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DLN: 93493177005012

Form **990**

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)

2011

OMB No 1545-0047

Open to Public
Inspection

The organization may have to use a conviof this return to satisfy state reporting requirements

		endar year, or tax year beginning 01-01-2011 C Name of organization	and ending 12-31-2	011	D Employer ide	ntification number
	ıf applicable	LACREEK ELECTRIC ASSOCIATION INC				
Address Name c		Doing Business As			46-0218629 E Telephone nu	
Initial re	-				(605)685-6	581
Termina		Number and street (or P O box if mail is not delivered PO BOX 220	d to street address) Room	ı/suite	G Gross receipts	5 11,341,225
– Amende	ed return	City or town, state or country, and ZIP + 4				
– Applicat	tion pending	MARTIN, SD 57551				
		F Name and address of principal officer		H(a) Is th	■ ıs a group return	for
		WAYNE STERKEL PO BOX 220		affilia	ates?	⊤Yes 🔽 No
		MARTIN,SD 57551		H(b) Are a	II affiliates include	ed?
Tav-ev	cempt status	501(c)(3) ✓ 501(c) (12) ◀ (insert no)	4047(a)(1) or			(see instructions)
		W LACREEK COM	4947(a)(1) 01 327	H(c) Grou	up exemption nur	nber ►
				1	1	
Form of Part 1		✓ Corporation		L Year of fo	rmation 1948 M	State of legal domicile SI
		scribe the organization's mission or most sign	uficant activities			
		VIDE ELECTRIC SERVICE TO MEMBERS	inicant activities			
<u> </u>						
2						
2	2 Check th	s box 🛏 if the organization discontinued its	operations or dispose	ed of more than 2	25% of its net as	sets
<u>5</u> 3	Number o	f voting members of the governing body (Part	VI, line 1a)		3	13
5	Number	f independent voting members of the governin	g body (Part VI, line	1b)	. 4	12
5	Total nur	nber of individuals employed in calendar year :	2011 (Part V, line 2a)	5	3:
6	Total nur	nber of volunteers (estimate if necessary) .			6	(
t 7	7a Total unr	elated busıness revenue from Part VIII, colun	nn (C), line 12		7a	(
	b Net unrel	ated business taxable income from Form 990	-T, line 34		7b	(
				Pric	or Year	Current Year
8	3 Contrib	outions and grants (Part VIII, line 1h)			0	C
≝ ջ	Progra	m service revenue (Part VIII, line 2g)		10,354,871	11,141,529	
9 10 10	_	ment income (Part VIII, column (A), lines 3, 4			142,608	134,460
Ŧ ₁₁		evenue (Part VIII, column (A), lines 5, 6d, 8c			11,756	10,621
12	_	evenue—add lines 8 through 11 (must equal P		line	10 500 335	11 206 616
13		and similar amounts paid (Part IX, column (A			10,509,235	11,286,610
14		s paid to or for members (Part IX, column (A),		•	0	329,537
15		s, other compensation, employee benefits (Pa	•			323,337
8 12	5-10)	s, other compensation, employee benefits (r a	re ix, column (A), mic		2,023,099	2,044,756
조한 enses	Sa Profess	sional fundraising fees (Part IX, column (A), lir	ne 11e)		0	0
ਲੌ 📗	b Total fur	draising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$		_		
_ 17	Other	expenses (Part IX, column (A), lines 11a–11d	,11f-24e)		7,971,030	8,732,766
18	B Total e	xpenses Add lines 13–17 (must equal Part I	X, column (A), line 25)	9,994,129	11,107,059
19	Revenu	le less expenses Subtract line 18 from line 1	2		515,106	179,551
s õi a s				_	g of Current 'ear	End of Year
) Total a	ssets (Part X, line 16)			37,416,540	39,367,096
· 第二 20					22,588,381	24,260,187
を 記 記 記 記 記 記 2 1 2 1		abilities (Part X, line 26)				15 106 000
21 22 22 24 24 22	L Totalli Net as:	sets or fund balances Subtract line 21 from li			14,828,159	15,106,909
Part I	Total li Net as:	sets or fund balances Subtract line 21 from lii ature Block	ne 20		· · · · · · · · · · · · · · · · · · ·	
Part I	Net as: Signal Total II	sets or fund balances Subtract line 21 from line ature Block rjury, I declare that I have examined this return, i	ne 20	g schedules and s	tatements, and to	the best of my
Part I Inder per Inowledg	Net as: Net as: Signation of person of perso	sets or fund balances Subtract line 21 from lii ature Block	ne 20	g schedules and s ficer) is based on	tatements, and to	the best of my
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Part I Under per Knowledg Knowledg Sign Here	Net as: Signa I WAYN Type Preparer' signature	sets or fund balances Subtract line 21 from line ature Block rjury, I declare that I have examined this return, in it is true, correct, and complete. Declaration of particular of officer E STERKEL GENERAL MANAGER or print name and title	ne 20	2. Check if	otatements, and to all information of 012-06-12 ate	the best of my which preparer has any er identification number
Part I Inder per Inowledge Inowledge Sign Here Paid	Net as: Net as: Signa malties of pe ge and belief ge. ***** Signa WAYN Type Preparer' signature T'S Firm's na	ture Block rjury, I declare that I have examined this return, in it is true, correct, and complete. Declaration of particular of officer E STERKEL GENERAL MANAGER or print name and title LAURIE HANSON me (or yours LEIDE BAILLY LLP	ne 20	2: Check if self-	preparer's taxpay (see instructions)	the best of my which preparer has any rer identification number
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Part I nder per nowledg nowledg lign lere	Net as: Net as: Signa I Sig	true Block rjury, I declare that I have examined this return, it is true, correct, and complete. Declaration of the strue of officer E STERKEL GENERAL MANAGER or print name and title LAURIE HANSON me (or yours EIDE BAILLY LLP apployed),	ne 20	2: Check if self-	Preparer's taxpay (see instructions) P00851848	the best of my which preparer has an er identification number

