess   | over \$1,000,000   |                                  |                                       |  |
|   | Over \$1,500,000 but not over \$17,000,000                 | \$225,000 plu   | s 5% of the excess of   | ver \$1,500,000    | ]                                | 1                                     |  |
|   | Over \$17,000,000  |                 |   |                    |                                  |                                       |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)   |  |                 |   |                    |                                  |                                       |  |
| - 1   | h Subtract line 1g from line 1a. If zero or                | less, enter -0- |   |                    |                                  |                                       |  |
| i   | Subtract line 1f from line 1c If zero or I                 | ess, enter -0-  |   |                    |                                  | · · · · · · · · · · · · · · · · · · · |  |
| į   | If there is an amount other than zero                      | on either line  | th or line 1i, did  | the organization   | file Form 4720                   |                                       |  |
|   | reporting section 4911 tax for this yea                    | ? .             |   | · · · · · ·        |                                  | Yes No                                |  |
|   | (Some organizations that m                                 | ade a section   | Period Under Sec<br>501(h) election do<br>actions for lines 2 | not have to com    |                                  | •                                     |  |
|   | Lobbyin  | g Expenditure:  | S During 4-Year A   | veraging Period    | T                                |                                       |  |
|   | Calendar year (or fiscal year<br>beginning in)             | (a) 2007        | <b>(b)</b> 2008   | (c) 2009           | <b>(d)</b> 2010                  | (e) Total                             |  |
| 2   | a Lobbying nontaxable amount                               |                 |   |                    |                                  |                                       |  |
|   | b Lobbying ceiling amount<br>(150% of line 2a, column (e)) |                 |   |                    |                                  |                                       |  |
|   | c Total lobbying expenditures                              |                 |   |                    |                                  |                                       |  |
| (   | d Grassroots nontaxable amount                             |                 |   |                    |                                  |                                       |  |
| (   | e Grassroots ceiling amount (150% of line 2d, column (e))  |                 |   |                    |                                  |                                       |  |
|   | f Grassroots lobbying expenditures                         |                 |   |                    |                                  |                                       |  |

|                       | (election under section 501(h)).   |          | ·            | 5768        |       |
|-----------------------|--|----------|--------------|-------------|-------|
|                       |  | (4       | a)           | (b)         |       |
|                       |  | Yes      | No           | Amour       | nt    |
| 1                     | Dunng 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)?   |          |              |             |       |
| С                     | Media advertisements?  |          |              |             |       |
| đ                     | 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?  |          |              | <del></del> |       |
| h                     | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .  |          |              |             |       |
| i                     | Other activities? If "Yes," describe in Part IV  |          |              |             |       |
| j                     | Total Add lines 1c through 1i  |          |              |             |       |
| <b>2</b> a            | 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  |          |              |             |       |
| 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?   | <u> </u> |              |             |       |
| Part                  | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).   | c)(5), ( | or se        | ction       |       |
|                       |  |          |              | Yes         | ;   I |
| 1                     | Were substantially all (90% or more) dues received nondeductible by members? .   |          |              | 1 🗸         | İ     |
| 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           | +-    |
| Part                  |  | ·1/51 /  |              | _4*         |       |
|                       | 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."   |          |              |             |       |
| 1                     | "Yes."  Dues, assessments and similar amounts from members   | line 3   |              |             |       |
| 1 2                   | "Yes."   | line 3   | is an        |             |       |
|                       | "Yes."  Dues, assessments and similar amounts from members   | line 3   | is an        |             |       |
| 2                     | "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year   | line 3   | is an        |             |       |
| 2<br>a                | "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total   | line 3   | 1 2a 2b 2c   |             |       |
| 2<br>a<br>b           | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | line 3   | 1 2a 2b      |             |       |
| a<br>b<br>c           | Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year   | ine 3    | 1 2a 2b 2c   |             |       |
| 2<br>a<br>b<br>c<br>3 | Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year   | ine 3    | 1 2a 2b 2c 3 |             |       |
| 2<br>a<br>b<br>c<br>3 | Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year   | ine 3    | 1 2a 2b 2c   |             |       |

| Schedule C (For | m 990 or 990-EZ) 2010                | Page <b>4</b> |
|-----------------|--------------------------------------|---------------|
| Part IV         | Supplemental Information (continued) |               |
| _               |                                      |               |
|                 |                                      |               |
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## SCHEDULE D (Form 990)

8

## **Supplemental Financial Statements**

OMB No 1545-0047

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection
Employer identification number

Nebraska Municipal Power Pool 47-0575470 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year . Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? . . . . . . . . . ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

