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DLN: 93493258001042

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 C Name of organization ROUGHRIDER ELECTRIC COOPERATIVE INC Doing Business As		nployer iden	
ROUGHRIDÉR ELECTRIC COOPERATIVE INC hange Doing Business As		yover iden.	tification number
Doing Business As	■ 26	2050742	incation number
nige		-2059712 ephone num	ber
III	_ (7	01)748-22	293
Number and street (or P O box if mail is not delivered to street address) Room/suite 800 HIGHWAY DRIVE		oss receipts \$	
return City or town, state or country, and ZIP + 4 HAZEN, ND 585454737 n pending	-		
ROGER KUDRNA	affiliates?	oup return i	or ┌Yes ┌No
HAZEN ND 585454737	11/6) • 11 (61)		
,			
npt status	_		
e: ► WWW ROUGHRIDERELECTRIC COM			
ganization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other ►	L Year of formation	2008 M 9	itate of legal domicile NI
Summary			
Briefly describe the organization's mission or most significant activities THE ORGANIZATION DELIVERS ELECTRIC ENERGY TO MEMBERS IN 2011 ON 5216 MILES OF LINE	THE COOPERAT	IVE SERVE	D 11449 MEMBERS
Check this box Fr if the organization discontinued its operations or disposed of	more than 25% o	fits net ass	ets
,		з	9
		4	
Total number of individuals employed in calendar year 2011 (Part V, line 2a) .		5	5.
Total number of volunteers (estimate if necessary)		6	(
Total unrelated business revenue from Part VIII, column (C), line 12		7a	157,24!
Net unrelated business taxable income from Form 990-T, line 34	Γ	7b	57,818
	Prior Year		Current Year
	22.4		20.760.520
			38,769,520 493,484
			1,397,917
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			
12)	33,9		40,660,921
			5,892,161
			3,092,101
5–10)	5.	20,434	54,076
Professional fundraising fees (Part IX, column (A), line 11e)		0	C
- · · · · · · · · · · · · · · · · · · ·	20.20	01.360	24 604 126
			34,694,126 40,640,363
			20,558
	Beginning of Cu		End of Year
Total assets (Part X, line 16)		51,317	112,218,229
Total liabilities (Part X, line 26)	38,6	31,281	44,786,351
Net assets or fund balances Subtract line 21 from line 20	61,9	20,036	67,431,878
Signature Block			
lties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)			
N	2012-08-	14	
***** Signature of officer ROGER KUDRNA PRESIDENT Type or print pages and title	Date		
Signature of officer ROGER KUDRNA PRESIDENT Type or print name and title			
Signature of officer ROGER KUDRNA PRESIDENT Type or print name and title Preparer's signature DAVID HOLT Date Cheseline em	eck if Prep. (see	arer's taxpaye Instructions) 14251	r identification number
Signature of officer ROGER KUDRNA PRESIDENT Type or print name and title Preparer's signature DAVID HOLT Date Christel Christe	eck if Prep. (see P000	instructions)	
Signature of officer ROGER KUDRNA PRESIDENT Type or print name and title Preparer's signature DAVID HOLT Date Chesele em	eck if Prep (see P000	instructions) 014251	ı
	and the properties of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total unrelated business revenue from Part VIII, column (C), line 12 Contributions and grants (Part VIII, line 1b) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Cother venue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 4, and 50 column (A), line 12 Grants and similar amounts paid (Part IX, column (A), line 1a) Grants and similar amounts paid (Part IX, column (A), line 1a) Total fundraising expenses (Part IX, column (A), line 1b) Total fundraising expenses (Part IX, column (A), line 1b) Total fundraising expenses (Part IX, column (A), line 1b) Total fundraising expenses (Part IX, column (A), line 1c) Total fundraising expenses (Part IX, column (A), line 1c) Total fundraising expenses (Part IX, column (A), line 1c) Total fundraising expenses (Part IX, column (A), line 1c) Total fundraising expenses (Part IX, column (A), line 1c) Total expenses (Part IX, column (A), line 1c) Total expenses (Part IX, column (A), line 1c) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 2c) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	ROGER KUDRNA 800 HIGHWAY DRIVE HAZEN, ND 585454737 #I(b) Are all affiliates? #I(b) Are all affiliates? #I(c) Group exe #I(c) From the properties of the power in the properties of the properti	ROGER KUDRNA 800 HIGHWAY DRIVE HAZEN, ND 585454737 H(b) Are all affiliates included If "No," attach a list (H(c) Group exemption num ganization