	990 (2011)				Page Z
Par			Accomplishments e to any question in this Part III		
1	Briefly describe the org	anızatıon's mıssıon			
			FE AND RELIABLE SERVICE AT T ABREAST OF THE LATEST TECHO		
2	Did the organization und the prior Form 990 or 99 If "Yes," describe these	90-EZ?		nich were not listed on	┌ Yes ┌ No
3	•	nse conducting, or make	significant changes in how it condu	ucts, any program	┌ Yes ┌ No
4	Describe the organization expenses Section 501(on's program service ac (c)(3) and 501(c)(4) org	complishments for each of its three ganizations and section 4947(a)(1) nses, and revenue, if any, for each p	trusts are required to rep	
4a	(Code PROVIDED ELECTRIC SERVI) (Expenses \$ CE TO APPROXIMATELY 4,139	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	· -	s (Describe in Schedul	·		
	(Expenses \$		g grants of \$) (Revenue \$)
4e	Total program service	expenses > \$			

Part IV	Checklist o	f Rec	uired	Sche	dules

	•		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		Νo
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^{\bullet}	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
14a	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		Νo
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	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	Yes	
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		No
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? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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? <i>If</i> "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		No
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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	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	•	•1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ь	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	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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
ad	organization solicit any contributions that were not tax deductible?			
b	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		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		110
	Datable constraints of the description of the descr			
е	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		
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		
	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		
1	Sponsoring organizations maintaining donor advised funds.			
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		
.0 .a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
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			
С	Enter the aggregate amount of reserves on hand			
	13c			N.I
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No_
9	1 100, has temed a form 720 to report these payments. If 180, provide an explanation in schedule 0.	T-40		

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
_	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
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			
	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		No
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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110
	evenue Code.)			
			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	
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
C	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	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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)			

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 Vpon request

- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization WAYNE STERKEL PO BOX 220