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

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

organization's accounting for conservation easements

☐ Yes ☐ No

| Schedule D | (Form 990) | 2010 |
|------------|------------|------|
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|    |   |   |

| Part     | Organizations Maintaining   | Collections of              | Art, His            | torical 1         | Treasures,                                       | or Ot    | her Similar As                        | sets (co     | ontini      | ued)        |
|----------|---|-----------------------------|---------------------|-------------------|--|----------|---------------------------------------|--------------|-------------|-------------|
| 3        | Using the organization's acquisition,   | accession, and ot           | her reco            | rds, ched         | k any of the                                     | e follov | ving that are a si                    | gnifican     | t use       | of its      |
|          | collection items (check all that apply):  |                             |                     | _                 |  |          |                                       |              |             |             |
| a        | Public exhibition   |                             | d                   |                   | an or exchar                                     |          |                                       |              |             |             |
| b        | Scholarly research  |                             | е                   | ☐ Oth             | ner  |          |                                       |              | <b></b>     |             |
| C        | Preservation for future generation  |                             |                     |                   |  |          |                                       |              |             |             |
| 4        | Provide a description of the organizat XIV.   | ion's collections a         | and expl            | ain how t         | hey further                                      | the org  | anızation's exem                      | ipt purp     | ose ir      | ı Part      |
| 5        |   | aaliait ay yaasi .a         |                     |                   | 1-1-4- 1-1-1-4                                   |          |                                       |              |             |             |
| 3        | During the year, did the organization assets to be sold to raise funds rather                                       | than to be mainta           | donation            | ns of art,        | nistorical tr                                    | easure:  | s, or other simila                    |              | _           | <b>-</b>    |
| Part     | assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Yes   No |                             |                     |                   |  |          |                                       |              |             |             |
| rait     | line 9, or reported an amoun  | t on Form 990 F             | nipiete<br>Part X I | ine Org<br>ine 21 | janization a                                     | answei   | red "Yes" to Fo                       | m 990        | , Pan       | ιν,         |
| 1a       | · · · · · · · · · · · · · · · · · · ·   |                             |                     |                   | or contribut                                     | ione or  | other assets no                       | •            |             | <del></del> |
|          | included on Form 990, Part X?   |                             |                     |                   |  |          | other assets no                       |              | es [        | ¬ No        |
| b        | If "Yes," explain the arrangement in Pa   |                             |                     |                   |  |          |                                       | L. '         | <b>53</b> L | 7 140       |
| _        |   | and compr                   |                     | ono wing t        | abio.  |          | Ar                                    | nount        |             |             |
| C        | Beginning balance   |                             |                     |                   |  | 1c       |                                       |              |             |             |
| d        | Additions during the year   |                             |                     |                   |  | 1d       | <del></del>                           |              |             |             |
| e        | Distributions during the year   |                             |                     |                   |  | 1e       |                                       |              |             |             |
| f        | Ending balance  |                             |                     |                   |  | 1f       |                                       | -            |             |             |
| 2a       | Did the organization include an amour   | nt on Form 990, Pa          | art X, line         | e 21? .           |  |          |                                       |              | es [        | □No         |
|          | If "Yes," explain the arrangement in Pa   |                             |                     |                   |  |          |                                       |              |             |             |
| Pari     | Endowment Funds. Comple   |                             |                     |                   |  |          |                                       |              |             |             |
|          |   | (a) Current year            | (b) Pr              | or year           | (c) Two year                                     |          | (d) Three years back                  | (e) Fou      | r years     | back        |
| 1a       | Beginning of year balance   | 106,468                     |                     | 91,619            | <del>                                     </del> | 78,063   | · · · · · · · · · · · · · · · · · · · |              |             |             |
| b        | Contributions   | 15,165                      |                     | 14,849            |  | 13,556   |                                       |              |             |             |
| С        | Net investment earnings, gains, and   |                             |                     |                   |  |          |                                       |              |             |             |
|          | losses  | 0                           |                     | 0                 | <del>}</del>                                     | 0        | · · · · · · · · · · · · · · · · · · · | ļ            | <u>_</u>    |             |
| d        | Grants or scholarships  | -7,500                      |                     | 0                 |  | 0        |                                       | <del> </del> |             |             |
| е        | Other expenditures for facilities and programs  |                             |                     |                   |  |          |                                       |              |             |             |
|          | · -   | 0                           |                     | 0                 | <del> </del>                                     | - 0      |                                       | <del> </del> |             |             |
| f        | Administrative expenses End of year balance   |                             |                     | 106,468           |  | 91,619   | <del> </del>                          | ╂───         |             |             |
| 9<br>2   | Provide the estimated percentage of the   |                             |                     |                   | L  | 91,019   |                                       | ٠            |             |             |
| -<br>a   | Board designated or quasi-endowmer  |                             |                     | 23.               |  |          |                                       |              |             |             |
| b        | Permanent endowment >   | 0 %                         | - 70                |                   |  |          |                                       |              |             |             |
| c        | Term endowment ▶ 0 %  |                             |                     |                   |  |          |                                       |              |             |             |
| 3a       | Are there endowment funds not in the  | possession of the           | e organ             | zation th         | at are held                                      | and ad   | ministered for the                    | Э            |             |             |
|          | organization by:  |                             | _                   |                   |  |          |                                       |              | Yes         | No          |
|          | (i) unrelated organizations   |                             |                     |                   |  |          |                                       | 3a(i)        |             | 1           |
|          | (ii) related organizations  |                             |                     |                   |  |          |                                       | 3a(ii)       |             | 1           |
| b        | If "Yes" to 3a(ii), are the related organi  |                             |                     |                   |  |          |                                       | 3b           |             |             |
| 4        | Describe in Part XIV the intended uses  |                             |                     |                   |  |          |                                       |              |             |             |
| Part     | VI Land, Buildings, and Equip   | ment. See Form              | 1 990, P            |                   |  |          |                                       |              | <del></del> |             |
|          | Description of investment   | (a) Cost or ot<br>(investme |                     |                   | or other basis<br>other)                         |          | Accumulated<br>epreciation            | (d) Boo      | ok value    | <b>3</b>    |
| 1a       | Land  |                             | 0                   |                   | 0  |          |                                       |              |             | 0           |
| b        | Buildings   |                             | 0                   |                   | 0  |          | 0                                     |              |             | 0           |
| C        | Leasehold improvements  |                             | 0                   | <del> </del>      | 0  |          | 0                                     |              |             | 0           |
| d        | Equipment   |                             | 0                   |                   | 14,193   |          | 14,193                                |              |             | 0           |
| <u>e</u> | Other   |                             | 0                   | 1.                | 0  |          | 0                                     |              |             | 0           |
| i otal.  | Add lines 1a through 1e. (Column (d) m  | nust equal Form 9           | 90, Part            | x, columi         | 1 (B), line 10                                   | (C).) .  | •                                     |              |             | 0           |