Par		ement of Program Service A : if Schedule O contains a response	-		
1		the the organization's mission	•		•
MEM AND FINA GRO THE AND AND	BERSHIP INF PROVIDE TH NCIALLY STF WTH WHICH N COOPERATIN ABILITY BOA PROGRESSIN	WILL PLACE THE MEMBER FIRST I ORMED AND INVOLVED IN THEI E HIGHEST STANDARD OF SERVE RONG THROUGH PRUDENT BUSIN WILL BENEFIT THE MEMBERSHIP VE WE WILL PROVIDE AN ATMOS ARD AND MANAGEMENTTHE BOA VE IN THEIR ROLE AS LEADERS O AGEMENT AND EMPLOYEES, ARE	R COOPERATIVE SERVICEWE AR ICE FINANCIAL WE ARE COMMIT IESS PRACTICES GROWTHWE WI EMPLOYEESWE RECOGNIZE OUF PHERE WHERE ALL EMPLOYEES OF RD AND MANAGEMENT ARE COME THE COOPERATIVE AND THE	E COMMITTED AT EVER TED TO KEEPING THE C LL REMAIN OPEN TO OP REMPLOYEES AS AN IMF CAN PERFORM AT THEIR IMITTED TO BEING INNO AREA IT SERVES WE, TH	Y LEVEL TO MAINTAIN OOPERATIVE PORTUNITIES FOR ORTANT ASSET OF MAXIMUM POTENTIAL OVATIVE, INFORMED E BOARD OF
2		nization undertake any significant pr n 990 or 990-EZ?			_Yes ✓ No
	If "Yes," desc	cribe these new services on Schedu	le O	•	·
3	services? .	nization cease conducting, or make s	significant changes in how it conduct		Yes ▼ No
4	Describe the expenses Se	organization's program service acception 501(c)(3) and 501(c)(4) orgalised locations to others, the total expens	inizations and section 4947(a)(1) t	rusts are required to repor	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	THE COOPERA MILES OF LINE	TIVE IS A DISTRIBUTION ELECTRIC UTILITY	SERVING CUSTOMERS IN SIX COUNTIES I	N 2011 THE COOPERATIVE SERV	ED 11449 MEMBERS ON 5216
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other progra (Expenses s	am services (Describe in Schedule) (Revenue \$	١
		m service expenses + \$	grants or p	, increme p	,

Part IV	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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{7}$ If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	The Checklist of Required Schedules (continued)			
21	Did the organization report more than $$5,000$ of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line $1?$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	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	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

•	,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 181			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	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			
h	return			
ט	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а				
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	3		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
ט	Section 501(c)(7) organizations. Enter	<i></i>		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
U	facilities			
1	Section 501(c)(12) organizations. Enter			
a	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
-	13c			
1 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	446		

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

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

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		103	
,	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	Tende codely		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give		105	
	rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 CLAYTON HOFFMAN CO-MANAGER 800 HIGHWAY DRIVE

HAZEN, ND 585454737 (701)748-2293

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organiz	•	lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) WILLIAM RETTERATH PRESIDENT	3 00	х		х				8,125	0	0
(2) DARELL HERMAN VICE PRESIDENT	3 00	х		х				5,500	0	0
(3) ARNOLD KAINZ DIRECTOR	3 00	х						2,850	0	0
(4) BRUCE DARCY TREASURER	3 00	х		Х				6,450	0	0
(5) ROGER KUDRNA SECRETARY	3 00	х		Х				8,616	0	0
(6) DAN PRICE DIRECTOR	3 00	х						5,090	0	0
(7) TROY SAILER DIRECTOR	3 00	х						4,360	0	0
(8) DEAN OE DIRECTOR	3 00	х						1,800	0	0
(9) GREG STECKLER DIRECTOR	3 00	х						5,595	0	0
(10) CALLEN SCHOCH DIRECTOR	3 00	х						5,690	0	0
(11) DON FRANKLUND CO-MANAGER	15 00			х				0	166,511	77,923
(12) CLAYTON HOFFMAN CO-MANAGER	21 00			х				0	193,394	79,590