MARTIN,SD 57551 (605)685-6581

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

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

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

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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

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

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) JAMES BUCKLES PRESIDENT	1 00	х		Х				4,650	0	0
(2) MELVIN CUMMINGS VICE PRESIDENT	1 00	Х		Х				2,800	0	0
(3) JERRY SHARP SECRETARY	1 00	Х		Х				2,850	0	0
(4) SCOTT BAIR TREASURER	1 00	Х		Х				2,300	0	0
(5) DONOVAN YOUNG MAN DIRECTOR	1 00	х						2,850	0	0
(6) MARION SCHULTZ DIRECTOR	1 00	х						4,350	0	0
(7) HARRY LIVERMONT DIRECTOR	1 00	х						2,350	0	0
(8) DEAN O'NEILL DIRECTOR	1 00	Х						2,550	0	0
(9) CONNIE WHIRLWIND HORSE DIRECTOR	1 00	х						2,850	0	0
(10) TOM SCHLACK DIRECTOR	1 00	х						3,500	0	0
(11) LEROY GUPTILL DIRECTOR	1 00	х						2,650	0	0
(12) ELLIS RAE HICKS DIRECTOR	1 00	Х						2,850	0	0
(13) ROY IRELAND DIRECTOR	1 00	Х						2,850	0	0
(14) WAYNE STERKEL GENERAL MANAGER	40 00			Х				101,785	0	61,041

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

	(A) Name and Title	d Title A verage hours more than one box, compensation per unless person is both week (describe (describe)) A verage hours more than one box, compensation compensation from the from relation (worganization) (W-2/109-MISC)				Reportable compensation from related organizations (W- 2/1099-	'	(F) Estima mount o compens from t rganizati	ited f other sation the on and					
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
1b	Sub-Total					•		►						
c d	Total from continuation sheets: Total (add lines 1b and 1c) .			• •	•	•		<u>-</u>		141,185		0		61,041
2	Total number of individuals (inclusive state of the state	udıng but not lım	nited to	thos	e lıs		<u>a</u> bove) who	received		n	<u> </u>		
													Yes	No
3	Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch	edule J for such	ındıvıdı	ual .		•	•	•				3		No
4	For any individual listed on line 1 organization and related organization and related organization.											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										or individual for •	5		No
Se	ction B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear												
	Nan	(A) ne and business add	dress							Desci	(B) ription of services		(C Comper	
												_		
												Ŧ		
	Total number of independent conti \$100,000 of compensation from t			ot lır	nıted	to	those	liste	d above)	who recei	ved more than			

ant v	7.1.1	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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
₹₹	Ь	Membership dues 1b				
ਙੇ	c	Fundraising events 1c				
<u>ت</u> ق	l .					
<u>ಕ್ಕಿಕ</u>	d	Related organizations 1d				
<u>€</u> کِو	e	Government grants (contributions) 1e				
5 ~	f	All other contributions, gifts, grants, and 1f				
52	_	similar amounts not included above Noncash contributions included in				
5 5	g					
5 2	h	Innes 1a-1f \$ Total. Add lines 1a-1f				
ۍ د	⊢ "_					
<u> </u>		Business Code				
Ħ	2a	SALE OF ELECTRICITY 221000	10,325,438	10,325,438		
92 28	Ь	OTHER REVENUE 221000	548,546	548,546		
ф П	c	COOP CAPITAL CREDITS 221000	267,545	267,545		
Ş	l .	221000	207,343	207,343		
Ì	d					
Ξ	e					
<u> </u>	f	All other program service revenue				
Program Service Revenue						
	g	Total. Add lines 2a-2f	11,141,529			
	3	Investment income (including dividends, interest				
		and other similar amounts)	121,248			121,248
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	ь	Less rental				
		expenses Rental income				
	C	or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ii) Other				
	7a	Gross amount 13,212				
		from sales of assets other				
		than inventory				
	b	Less cost or other basis and				
		sales expenses				
	c	Gain or (loss) 13,212				
	d	Net gain or (loss)	13,212			13,212
	8a	Gross income from fundraising				
<u> </u>		events (not including				
듄		\$ of contributions reported on line 1c)				
Š		See Part IV, line 18				
Other Kevenue		a				
<u>ā</u>	ь	Less direct expenses b				
₹	c	Net income or (loss) from fundraising events				
_	9a	, t				
	Ja	Gross income from gaming activities See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
	Jua	returns and allowances .				
		a 65,236				
	ь	Less cost of goods sold b 54,615				
	c	Net income or (loss) from sales of inventory	10,621	10,621		
	<u> </u>	Miscellaneous Revenue Business Code	·	·		
	11a	Dusiness code				
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		▶				
	12	Total revenue. See Instructions		.		
	1		11,286,610	11,152,150	0	134,460