| Part VII          | 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 va<br>Cost or end-of-year n |                        |
| (1) Financia      | al derivatives  |                                       |   |                        |
|                   | held equity interests   |                                       |   |                        |
|                   |   |                                       |   |                        |
| (A)               |   |                                       |   |                        |
| (B)               |   |                                       |   |                        |
| (C)               |   |                                       |   | <del></del>            |
| (D)<br>(E)        |   |                                       |   |                        |
| ···(F)            |   |                                       |   |                        |
| (G)               |   |                                       |   |                        |
| (H)               |   |                                       |   |                        |
| (I)               |   |                                       |   |                        |
| Total. (Column    | (b) must equal Form 990, Part X, col (B) line 12)                   |                                       |   |                        |
| Part VIII         | Investments – Program Related                                       | <b>i.</b> See Form 990, Part X,       | , line 13.                                |                        |
|                   | (a) Description of investment type                                  | (b) Book value                        | (c) Method of va<br>Cost or end-of-year n |                        |
| (1)               |   |                                       |   |                        |
| (2)               |   |                                       |   |                        |
| (3)               |   |                                       |   |                        |
| (4)               | ···   |                                       |   |                        |
| (5)               |   |                                       |   |                        |
| (6)               |   |                                       |   |                        |
| (7)<br>(8)        | · · · · · · · · · · · · · · · · · · ·                               |                                       |   |                        |
| (9)               |   |                                       |   |                        |
| (10)              |   |                                       |   |                        |
|                   | (b) must equal Form 990, Part X, col (B) line 13)                   |                                       |   |                        |
| Part IX           | Other Assets. See Form 990, Pa                                      | irt X, line 15.                       |   |                        |
|                   | (a  | i) Description                        |   | (b) Book value         |
| (1)               |   |                                       |   |                        |
| (2)               |   |                                       |   |                        |
| (3)               | <u></u>   |                                       |   |                        |
| (4)               |   |                                       |   | <del></del>            |
| <u>(5)</u>        |   | <del></del>                           |   |                        |
| <u>(6)</u><br>(7) |   | · · · · · · · · · · · · · · · · · · · |   |                        |
| (8)               |   |                                       |   |                        |
| (9)               |   |                                       |   |                        |
| (10)              |   |                                       |   |                        |
| Total. (Cold      | umn (b) must equal Form 990, Part X, co                             | ol (B) line 15.)                      |   |                        |
| Part X            | Other Liabilities. See Form 990,                                    | Part X, line 25.                      |   |                        |
| 1.                | (a) Description of liability  | (b) Amount                            | -   |                        |
|                   | I income taxes  |                                       |   |                        |
| (2)               |   |                                       | <u>j</u><br>-                             |                        |
| (3)               |   |                                       | 4   |                        |
| (4)               |   |                                       | 4   |                        |
| (5)<br>(6)        |   |                                       | -   |                        |
| (7)               |   |                                       | -   |                        |
| (8)               |   |                                       | 1   |                        |
| (9)               |   |                                       | 1   |                        |
| (10)              | -   |                                       | 1   |                        |
| (11)              |   |                                       | 1   |                        |
| <del></del>       | (b) must equal Form 990, Part X, col (B) line 25 ) ▶                | ·                                     | -   |                        |
|                   | ASC 740) Footpote In Part XIV provide                               | the text of the footnote to           | the organization's financial states       | ments that reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