PO BOX 338

NEW ENGLAND, ND 58647 BERGER ELECTRIC

265 21ST STREET E

DICKINSON, ND 58601

\$100,000 of compensation from the organization \blacktriangleright 4

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

(A) Name and Title		(B) A verage hours per week (describe hours hours (describe hours (C) Position (do not c more than one b unless person is an officer and director/truste							Rep comp fro organi	(D) portable pensation om the zation (W-	from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		related organizations		
							_								
												_			
		1										+			
		1													
1b				<u> </u>	•	•									
c	Total from continuation sheets Total (add lines 1b and 1c) .	<u>.</u>		• •		•	_			54,076	359,9	905		157,513	
2	Total number of individuals (inc \$100,000 of reportable comper	ludıng but not lır	nited to	thos	e lis		above) who	receive					· ·	
													Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc				ee, k •	ey 6	mploy •	ee, c	r highes	st compens • • •	ated employee	3		No	
4	For any individual listed on line organization and related organization														
5	Individual	receive or accr	ue com	• pensa	• atıor	• n fro	· · m anv	• unre	· · ·	anızatıon o	or individual for	4	Yes		
	services rendered to the organi			-			-		-		•	5		No	
	ection B. Independent Con	ntractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest compe n the organization													
		(A) me and business ad	dress							Desci	(B)		(C Compe		
4001	ONSTRUCTION LLC 30TH AVE NW DAN, ND 58554										ON LINE WORK			2,805,200	
AEVE 3030										DISTRIBUTIO	ON LINE WORK		2	2,254,514	
INNO	VATIVE ENERGY ALLIANCE									MANAGEMEN	T AND INFORMATIO	ONAL		F76 072	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

TRENCHING, BOREING

576,973

185,584

Form 99							Page 9
	/	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
まま	1a	Federated campaigns 1a					
ᇎ	b	Membership dues 1b					
ું.લ	c	Fundraising events 1c					
¥ <u>a</u>	d	Related organizations 1d					
<u>ال</u> کو	e	Government grants (contributions) 1e					
Program Service Revenue Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	j				
ë E	g	Noncash contributions included in					
풀풀		lines 1a-1f \$					
ठ ह	h	Total. Add lines 1a-1f	▶				
<u> </u>		Busin	ess Code				
nue	2a	ELECTRIC SALES	221000	38,675,924	38,675,924		
Æ	b	QUALIFIED POLE RENTALS	532000	93,596			93,596
e Ç	c						
<u>.</u>	d						
ه 2	e						
<u> </u>	f	All other program service revenue					
£	g	Total. Add lines 2a-2f	b -	38,769,520			
	3	Investment income (including dividends, inter		30,703,320			
		and other similar amounts)		173,948			173,948
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶ [12,586			12,586
		(ı) Real (ıı) P	ersonal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities (ıı)	Other				
	7a	Gross amount from sales of	345,700				
		assets other than inventory					
	ь	Less cost or	26,164				
		other basis and sales expenses					
	c	Gain or (loss)	319,536				
	d	Net gain or (loss)		319,536			319,536
ne	8a	Gross income from fundraising events (not including \$					
क ≥		of contributions reported on line 1c)					
Other Revenue		See Part IV, line 18					
Jer	b	Less direct expenses b					
₹	С	Net income or (loss) from fundraising events	►				
	9a	Gross income from gaming activities	Ţ				
		See Part IV, line 19					
	ь	Less direct expenses b					
	_ c	Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less returns and allowances .	-				
	.	a	534,896				
	b	Less cost of goods sold b	545,735 . . ►	-10,839		-10,839	
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Busin	ess Code	-10,639		-10,039	
	11a	CAPITAL CREDITS	900099	1,227,892	1,227,892		
	ь	PARTNERSHIP INCOME	230000	168,084		168,084	
	c	OTHER	900099	194		,	194
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			` ▶ [1,396,170			
	12	Total revenue. See Instructions	▶ [40,660,921	39,903,816	157,245	599,860
				70,000,321	55,505,010		Form 990 (2011)