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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 329,537 5 Compensation of current officers, directors, trustees, and 189,953 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) . . . 56,368 7 Other salaries and wages 1,330,621 Pension plan contributions (include section 401(k) and section 383,698 403(b) employer contributions) Other employee benefits 84,116 10 Fees for services (non-employees) 11 Management Legal Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Advertising and promotion . . . 12 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 928,236 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,158,805 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) COST OF POWER 5,710,436 **ADMIN & GENERAL** 910,102 DISTRIBUTION-MAINTENANC 621,020 **CONSUMER ACCOUNTS** 575,924 d е All other expenses -1,171,757 25 Total functional expenses. Add lines 1 through 24f 11,107,059 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

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 1,476,133 3,492,133 2 2 3 3 4 4 1.335.193 1.276.782 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 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 7 1.077.358 8 1.293.869 9 51.540 58,463 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis *Complete* 48,361,207 10a Part VI of Schedule D 10a 10b 20,192,241 10c b Less accumulated depreciation 28,327,370 28,168,966 11 11 12 975,509 12 662,181 Investments—other securities See Part IV, line 11 13 4,173,437 13 4,414,702 Investments—program-related See Part IV, line 11 . . 14 14 15 15 37,416,540 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 39,367,096 1,228,756 1,274,966 17 17 Accounts payable and accrued expenses . 18 18 19 19 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 . . . 19.888.036 23 21,889,915 24 Unsecured notes and loans payable to unrelated third parties 24 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 1,471,589 25 1,095,306 D 26 22,588,381 26 24,260,187 **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 14,828,159 32 32 15,106,909 Retained earnings, endowment, accumulated income, or other funds ¥ 33 14.828.159 33 15,106,909 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 37.416.540 34 39.367.096

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,2	286,61
2	Total expenses (must equal Part IX, column (A), line 25)	2			107,05
3	Revenue less expenses Subtract line 2 from line 1	3		1	179,55
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,8	328,15
5	Other changes in net assets or fund balances (explain in Schedule O)	5			99,19
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		15,1	106,90
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮	
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			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
	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		Νo
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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OMB No 1545-0047

Open to Public

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.