| Schedu  | le D (Form 990) 2010   |                  |               |          | Page 4                                |
|---------|--|------------------|---------------|----------|---------------------------------------|
| Part    | XI Reconciliation of Change in Net Assets from Form 990 to Au  | udited Financ    | ial Stateme   | ents     |                                       |
| 1       | Total revenue (Form 990, Part VIII, column (A), line 12)   |                  |               | 1        | 5,638,448                             |
| 2       | Total expenses (Form 990, Part IX, column (A), line 25)  |                  | [             | 2        | 5,625,401                             |
| 3       | Excess or (deficit) for the year. Subtract line 2 from line 1  |                  | [             | 3        | 13,047                                |
| 4       | Net unrealized gains (losses) on investments   |                  | . [           | 4        | C                                     |
| 5       | Donated services and use of facilities   |                  | [             | 5        | (                                     |
| 6       | Investment expenses  |                  | [             | 6        | C                                     |
| 7       | Pnor period adjustments  |                  |               | 7        |                                       |
| 8       | Other (Describe in Part XIV.)  |                  | [             | 8        | _1                                    |
| 9       | Total adjustments (net). Add lines 4 through 8   | •                | [             | 9        | 1                                     |
| 10      | Excess or (deficit) for the year per audited financial statements. Combine   |                  |               | 10       | 13,048                                |
| Part    | XII Reconciliation of Revenue per Audited Financial Stateme  | ents With Re     | venue per     | Retur    | n                                     |
| 1       | Total revenue, gains, and other support per audited financial statements   |                  |               | 1        | 1,307,977                             |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12.  |                  |               |          |                                       |
| а       | Net unrealized gains on investments  | 2a               | 0             |          |                                       |
| þ       | Donated services and use of facilities   | 2b               | 0             | •        |                                       |
| C       | Recovenes of pnor year grants  | 2c               | 0             |          |                                       |
| d       | Other (Describe in Part XIV.)  | 2d               | 56,650        |          |                                       |
| е       | Add lines 2a through 2d  |                  | •             | 2e       | 56,650                                |
| 3       | Subtract line <b>2e</b> from line <b>1</b>   |                  |               | 3        | 1,251,327                             |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                  |               |          |                                       |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b .   | 4a               | 0             |          |                                       |
| b       | Other (Describe in Part XIV.)  | 4b               | 4,387,121     |          |                                       |
| С       |  |                  |               | 4c       | 4,387,121                             |
| 5       | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line  |                  |               | 5        | 5,638,448                             |
|         | XIII Reconciliation of Expenses per Audited Financial Statem   | ents With E      | xpenses pe    | r Ret    | · · · · · · · · · · · · · · · · · · · |
| 1       | Total expenses and losses per audited financial statements   |                  | •             | 1        | 1,310,094                             |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25   | 1 3              |               |          |                                       |
| а       | Donated services and use of facilities   | 2a               | 0             | 1        |                                       |
| ь       | Prior year adjustments   | 2b               | 0             |          |                                       |
| С       | Other losses   | 2c               | 0             |          |                                       |
| d       | Other (Describe in Part XIV)   | 2d               | 56,650        |          |                                       |
| e       | Add lines 2a through 2d  | •                |               | 2e       | 56,650                                |
| 3       | Subtract line 2e from line 1   |                  |               | 3        | 1,253,444                             |
| 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               | 0             | 1        |                                       |
| þ       | Other (Describe in Part XIV.)  | 4b               | 4,371,957     |          |                                       |
| c       | Add lines 4a and 4b  |                  | •             | 4c       | 4,371,957                             |
| 5       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  | 918).            | <del> </del>  | 5        | 5,625,401                             |
| art     |  |                  |               |          |                                       |
|         | lete this part to provide the descriptions required for Part II, lines 3, 5, and   |                  |               |          |                                       |
|         | , line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,   | lines 2d and 4   | b. Also comp  | olete tr | nis part to provide                   |
|         | diditional information   |                  |               |          |                                       |
| art V   | Line 4 The endowment funds held by NMPP are to be used for energy resear   | ch and develop   | ment (ERDF)   | projec   | ts                                    |
|         |  |                  |               |          |                                       |
| viemb   | er communities may submit a request for a grant for a project that has the pote  | ential to reduce | energy usage  | or       |                                       |
|         | The FBBF and the state of the s |                  |               |          |                                       |
| mpro    | ve energy efficiencies  The ERDF committee reviews all requests and makes the  | ne decision to a | pprove or ren | use      |                                       |
| <b></b> |  |                  |               |          |                                       |
| ne re   | quest  |                  |               |          |                                       |
|         |  |                  |               |          |                                       |
|         |  |                  |               |          |                                       |
| ort V   | L Line 9. Pounding   |                  |               |          |                                       |
| art X   | I Line 9. Rounding   |                  |               |          |                                       |
|         |  |                  |               |          |                                       |
|         |  |                  |               |          |                                       |
|         |  |                  |               |          |                                       |

| Schedule D (Form 990) 2010   | Page 5 |
|--|--------|
| Part XIV Supplemental Information (continued)  |        |
| Part XII, Line 2d Costs of goods sold (\$56,650) is treated as program/project expenses in the audit.                    |        |
| r dit All, Ellie 22 0035 of goods 3014 (000/000) is bedied as programping of experises in the dadi.                      |        |
| •••••••••••••••••••••••••••••••••••••••  |        |
| Part XII, Line 4b: Total includes \$15,165 in voluntary contributions received from member communities to support        |        |
| Part Air, Line 40. Total includes \$13,105 in Voluntary Contributions received from member Continuantes to Support       |        |
| energy research and development projects and \$4,371,955 received from three other entities for the performance of       |        |
| monogoment and administrative convers by NINDD ampleyees as further evaluation in Cabadyla I. Dort Land Cabadyla O       |        |
| management and administrative services by NMPP employees as further explained in Schedule L, Part I and Schedule O,      |        |
| and \$1 in rounding, for a total of \$4,387,121  |        |
|  |        |
|  |        |
| Part XIII, Line 2d. Costs of goods sold (\$56,650) is treated as program/project expense in the audit                    |        |
|  |        |
|  |        |
| Part XIII, Line 4b The \$4,371,955 is payroll and benefits incurred by NMPP for employees assigned to the                |        |
|  |        |
| performance of management and administrative services for the three other entities. The reimbursement of these costs     |        |
| is reflected in Part XII, Line 4b, as further explained in Schedule L, Part IV and Schedule O, and \$2 in rounding for a |        |
|  |        |
| total of \$4,371,957.  |        |
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SCHEDULE (Form 990) Department of the Treasury internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

| -          |  |
|------------|--|
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| $\otimes$  |  |