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) ✓ Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5,892,161 5 Compensation of current officers, directors, trustees, and 54,076 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Fees for services (non-employees) 11 Management Legal Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g 12 Advertising and promotion . . . Office expenses 13 14 Information technology 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings Interest 1,083,505 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,691,647 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) UNRELATED BUSINESS INCO 8,000 COST OF POWER 24,920,150 ADMINISTRATIVE AND GENE 1,897,787 DISTRIBUTION - MAINTENA 1,358,965 d е All other expenses 2,734,072 25 Total functional expenses. Add lines 1 through 24f 40,640,363 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

Part X **Balance Sheet** (A) (B) Beginning of year End of year 4,021,453 2,062,299 1 4.342.583 2.096.191 2 2 3 3 3.352.533 4 3.881.664 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 605,488 519,725 7 2.551.921 1.474.335 8 9 209,774 180,207 Prepaid expenses and deferred charges 128,515,799 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 47,254,293 b Less accumulated depreciation 68,877,711 10c 81,261,506 11 11 12 1,457,174 12 1,309,648 Investments—other securities See Part IV, line 11 13 16,210,747 13 17,309,163 Investments—program-related See Part IV, line 11 . . 14 14 147,045 15 15 898,379 100,551,317 112,218,229 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 3,845,364 17 5,174,282 17 Accounts payable and accrued expenses . 18 18 19 4,471,297 19 9,143,047 20 20 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 24,572,135 23 26,228,834 24 Unsecured notes and loans payable to unrelated third parties 5,526,328 24 4,026,328 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 216,157 25 213,860 D 26 38,631,281 26 44,786,351 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets lines 30 through 34. ö 0 0 30 Capital stock or trust principal, or current funds 30 Assets 0 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 61,920,036 67,431,878 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 61.920.036 33 67.431.878 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 100.551.317 34 112.218.229

- (-)	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40 6	560,921
2	Total expenses (must equal Part IX, column (A), line 25)	2			540,363
3	Revenue less expenses Subtract line 2 from line 1	3			20,558
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		61,9	20,036
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5,4	91,284
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		67,4	31,878
Par	The triangle of the contains a response to any question in this Part XII			<u></u> _	
		r		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493258001042

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number ROUGHRIDER ELECTRIC COOPERATIVE INC 26-2059712 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit 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 pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Schedule D (Form 990) 2011 Cat No 52283D

T. III	Organizations Maintaining Co	HECCIONS OF ALC	L, MIS	COLL	cai iica	Julies, et e		. 	ets (c	ontinaea)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing that	are a significa	ant u	se of its collecti	on	
а	Public exhibition		d	Γ	Loan or ex	change progr	ams			
b	Scholarly research		е	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	/ further the	e organization	ı's ex	cempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								_ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answere	d "Y	es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	forc	ontribution	s or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able	Г		Δm	ount	
С	Beginning balance					-	1c	<u> </u>	<u>June</u>	
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					-	1f			
2a	Did the organization include an amount on Fo	orm 990 Dart V lin	م 210	,		L		<u>. </u>	_ Yes	
	If "Yes," explain the arrangement in Part XIV		C 21'					'	1 63	, 140
	t V Endowment Funds. Complete		n ans	.wer	nd "Yes" to	o Form 990	Par	t IV line 10		
	Endownient Fands: Complete	(a)Current Year)Prior `		Two Years Back			(e) Four `	ears Back
1a	Beginning of year balance									
b	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held	as							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
За	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that a	are held and	d administere	d for	the	Yes	No
	(i) unrelated organizations							3a(i	-	
	(ii) related organizations							3a(i		<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•					٠	<u>3b</u>		
4	Describe in Part XIV the intended uses of th									
	t VI Land, Buildings, and Equipme	int. see Form 99	1U, Pa	art X,	, ime 10.			T	T	
Par										
Par	Description of property				Cost or other (Investment			(c) Accumulated depreciation	(d) B	ook value
) basis (othe		depreciation	(d) B	
1a l	Description of property		·			basis (othe	er)	depreciation		639,853
1a l	Description of property		· · ·		s (investment	basis (othe	er) 9,853	depreciation		639,853
b E	Description of property and		· · ·		s (investment	basis (othe	er) 9,853 3,025	depreciation 418,905		639,853 1,670,120 64,629,857
1a l b 6 c l d 6	Description of property Land			basis	s (investment	639 0 2,088	er) 9,853 8,025 5,245	depreciation 418,905 46,835,388		639,853 1,670,120