Inspection

	me of the organization REEK ELECTRIC ASSOCIATION INC		Emp	loyer ident if icat	ion numbe	er
	NEEK EEG INIG / BSSGE HIGH ING		46-0	0218629		
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts.	Comple	te if the
		(a) Donor advised funds	((b) Funds and ot	her accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advi	sed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit				┌ Yes	┌ No
Pai	rt III Conservation Easements. Complete	if the organization answered "Yes" to	o Forn	n 990, Part IV	, line 7.	
1 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a G	certifie	d historic struct	•	a
	easement on the last day of the tax year			Held at the	End of the	Voar
а	Total number of conservation easements		2a	neiu at the	end or the	Teal
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his		2c			
d	Number of conservation easements included in (c) a	` '	2d			
					•	
3	Number of conservation easements modified, transfer the taxable year -	errea, releasea, extinguisnea, or terminate	ea by tr	ie organization c	iuring	
4	Number of states where property subject to conserv	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of	violations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents d	uring the year 🕨		_
7	Amount of expenses incurred in monitoring, inspective \$	ng, and enforcing conservation easements	s durin	g the year		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial				
ar	Organizations Maintaining Collection Complete of the organization answered	ons of Art, Historical Treasures,	or Ot	her Similar <i>A</i>	\ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r finan	cıal gaın, provid	e the	
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Par	TIT Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Tre</u>	<u>easu</u>	res, or O	the	<u>r Similar As</u>	ssets (<u>cont</u>	inued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	y of th	ne foll	lowing th	nat ar	e a significa	ant u	se of its collec	tion		
а	Public exhibition		d	\sqcap	Loan o	rexcl	hange progi	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y further	the c	rganızatıor	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ular	┌ Yes	Γ	- No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						n answere	d "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interm	edıary	for c	ontribut	ions (or other ass	etsı	not	┌ Yes	Γ	- No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
							-		Α	mount		
C	Beginning balance						_	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lır	ie 21?							┌ Yes	Γ	No
b	If "Yes," explain the arrangement in Part XIV	/										
Pa	rt V Endowment Funds. Complete											
4_	Degunning of work holonog	(a)Current Year	(b)	Prior `	Year	(c) Tw	o Years Back	(d)	Three Years Back	(e) Fou	Year	rs Back
1a 	Beginning of year balance				-			-				
b	Contributions				+			\vdash				
C	Investment earnings or losses							+				
d	Grants or scholarships				+			-				
е	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 🕨											
ь	Permanent endowment >											
С	Term endowment ▶											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are held	and a	dministere	d for	the			
	organization by									Ye	s	No
	(i) unrelated organizations							•		(i)	4	
	(ii) related organizations									(ii)	十	
р 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•	[]	Bb	上	
	t VI Land, Buildings, and Equipme					<u> </u>						
	Description of property	one see form 5.	,,,,,	(a)	Cost or o	ther	(b)Cost or o		(c) Accumulate	d (d)	Book	value
1a	Land			+		\dashv	113	3,885	<u> </u>	+		13,885
	Buildings							,010	525,2	50		131,760
	Leasehold improvements					\dashv	2,280		1,983,6	_		296,774
	Equipment						2,076		1,326,2	_		749,918
	Other						42,933		16,357,1	_		576,629
-			-	1			,,,,,	,		· 1	,-	, -,

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

28,168,966

(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) RUSHMORE ELECTRIC POWER COOPERATIVE, INC	3,881,245	Cost of elia-of-year market value
(2) NATIONAL RURAL UTILITIES COOPERATIVE	3,861,245	<u> </u>
FINANCE CORPORATION	386,586	С
(3) BASIN ELECTRIC POWER COOPERATIVE	100	С
(4) RURAL ELECTRIC SUPPLY COOPERATIVE	29,434	С
(5) FEDERATED RURAL ELECTRIC INSURANCE	117 227	
CORPORATION (6) NATIONAL RURAL ELECTRIC COOPERATIVE	117,327	
(6) NATIONAL RURAL ELECTRIC COOPERATIVE	10	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	4,414,702	
	- 4E	
Part IX Other Assets. See Form 990, Part X, lin		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount 411,896	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount 411,896	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount 411,896	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount 411,896	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CUSTOMER DEPOSITS	5.) , line 25. (b) Amount 411,896	(b) Book value

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,286,610
Total expenses (Form 990, Part IX, column (A), line 25)	2	11,107,059
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	179,551
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	99,199
9 Total adjustments (net) Add lines 4 - 8	9	99,199
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	278,750
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1 Total revenue, gains, and other support per audited financial statements	1	11,286,610
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	0
3 Subtract line 2e from line 1	3	11,286,610
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a]	
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	0
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,286,610
<u>Part XIII</u> Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1 Total expenses and losses per audited financial statements	1	10,777,522
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments	1	
c Other losses		
d Other (Describe in Part XIV) 2d	1	
e Add lines 2a through 2d	2e	0
3 Subtract line 2e from line 1	3	10,777,522
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)	7	
c Add lines 4a and 4b	4c	329,537
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,107,059