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| Nebraska Municipal Power Pool   |  |                                  |   |                                       |  |  | 47-0575470                         |
|---|--|----------------------------------|---|---------------------------------------|--|--|------------------------------------|
| Part I General Information on Grants and Assis  | on Grants and                          | Assistance                       |   |                                       |  | -                                      |                                    |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | ain records to subsaward the grants    | stantiate the amou               | int of the grants or                                    | assistance, the g                     | rantees' eligibility for   | r the grants or assistar               | ice, and                           |
| 2 Describe in Part IV the organization's procedures for   | ization's procedur                     | es for monitoring                | monitoring the use of grant funds in the United States. | nds in the United                     |  |  | <u>.</u>                           |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to   | ssistance to Go                        | vernments and                    | Organizations i   | n the United St                       | ates. Complete if  | the organization an                    | swered "Yes" to                    |
| Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed .                     | ie 21, for any rec<br>additional space | ipient that receivis needed      | red more than \$5                                       | 5,000. Check thi                      | s box if no one rec  | ipient received more                   | e than \$5,000. Part II            |
| 1 (a) Name and address of organization or government  | (b) EIN                                | (c) IRC section<br>if applicable | (d) Amount of cash<br>grant                             | (e) Amount of non-<br>cash assistance | (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1)   |  |                                  |   |                                       |  |  |                                    |
| City of Gunnison, CO  | 84-6000673                             | N/A                              | 7,500   | 0                                     | N/A  | N/A                                    | Efficiency study                   |
| (2)   |  |                                  |   |                                       |  |  |                                    |
| (6)   |  |                                  |   |                                       |  |  |                                    |
| (4)   |  |                                  |   |                                       |  |  |                                    |
| (9)   |  |                                  |   |                                       |  |  |                                    |
| (9)   | :                                      |                                  |   |                                       |  |  |                                    |
| (1)   |  |                                  |   |                                       |  |  |                                    |
| (8)   |  |                                  |   |                                       |  |  |                                    |
| (6)   |  |                                  |   |                                       |  |  |                                    |
| (10)  |  |                                  |   |                                       |  |  |                                    |
| (11)  |  |                                  |   |                                       |  |  |                                    |
| (12)  |  |                                  |   |                                       |  |  |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations  | n 501(c)(3) and gov                    | ernment organiza                 | suoi  |                                       |  |  | c                                  |

Schedule ! (Form 990) (2010)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Schedule I (Fo | Schedule I (Form 990) (2010)   |                                       |                          |                                   |  | Page 2   |
|----------------|--|---------------------------------------|--------------------------|-----------------------------------|--|--|
| Part III       | Grants and Other Assistance to Individual Part III can be duplicated if additional space   | viduals in the Ur<br>space is needed. | nited States. Com        | plete if the organiza             | ition answered "Yes" to F  | s in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. is needed.  |
|                | (a) Type of grant or assistance  | (b) Number of recipients              | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other)  | (f) Description of non-cash assistance   |
| -              |  |                                       |                          |                                   |  |  |
| 7              |  |                                       |                          |                                   |  |  |
| က              |  |                                       |                          |                                   |  |  |
| 4              |  |                                       |                          |                                   |  |  |
| 2              |  |                                       |                          |                                   |  |  |
| 9              |  |                                       |                          |                                   |  |  |
| 7<br>VI +red   | Sumlamontal Information Complete the required to information and in Data I line 2 and an other additional referencial  | 1000                                  |                          | 1                                 | 7  | de de company de la company de |
| Grant fund     | Grant funds are administered by NMPP's Energy Research and Development (ERDF) Committee. Member communities may submit a request for a grant for a project that has the        | h and Development                     | (ERDF) Committee.        | Nember communities r              | nay submit a request for a gra   | not for a project that has the   |
| potential to   | potential to reduce energy usage or improve energy efficiencies.   | encies. The ERDF C                    | Sommittee reviews all    | requests and makes it             | The ERDF Committee reviews all requests and makes its decision to approve or refuse the request. After a grant | se the request. After a grant  |
| has been a     | has been approved and the project completed, the receiving community must present a report to the Committee as to the results of the project for which the grant was approved. | ng community must                     | t present a report to th | e Committee as to the             | results of the project for whi   | ch the grant was approved.   |
|                |  |                                       |                          |                                   |  |  |
|                |  |                                       |                          |                                   |  |  |
|                |  |                                       |                          |                                   |  |  |
|                |  |                                       |                          |                                   |  |  |
|                |  |                                       |                          |                                   |  |  |
|                |  |                                       |                          |                                   |  |  |
|                |  |                                       |                          |                                   |  |  |
|                |  |                                       |                          |                                   |  | Schedule I (Form 990) (2010)   |

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Nebraska Municipal Power Pool 47-0575470 **Questions Regarding Compensation** Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply ✓ Written employment contract Compensation committee ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment from the organization or a related organization? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? . 5a **b** Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. The organization? . . . 6a **b** Any related organization? . 6b If "Yes" to line 6a or 6b, describe in Part III 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 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe . . 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

. . .