(a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	▶	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) MEMBERSHIPS	1,625	C
(2) PATRONAGE CAPITAL FROM ASSOCIATED		
ORGANIZATIONS	16,712,147	С
(3) CFC CAPITAL TERM CERTIFICATES	305,683	С
(4) STOCKS IN ASSOCIATED COMPANIES	181,590	С
(5) PATRONAGE CAPITAL	108,118	С
	h 47.200.462	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X,	17,309,163	
(a) Descri		(b) Book value
		(b) Book value
(a) Descri	iption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	15.) X, line 25.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	15.)	(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	40,660,92
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,640,36
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	20,558
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,491,284
9	Total adjustments (net) Add lines 4 - 8	9	5,491,284
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,511,84
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	
1	Total revenue, gains, and other support per audited financial statements	1	40,640,363
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	147,526
3	Subtract line 2e from line 1	3	40,492,837
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	168,084
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	40,660,92
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Ret	
1	Total expenses and losses per audited financial statements	1	34,748,202
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	34,748,202
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	5,892,16
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	40,640,363

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IT IS THE OPINION OF MANAGEMENT THAT ROUGHRIDER HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO CHANGE UPON EXAMINATION THE FEDERAL INCOME TAX RETURNS OF ROUGHRIDER ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED
PART XI, LINE 8 - OTHER ADJUSTMENTS		PARTNERSHIP INCOME PER RETURN -168,084 PARTNERSHIP INCOME PER BOOKS 147,526 RETIREMENT OF CAPITAL CREDITS -403,643 CAPITAL CREDIT GAINS 23,324 ALLOCATED CAPITAL CREDITS 5,892,161 TOTAL TO SCHEDULE D, PART XI, LINE 8 5,491,284
PART XII, LINE 2D - OTHER ADJUSTMENTS		PARTNERSHIP INCOME PER BOOKS
PART XII, LINE 4B - OTHER ADJUSTMENTS		PARTNERSHIP INCOME PER RETURN
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ALLOCATED CAPITAL CREDITS

DLN: 93493258001042

Employer identification number

OMB No 1545-0047

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, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ROL	JGHRIDER ELECTRIC COOPERATIVE INC						
			26-2	2059712			
Pa	rt I Questions Regarding Compensation		<u>.</u>				
						Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	·	Housing allowance or residence for personal				
	Travel for companions		Payments for business use of personal r				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fe	es			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur,	chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe				1b		
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di			7	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant		y				
	Form 990 of other organizations	Ė	Approval by the board or compensation	committee			
4	During the year, did any person listed in Form 990, Par or a related organization	rt VI	, Section A, line 1a with respect to the fil	ıng organızatıon			
a	Receive a severance payment or change-of-control pay	ymer	t?		4a		No
b	Participate in, or receive payment from, a supplementa	ıl non	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi			rt III			
5	Only 501(c)(3) and 501(c)(4) organizations only must be For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of						
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a,	did the organization pay or accrue any				
а	The organization?				6a		
b	Any related organization?				6b		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			ed	7		
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Rein Part III			rıbe	8		
9	If "Yes" to line 8 did the organization also follow the re	hutt	able presumption procedure described in	Requiations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other			(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
	(i) Base compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
(1) DON FRANKLUND (I)	0 166,511	0 0	0	0 51,945	0 25,978	I	o 0
(2) CLAYTON (I) HOFFMAN (II)	0 193,394	0		0 64,365	0 15,225	0 272,984	0 0
	_						

Schedule J (Form 990) 2011 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 any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		THE COOPERATIVE RELIED ON INNOVATIVE ENERGY ALLIANCE, A RELATED ORGANIZATION, THAT USED THE METHODS BELOW TO ESTABLISH THE COMPENSATION OF TOP MANAGEMENT OFFICIALS WRITTEN EMPLOYMENT CONTRACT APPROVAL BY THE BOARD