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	THE ASSOCIATION ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740-10 (PREVIOUSLY FINANCIAL INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), ON JANUARY 1, 2009 THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE FINANCIAL STATEMENTS AS OF BOTH THE DATE OF ADOPTION, AND AS OF DECEMBER 31, 2011, THERE WAS NO UNRECOGNIZED TAX BENEFIT ACCRUAL THE ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED GENERALLY, THE ASSOCIATION IS NO LONGER SUBJECT TO FEDERAL OR STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		CAPITAL CREDIT RETIREMENTS -288,069 CHANGE IN OTHER EQUITIES 57,731 ALLOCATION OF 2011 MARGINS 329,537 TOTAL TO SCHEDULE D, PART XI, LINE 8 99,199
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ALLOCATION OF 2011 MARGINS - PART IX LINE 4 BENEFITS PAID TO OR FOR MEMBERS 329,537
		C

Compensation Information

DLN: 93493177005012

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

LAC	REEK ELECTRIC ASSOCIATION INC					
			46-0218629			
Pa	rt I Questions Regarding Compensation					
					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 use			
	Travel for companions	Ė	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Ė	Health or social club dues or initiation fees			
	Discretionary spending account	Ė	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			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant		ly Written employment contract			
		<u>۱</u> ۲				
	Form 990 of other organizations	١٠	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par or a related organization	rt V I	I, Section A, line $f 1a$ with respect to the filing organization	on		
а	Receive a severance payment or change-of-control pa	ymei	nt?	4a		No
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de ti	he applicable amounts for each item in Part III			
_	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, lin					
5	compensation contingent on the revenues of	ета	, did the organization pay or accrue any			
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, lin 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, lir payments not described in lines 5 and 6? If "Yes," des			7		
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Roin Part III			8		
9	If "Yes" to line 8, did the organization also follow the re	ebutt	table presumption procedure described in Regulations			

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-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) WAYNE STERKEL	(I) (II)	101,785 0	0	0	44 ,739 0		164,591 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

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493177005012

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public **Inspection**

Name of the organization LACREEK ELECTRIC ASSOCIATION INC									tion numb	er
Part I Excess Benefit Tran	ısacti	ons (s	ection 501(c)(3) and section 501	(c)(4		6-02186 izations			
Complete if the organizat	ion ans	wered "	Yes" on Form 99	0, Part IV, line 25a	or 25b,	or Form	990-EZ,	Part V, I	ıne 40b	
1 (a) Name of disqu		(b) Description of transaction					Cor	(c) rected?		
									Yes	No
2 Enter the amount of tax impose section 4958							year unde	:r ▶ \$	•	
3 Enter the amount of tax, if any,	on line	2, abo	ve, reimbursed b	y the organization .			•	* \$		
Part II Loans to and/or F Complete if the organiz					or Fo	rm 990-	EZ. Part \	/ . line 38	a	
(a) Name of interested person and purpose	(b) L or fro	oan to om the zation?	(c)Original principal amou	(d)Balance due	(e)	In	(f) Appro by boar	ved rd or	(g)Writi	
	То	From			Yes	No	Yes	No	Yes	No
						+				
						+				
Total			<u> </u>	\$						
Part III Grants or Assistan Complete if the orga					/, lıne	27.				
(a) Name of interested person			Relationship b	etween interested pe e organization			mount of g	rant or ty	pe of assi	stance
_										

Part IV	Business	Transactions	Involvina	Interested	Persons

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

Complete ii the organizati	on answered res on	TOTHI 550, Fart IV, III	16 Z0a, Z0b, 01 Z0c.			
(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	naring of ization's inues?	
	organization			Yes	No	
(1) RYAN PETIT	EMPLOYEE, BROTHER-IN-LAWOF BOARD MEMBER SCOTT BAIR	56,368	EMPLOYEE COMPENSATION		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