. . .

Regulations section 53 4958-6(c)?

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

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

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

|                  |          | (B) Breakdown of   | f W-2 and/or 1099-MISC compensation   | Compensation  | (C) Retirement and  | oldoxida (C)  | (C) Total of continues  | (F) Compensation                       |
|------------------|----------|--|---|---|---|---|---|--|
| (A) Name         |          | (I) Base<br>compensation   | (ii) Bonus & incentive compensation   | (iii) Other<br>reportable<br>compensation   | other deferred compensation   | benefits  | (B)(I)+(D)  | reported in prior<br>Form 990-EZ       |
| J. Gary Stauffer | 8        | 218,535  | 40,000  | 0   | 0   | 37,380  | 295,915   | 245,829                                |
| 1                | €        |  |   |   |   |   |   |  |
| Ronald A. Haase  | €        | 142,305  | 18,861  | 0   | 0   | 26,888  | 188,054   | 168,334                                |
| 2                | €        |  |   | , , , , , , , , , , , , , , , , , , ,   |   |   |   |  |
| Tim Sutherland   | ε        | 130,858  | 22,327  | 0   | 0   | 29,161  | 182,346   | 158,933                                |
| 0                | €        | 4<br>6<br>1<br>1<br>7<br>6<br>6<br>6<br>6<br>6<br>7<br>7<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8 |   |   |   |   | • • • • • • • • • • • • • • • • • • •   |  |
| Kevin Gaden      | 8        | 162,601  | 34,732  | 0   | 0   | 36,538  | 233,871   | 197,974                                |
| 4                | Ξ        | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1                          | )<br>)<br>)<br>)<br>)<br>)<br>)<br>(  | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>; |   | <br>  |   |  |
| Robert Pick      | Ξ        | 140,682  | 25,733  | 0   | 0   | 33,654  | 200,069   | 161,670                                |
| D.               | ≘        | : : : : : : : : : : : : : : : : : : :  | ;<br>;<br>;<br>;<br>;<br>;  |   | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>; | +<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+<br>+ |   |  |
| John Harms       | 8        | 124,922  | 18,799  | 0   | 0   | 31,522  | 175,243   | 0                                      |
| 9                | 3        |  | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;   |   | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>; | <br>  | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>; | • • • • • • • • • • • • • • • • • • •  |
| Chris Dibbern    | 8        | 124,198  | 17,362  | 0   | 0   | 31,483  | 173,043   | 0                                      |
| 7                | €        | · · · · · · · · · · · · · · · · · · ·  |   |   |   |   |   |  |
| Benjamin Mader   | €        | 110,705  | 14,997  | 0   | 0   | 25,602  | 151,304   | 0                                      |
| . 8              | €        |  |   |   |   |   |   | • • • • • • • • • • • • • • • • • • •  |
|                  | (8)      |  |   |   |   |   |   |  |
| 6                | <b>E</b> |  |   |   |   |   |   |  |
|                  | €        |  |   |   |   |   |   |  |
| 10               | €        | b b b b b b b b b b b b b b b b b b b  | 1   |   | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>; |   | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;                          | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |
|                  | Ξ        |  |   |   |   |   |   |  |
| 11               | €        | 1  | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>; | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;           | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>; | 1   | • • • • • • • • • • • • • • • • • • •   |  |
|                  | 8        |  |   |   |   |   |   |  |
| 12               | €        |  |   |   |   |   |   |  |
|                  | Ξ        |  |   |   |   |   |   |  |
| 13               | €        |  | 1   |   | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>; | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>; | 1   | *** * * * * * * * * * * * * * * * * *  |
|                  | 8        |  |   |   |   |   |   |  |
| 14               | €        |  |   |   |   |   |   |  |
|                  | €        |  |   |   |   |   |   |  |
| 15               | Ξ        |  |   |   |   |   |   |  |
|                  | 8        |  |   |   |   |   |   |  |
| 16               | Ξ        |  |   |   |   |   |   |  |
|                  |          |  |   |   |   |   |   |  |

Schedule J (Form 990) 2010

| Page 3   |
|--|
| 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 only additional information. |
| ine 6a:  |
| NMPP has a profit sharing program which covers all employees, except the Executive Director, who meet specific age and hours of service requirements. Any profit   |
| sharing contribution is based on the audited net earnings of the combined net revenues (income) of the NMPP coalition of companies in excess of budgeted earnings.   |
| as approved by the individual Board of Directors of the respective companies for the fiscal year. Any bonus paid to the Executive Director is determined annually  |
| by the officers of NMPP and the officers of the other three unrelated entities, for which the NMPP Executive Director also serves as the Executive Director of those   |
| three entities.  |
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| Schedule J (Form 990) 2010   |

### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| Nebraska    | Municipal Power Pool  |  |  |   |                          |                              |          | 47-0     | 131341         | U           |                 |        |
|-------------|---|--|--|---|--------------------------|------------------------------|----------|----------|----------------|-------------|-----------------|--------|
| Part I      | Excess Benefit Transactions Complete if the organization a  | (section   | 501(c)(3)<br>"Yes" on                            | and section 501(c)(<br>Form 990, Part IV, | 4) organiz<br>line 25a o | ations only)<br>r 25b, or Fo | rm 990   | D-EZ,    | Part \         | /, line     | 40b.            |        |
|             |   |  |  |   |                          |                              |          | •        |                |             | (c) Con         | ected? |
| 1           | (a) Name of disqualified person                             |  |  | _   | (b) Descrip              | tion of transact             | ion      |          |                |             | Yes             | No     |
| (1)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (2)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (3)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (4)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (5)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (6)         |   |  |  |   | <del></del>              |                              |          |          |                |             |                 |        |
|             | ter the amount of tax imposed                               | on the c   | organizatio                                      | on managers or dis                        | squalified               | persons du                   | ırıng ti | ne yea   |                |             |                 |        |
| _           | der section 4958  | •  |  |   |                          | •                            | •        | !        | <b>&gt;</b> \$ |             |                 |        |
| <b>3</b> En | ter the amount of tax, if any, on li                        | ne 2, abo  | ove, reimb                                       | oursed by the organ                       | ization                  |                              |          | ,        | <b>&gt;</b> \$ |             |                 |        |
| Down        |   | <del></del>                                      |  |   |                          |                              |          |          |                | <del></del> |                 |        |
| Part II     | Loans to and/or From Intere Complete if the organization a  | sted Per<br>newered                              | 'SORS.<br>"Yes" on                               | Form 990 Part IV                          | line 26 or               | Form 990-I                   | F7 Pa    | rt V li  | ne 38          | la          |                 |        |
|             | Complete if the organization a                              | - I  | 103 011  |   | T 20, 01                 | 1 01111 000 1                | Т -      |          |                |             |                 |        |
| (a) N       | ame of interested person and purpose                        |  | to or from                                       | (c) Original principal amount             | (d) Ba                   | lance due                    | (e) In d | iefault? | (f) App        |             | (g) W<br>agreer |        |
|             |   | line orgi  | in Edition .                                     | principal amount                          |                          |                              |          |          | comm           |             | agree           | nent.  |
|             |   | То   | From   |   | l                        |                              | Yes      | No       | Yes            | No          | Yes             | No     |
| (1)         | · · · · · · · · · · · · · · · · · · ·                       | <del></del>                                      | 1.10   |   |                          |                              | 1.00     | 110      |                |             |                 |        |
| (2)         | <del></del>   | <del>                                     </del> | <del>                                     </del> |   |                          |                              | †        |          |                |             |                 |        |
| (3)         |   |  |  | <del>-</del> -                            |                          | ·                            |          |          |                |             |                 |        |
| (4)         |   |  |  |   |                          |                              |          |          |                | !           |                 |        |
| (5)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (6)         |   |  | <del>                                     </del> |   |                          |                              |          |          |                |             |                 |        |
| (7)         |   |  | 1  |   |                          |                              |          |          |                |             |                 |        |
| (8)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (9)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (10)        |   |  |  |   | <u> </u>                 |                              |          |          |                |             |                 |        |
| Total .     |   |  |  |   |                          |                              | 900      |          |                |             |                 |        |
| Part III    | Grants or Assistance Benefit Complete if the organization a | ti <b>ng Inte</b><br>nswered                     | rested Pe<br>"Yes" on                            | ersons.<br>Form 990, Part IV,             | line 27.                 |                              |          |          |                |             |                 |        |
|             | (a) Name of interested person                               | (b) R  | elationship t                                    | petween interested perso<br>organization  | n and the                | (c)                          | Amount   | and typ  | oe of as       | ssistan     | ce              |        |
| (1)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (2)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (3)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (4)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (5)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (6)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (7)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (8)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (9)         |   |  |  |   |                          |                              |          |          |                |             |                 |        |
| (10)        |   |  |  |   |                          |                              |          |          |                |             |                 |        |

| Sched       | dule L (Form 990 or 990-EZ) 2010                                 |   |                           |                                | F      | age 2                         |
|-------------|--|---|---------------------------|--------------------------------|--------|-------------------------------|
| Par         | Business Transactions Involvi<br>Complete if the organization an | ing Interested Persons.<br>swered "Yes" on Form 990             | ), Part IV, line 28a, 2   | 28b, or 28c.                   |        |                               |
|             | (a) Name of interested person                                    | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organı | aring of<br>zation's<br>nues? |
|             |  |   |                           |                                | Yes    | No                            |
| (1)         | All reportable business transaction                              | Perform management,   | 4,371,955                 | Reimbursement of payroll       |        | <u> </u>                      |
| (2)         | are reported on Form 990, Part VII                               | administration and  |                           | and employee benefits          |        | <u> </u>                      |
| (3)         |  | operational services  |                           |                                |        | <u> </u>                      |
| (4)         |  |   |                           |                                |        | Ь                             |
| (5)         | other entities that pay NMPP, as                                 |   |                           |                                | _      | ├                             |
| (6)         |  |   |                           |                                |        | ₩                             |
| (7)         | services.  |   |                           |                                |        | ├─                            |
| (8)         |  |   | <u> </u>                  |                                |        | ├                             |
| (9)<br>(10) |  |   | <u></u>                   |                                |        | <del> </del>                  |
| Par         |  |   |                           |                                |        | Ь                             |
|             |  |   |                           |                                |        |                               |
|             |  |   |                           |                                |        |                               |
|             |  |   |                           |                                |        |                               |
|             |  |   |                           |                                |        |                               |
|             |  |   |                           |                                |        |                               |
|             | ••••   |   |                           |                                |        |                               |
|             |  |   |                           |                                |        |                               |
|             |  |   |                           |                                |        |                               |
|             |  |   |                           |                                |        |                               |
|             | ***************************************                          |   |                           |                                |        |                               |
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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Employer identification number