Schedule J (Form 990) 2011

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DLN: 93493258001042

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

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

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization ROUGHRIDER ELECTRIC COOPERATIVE INC Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Dart TV	Rusiness	Transactions	Involving	Interested	Dersons
	Dusiliess	i i alisactions	TIIAOIAIIIA	Tillelesteu	FCI SUIIS

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

(a) Name of interested person	(b) Relationship between interested person and the (c) A mount of transaction		(d) Description of transaction	organi	aring of zation's nues?	
(1) 3C CONSTRUCTION LLC	organization WILLIAM RETTERATH, PRESIDENT IS ALSO AN OFFICER OF 3C CONSTRUCTION	, ,	PAYMENT FOR POWER LINE CONSTRUCTION AND MAINTENANCE SERVICES	Yes	No No	

Part V Supplemental Information

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization ROUGHRIDER ELECTRIC COOPERATIVE INC

Employer identification number

26-2059712

ldentifier	Return	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	THE COOPERATIVE DELEGATED CONTROL OVER MANAGEMENT DUTIES TO A MANAGEMENT COMPANY CLAYTON HOFFMAN AND DONALD FRANKLUND, WHO SERVE AS CEO'S OF THE COOPERATIVE, ARE EMPLOYED BY THE MANAGEMENT COMPANY, WHICH PROVIDES CEO SERVICES TO THIS AND OTHER COOPERATIVES THE MANAGEMENT COMPANY IS AN INDEPENDENT CONTRACTOR OF THE COOPERATIVE, AND AS SUCH IS LISTED ON PART VII SECTION B
	FORM 990, PART VI, SECTION A, LINE 6	THE COOPERATIVE IS A MEMBER OWNED COOPERATIVE
	FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER OF THE COOPERATIVE HAS ONE VOTE IN ELECTIONS OF THE BOARD MEMBERS. THE MEMBERSHIP OF THE COOPERATIVE ALSO VOTES FOR ANY CHANGES TO THE BY-LAWS
	FORM 990, PART VI, SECTION A, LINE 7B	EACH MEMBER OF THE COOPERATIVE IS ALLOWED ONE VOTE ON BY-LAWS CHANGES
	FORM 990, PART VI, SECTION B, LINE 11	THE COMPLETED FORM 990 IS REVIEWED FOR ACCURACY PRIOR TO FILING BY THE COOPERATIVE'S DIRECTOR OF FINANCE AND ADMINISTRATION
	FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS ANNUALLY DISCLOSE THEIR INVOLVEMENT WITH OTHER ORGANIZATIONS, VENDORS AND ANY OTHER ASSOCIATION THAT MIGHT REPRESENT PRESENT OR POSSIBLE FUTURE CONFLICT
	FORM 990, PART VI, SECTION C, LINE 19	ARTICLES OF INCORPORATION AND BY LAWS ARE MAILED TO EACH NEW MEMBER OF THE COOPERATAIVE. THESE DOCUMENTS ARE ALSO AVAILABLE FOR PUBLIC REVIEW AT THE COOPERATIVE'S OFFICE UPON REQUEST. FINANCIAL STATEMENTS APPEAR IN THE ANNUAL REPORT FOR ALL MEMBERS, AND THE COOPERATIVE'S INDEPENDENT AUDITOR PRESENTS THE AUDIT REPORT AT THE COOPERATIVE'S ANNUAL MEETING FOR THE MEMBERSHIP
PATRONAGE DIVIDENDS PAID	FORM 990, PART IX, LINE 4	A CHANGE TO FORM 990 INSTRUCTIONS BETWEEN TAX YEARS 2010 AND 2011 LED TO A REPORTING CHANGE ON THE CURRENT YEAR FORM 990 FORM 990, PART IX, LINE 4 (BENEFITS PAID TO OR FOR MEMBERS) NOW INCLUDES PATRONAGE DIVIDENDS PAID THIS AMOUNT IS AN EXPENSE FOR PURPOSES OF FORM 990, BUT IS NOT RECOGNIZED AS AN EXPENSE UNDER G A A P REPORTING REQUIREMENTS, WHICH ARE USED FOR BOOK INCOME. THE RESULT IS A BOOK TO TAX DIFFERENCE WHICH IS DISCLOSED ON PART XI AND ON SCHEDULE D PARTS XI AND XIII. THIS CHANGE ALSO IMPACTS THE PRIOR YEAR COMPARABILITY OF FORM 990 PART I, LINE 14 IN REFERENCE TO PART IX, LINE 4, THE COOPERATIVE HAS INTERPRETED "PATRONAGE DIVIDENDS PAID" AS CAPITAL CREDITS ALLOCATED TO MEMBERS UNDER THE PREEXISTING OBLIGATIONS PURSUANT TO THE BYLAWS OF THE COOPERATIVE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PARTNERSHIP INCOME PER RETURN - 168,084 PARTNERSHIP INCOME PER BOOKS 147,526 RETIREMENT OF CAPITAL CREDITS -403,643 CAPITAL CREDIT GAINS 23,324 ALLOCATED CAPITAL CREDITS 5,892,161 TOTAL TO FORM 990, PART XI, LINE 5 5,491,284