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization LACREEK ELECTRIC ASSOCIATION INC **Employer identification number**

46-0218629

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	EACH MEMBER HOLDS ONE MEMBERSHIP AND HAS ONE VOTE
	FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER IS ALLOWED ONE VOTE
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS VOTE ON BYLAWS OF THE COOPERATIVE AND THE DIRECTORS OF THE COOPERATIVE
	FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS GIVEN TO EACH BOARD MEMBER FOR THEIR REVIEW COMMENTS AND QUESTIONS ARE DISCUSSED AND ACTED ON, IF NECESSARY, PRIOR TO FILING OF THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES AND BOARD MEMBERS THE GENERAL MANAGER DETERMINES IF A CONFLICT EXISTS WITH AN EMPLOYEE. THE BOARD PRESIDENT AND/OR ATTORNEY DETERMINES IF A CONFLICT EXISTS WITH THE GENERAL MANAGER OR BOARD MEMBERS. THE FULL BOARD IS RESPONSIBLE FOR REVIEWING ACTUAL CONFLICTS. IF A CONFLICT ARISES WITH A BOARD MEMBER, THE BOARD MEMBER WOULD BE REQUIRED TO ABSTAIN FROM DISCUSSION AND VOTING IN THE MATTER.
	FORM 990, PART VI, SECTION B, LINE 15A	COMPARISON OF COMPENSATION OF OTHER INDIVIDUALS IN THE SAME FIELD WITH THE SAME LEVEL OF SERVICE ARE USED ALSO THE COST OF LIVING IS CONSIDERED THE PROCESS WAS LAST UNDERTAKEN IN 2011
	FORM 990, PART VI, SECTION C, LINE 19	IN WRITTEN FORM, UPON REQUEST
	FORM 990, PART VII, COLUMN F, OTHER COMPENSATION	INCLUDED IN OTHER COMPENSATION IS THE ESTIMATED CURRENT YEAR INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR THE GENERAL MANAGER THE CURRENT YEAR INCREASE OR DECREASE DOES NOT REPRESENT CURRENT YEAR CONTRIBUTIONS TO THE PLAN RATHER, IT IS AN ESTIMATE OF THE INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE PLAN AS CALCULATED BY THE PLAN ADMINISTRATOR
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	CAPITAL CREDIT RETIREMENTS -288,069 CHANGE IN OTHER EQUITIES 57,731 ALLOCATION OF 2011 MARGINS 329,537 TOTAL TO FORM 990, PART XI, LINE 5 99,199
BENEFITS PAID TO OR FOR MEMBERS	FORM 990, PART IX, LINE 4 STATEMENT OF FUNCTIONAL EXPENSES	THE COOPERATIVE HAS INTERPRETED THE INSTRUCTIONS TO PART IX, LINE 4, TO MEAN PATRONAGE CAPITAL ALLOCATED FOR THE YEAR, RATHER THAN PATRONAGE CAPITAL RETIRED THIS IS CONSISTENT WITH THE BYLAWS OF THE COOPERATIVE
	FORM 990, PART IX, LINE 24E, STATEMENT OF FUNCTIONAL EXPENSES	THE LABOR, PENSION AND PAYROLL TAXES REPORTED ON LINES 6-10 ARE INCLUDED IN DISTRIBUTION EXPENSE, ADMINISTRATIVE & GENERAL EXPENSE AND CUSTOMER EXPENSE. THEREFORE, LABOR, PENSION AND PAYROLL TAXES ARE SHOWN AS A REDUCTION TO OTHER EXPENSES ON LINE 24E.

Additional Data

Software ID: Software Version:

EIN: 46-0218629

Name: LACREEK ELECTRIC ASSOCIATION INC

Form 990, Special Condition Description:

Special Condition Description