Nebraska Municipal Power Pool 47-0575470 Part I, Line 5: Part V, Line 2a: and Part VII, Line 2: The Nebraska Municipal Power Pool (NMPP) provides personnel to a coalition of entities referred to by the trade name of NMPP Energy This coalition consists of NMPP, the Municipal Energy Agency of Nebraska (MEAN), the National Public Gas Agency (NPGA) and the Public Alliance for Community Energy (ACE) This coalition of entities provides electric and natural gas services to member and nonmember participants while sharing facilities and personnel. The allocation of staff compensation is based on estimated time incurred by each staff member in the support of the activities of each entity This allocation is reviewed and approved annually by Board representatives from each of the entities NMPP is reimbursed from the other coalition members as payroll expense is incurred None of the employees of NMPP have 100% of their time allocated to NMPP operations. Part V, Line 3a NMPP did not engage in any activity that would be identifies as an unrelated trade or business as defined in IRS Pub 598 Any product sold by NMPP is in support of the activities described in Part III, Statement of Program Services and further described in Part III, Lines 4a, 4b and 4c Part V, Lines 6a and 6b NMPP has gross receipts that normally exceed \$100,000. NMPP does not solicit contributions from public sources to support its activities Member communities pay annual membership fees Members pay for those services provided by NMPP as described in Part III Members may make voluntary contributions to the Energy Research and Development fund, as shown on Schedule D, Part V Contributions received are from tax-exempt communities Part VI, Line 6 Each member community of NMPP has the right to participate in the governance of the organization through the Member's Council and to receive a distribution of any assets in the event of the organization dissolution. The members elect representatives to serve on the NMPP board of Directors.

| Schedule O (Form 990 or 990-EZ) (2010)   | Page 2                                    |
|--|---|
| Name of the organization  Nebraska Municipal Power Pool  | Employer identification number 47-0575470 |
| Part VI, Line 7a.  |   |
|  |   |
| The members elect 16 representatives to serve on the Board of Directors. Members are divided         | by population class for                   |
| voting purposes as follows: communities with populations between 0 - 5,000 elect eight (8) dire      | ectors                                    |
| communities with populations between 5,001 - 20,000 elect four (4)                                   | directors                                 |
| communities with populations in excess of 20,001 elect four (4) directions                           | ectors                                    |
| Each director has the same voting rights regardless of the population class they represent           |   |
| у у г  |   |
| Part VI, Lines 11a and 11b.  |   |
| The Form 990 is completed internally, with assistance relating to specific sections provided by      | the organizations ındepen-                |
| dent auditing firm The finalized document is sent to, and reviewed with, the officers of NMPP        |   |
| and approval, the Form 990 is submitted to the IRS The NMPP officers report to the full Board        | their review of the Form                  |
| 990 at the next scheduled Board meeting  |   |
|  |   |
| Part VI, Line 12c  |   |
| Annually, each officer, director and key employee is required to complete a questionnaire as to      | any direct or indirect                    |
| business relationship or potential conflict of interest that should be brought to the attention of t |   |
| review and resolution Should an issue arise, the director would be required to abstain on any        | vote relating to the issue                |
| of potential conflict.   |   |
|  |   |
| Part VI, Line 15a:   |   |
| The compensation of the Executive Director is reviewed and established annually by the officer       | s of NMPP and the officers of the         |
| other three coalition members Position comparability data supplied to them by the company's          | Director of Human                         |
| Resources and Administration is reviewed. The data is taken from independent national compe          | ensation and industrial                   |
| surveys  |   |
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## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

2010
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

47-0575470 Nebraska Municipal Power Pool Part VI, Line 15b: The Executive Director is responsible for setting the compensation of NMPP employees The Executive Director reviews position comparability data supplied by the Director of Human Resources and Administration. The source of the data is taken from national compensation surveys, industrial surveys and various employee search firm reports. Part VI, Line 19 The organizations governing documents, conflict of interest policy and financial statements are available to the public upon request. Both the annual report and the annual audit are posted on NMPP's web site. Part VII, Section A, Col (B) - Average hours per week Directors - Estimated time to review meeting material and attend scheduled meetings Officers and employees - Estimated time per annual "hours worked" surveys completed by each employee. The "hours worked" surveys list the employees key job responsibilities and the percent of time the employee performs those responsibilities for each of the four entities under the NMPP Energy umbrella as previously identified Part VII, (D), (E) and (F): Directors do not receive compensation from NMPP and thus, no w-2's are issued All officers and highly compensated employees are paid by NMPP, with all reportable compensation reported on NMPP's W-2's The employees do not receive compensation from any other entity. As previously stated, NMPP provides staff that performs administrative and operational services for the other three entities operating under the NMPP Energy umbrella. These entities reimburse NMPP for the allocated time of the employees providing services to them based on the "hours worked" surveys previously described