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Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493258001042

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

Internal Revenue Service					<u> </u>	эрссио	
Name of the organization ROUGHRIDER ELECTRIC COOPERATIVE INC				Employer ic 26-205973	dentification number		
Part I Identification of Disregarded Entities (C	omplete if the organization	n answered "Yes" (on Form 990, Pa		<u>.</u>		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du		 If the organization	answered "Yes"	on Form 990, P	art IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)		Section 5 cont	g) 512(b)(13 rolled nization
						Yes	No
For Privacy Act and Paperwork Reduction Act Notice, see the Ins	tructions for Form 990.	Cat No 501	L35Y		Schedule R (Form 990'	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations? Yes No		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		country)		514)						Yes	No	
	POWER LINE CONSTRUCTION AND MAINTENANCE	ND		UNRELATED	150,571	3,476,158		No		Yes		33 000 %
	MANAGEMENT AND INFORMATION SERVICES	ND		RELATED	814	-2,231		No			No	33 000 %
											igwdapprox	
											\vdash	
											oxdot	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
						Calca	dula D (Farms 000) 2011

sche	aule k (Form 990) 2011					Page 3			
Pa	Transactions With Related Organizations (Complete if the organization answered "Y	'es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Y	es No			
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related org	janizations listed in Par	ts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	1	No			
b	Gift, grant, or capital contribution to related organization(s)			11	•	No			
c	Gift, grant, or capital contribution from related organization(s)			10	:	No			
d	Loans or loan guarantees to or for related organization(s)								
е	Loans or loan guarantees by related organization(s)			16	:	No			
_				14	_	No			
	Sale of assets to related organization(s)			1f		No No			
g	Purchase of assets from related organization(s)			1 <u>c</u>					
	Exchange of assets with related organization(s)			11		No			
'	Lease of facilities, equipment, or other assets to related organization(s)					No			
j	Lease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No			
k	Performance of services or membership or fundraising solicitations for related organization(s)			11		No			
ı	Performance of services or membership or fundraising solicitations by related organization(s)			11	Y	es			
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1r	n	No			
n	Sharing of paid employees with related organization(s)			1r		No			
					-				
0	Reimbursement paid to related organization(s) for expenses			10	_	No			
р	Reimbursement paid by related organization(s) for expenses			11	<u>'</u>	No			
q	O ther transfer of cash or property to related organization(s)			10	1	No			
r	Other transfer of cash or property from related organization(s)			11	_	No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line		ionships and transact						
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involve		amount			
(1) 30	CONSTRUCTION LLC	L	2,805,200	FAIR MARKET VALUE					
(2) IN	NOVATIVE ENERGY ALLIANCE	L	576,973	FAIR MARKET VALUE					

Name of other organization	Transaction type(a-r)	Amount involved	Method of determining amount involved
(1) 3C CONSTRUCTION LLC	L	2,805,200	FAIR MARKET VALUE
(2) INNOVATIVE ENERGY ALLIANCE	L	576,973	FAIR MARKET VALUE
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section t 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		rtionate allocations? Code V—UBI Ge amount in box ma		j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No					

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Additional Data

Software ID:

Software Version:

EIN: 26-2059712

Name: ROUGHRIDER ELECTRIC COOPERATIVE INC

Form 990, Special Condition Description:

Special Condition Description