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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

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

| <u>A</u> | For the 2 | 2011 calen | dar year, or tax year beginning , 2011, and ending | 3 | | , | |
|--------------------------|-------------------------------|-----------------|--|---|--------------|-------------------------------|--|
| В | Check if app | plicable | С | D Employ | yer Identı | fication Number | |
| | Addres | s change | Kootenai Electric Cooperative, Inc. | 82- | 0136 | 983 | |
| | Name | change | P.O. Box 278 | E Teleph | | | |
| | Initial | = | Hayden, ID 83835 | 208 | -3264 | | |
| | Termin | | | 200 | 232 | 3204 | |
| | \vdash | | | | | 450 | |
| | \vdash | led return | | G Gross | | | |
| | Applica | ation pending | | H(a) Is this a group retu | | ⊟ " " = " " " | |
| | | | Bame As C Above | H(b) Are all affiliates inc If 'No,' attach a list | | tructions) Yes No | |
| <u></u> | Tax-exen | npt status | 501(c)(3) X 501(c) (12) 		 (Insert no) 		 4947(a)(1) or 		 527 | , • | (555 | | |
| J | Websit | e: ► ww | w.kec.com | H(c) Group exemption n | umber 🕨 | • | |
| K | Form of c | organization | X Corporation Trust Association Other ► L Year of Formation | on 1938 M | State of le | egal domicile ID | |
| Pa | art I | Summar | | | | | |
| | | | be the organization's mission or most significant activities Provide of | rompetitivel | v nr | iced quality | |
| 4 | er | erav s | ervices to its members. Operate the Cooperative | ombeereration | .Y 3 | recar daarres | |
| Activities & Governance | | | rovide excellent member service to Cooperative | | | | |
| Па | | | reliable service. | THE THOSE TO THE | 7 _ 6116 | bm_rrc | |
| ě | | | if the organization discontinued its operations or disposed of moi | re than 25% of its | | ente | |
| ŏ | | | oting members of the governing body (Part VI, line 1a) | e (ilaii 25 % 01 ils | 3 | 7 | |
| න් | I | | dependent voting members of the governing body (Part VI, line 1b) | | 4 | 7 | |
| ë | | | of individuals employed in calendar year 2011 (Part V, line 2a) | | 5 | 97 | |
| 춪 | | | of volunteers (estimate if necessary) | | 6 | 0 | |
| ¥ | 7a Tot | tal unrelate | ed business revenue from Part VIII, column (C), line 12 | | 7a | 265,445. | |
| | b Ne | t unrelated | business taxable income from Form 990-T, line 34 | | 7b | -27,481. | |
| | | | | Prior Year | | Current Year | |
| | 8 Co | ntributions | and grants (Part VIII, line 1h) | | | | |
| Ë | | | vice revenue (Part VIII, line 2g) | 31,192,2 | 244. | 32,590,640. | |
| Revenue | , | - | ncome (Part VIII, column (A), lines 3, 4, and 7d) | 32,9 | | 164,313. | |
| æ | ľ | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 928,3 | | 701,051. | |
| | 1 | | e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 32,153,5 | | 33,456,004. | |
| _ | | | imilar amounts paid (Part IX, column (A), lines 1-3) | 02/200/0 | , | 00/100/001. | |
| | ı | | to or for members (Part IX, column (A), line-4)1 | | | 4,187,421. | |
| | ı | | | 4 504 6 | 200 | | |
| စ္ | 13 50 | ianes, oun | er compensation, employee penents/Pan IX, column (A), lines 5-10) | 4,594,8 | 4,910,816. | | |
| Expenses | | | fundraising fees (Part IX, column (A), line TTe | | | | |
| ğ. | b Tot | al fundrais | sing expenses (Part X, column (D), line 25) | | | | |
| ú | 17 Oth | ner expens | ses (Part IX, column A), imag 1 % 11d, 11f-24e | 24,024,8 | 373. | 24,357,767. | |
| | 18 Tot | al expens | es Add lines 13-17 (must equal Part-IX, column (A), line 25) | 28,619,6 | | 33,456,004. | |
| | | | expenses Subtract line 18 tron Fine 12 | 3,533,8 | | 0. | |
| 8 8 | 10 110 | | J. J | Beginning of Currer | | End of Year | |
| \$ E | 20 Tot | al assets | (Part X, line 16) | 118,903,9 | 11 1 | 123,377,337. | |
| Net Assets Fund Balan | ı | | es (Part X, line 26) | 81,275, | | 81,137,266. | |
| ξĘ | | | | | | | |
| | | | fund balances Subtract line 21 from line 20 | 37,628,1 | 188. | 42,240,071. | |
| | | | e Block | | | <u> </u> | |
| Und | ler penalties iplete Decla | of perjury, I d | leclare that I have examined this return, including accompanying schedules and statements, and to t arer (other than officer) is based on all information of which preparer has any knowledge | he best of my knowledg | e and bel | ief, it is true, correct, and | |
| | · | <u> </u> | , , , , , , , , , , , , , , , , , , , | <u> </u> | | | |
| ٠. | | Support. | are of officer | | | | |
| Siç | yn 💮 | | 7 V 1 0/11/12 | Date | | | |
| He | re | | ence Robinson - • | Mgr Fin & . | Acct | | |
| | | Type or | print name and title | | | | |
| | | Print/Type p | preparer's name Preparer's significant and Date | Check | ıf | PTIN | |
| Pa | id | Michea | al A. DeCoria Micheal A. DeCoria 7-28 | self-employ | ed | P01217290 | |
| | eparer | Firm's name | | | | <u> </u> | |
| | e Only | Firm's addre | | Firm's EIN | ▶ Q1- | -1900424 | |
| | | , iiii s audit | SPOKANE, WA 99208-6545 | | | | |
| Mai | the IDC | dicorres 15 | us return with the preparer shown above? (see instructions) | Phone no | (505) | 9) 535-3503 X Yes No | |
| ivid | v 11115 1175 | uiscuss If | iis return with the preparer snown above? (see Instructions) | | | X Yes No | |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11

Form 990 (2011)

| Form | 990 (2011) Kootenai Elect | ric Cooperative, | Inc. | 82-0 | 136983 Page 2 |
|------|--|------------------------------|--------------------------|------------------------------|---------------------------------------|
| Par | Statement of Program | Service Accomplishm | ents | | |
| | Check if Schedule O contains | a response to any questic | on in this Part III | | |
| 1 | Briefly describe the organization's m | nission | | | |
| | Provide competitively | priced, quality e | nergy services | s to its members. | Operate the |
| | Cooperative on a sound | financial basis. | Provide excel | llent member servi | ce to |
| | Cooperative members and | d the public. Pro | vide reliable | service. | |
| _ | | | | | |
| 2 | Did the organization undertake any | significant program service | s during the year which | h were not listed on the pri | or |
| | Form 990 or 990-EZ? | | | | Yes X No |
| | If 'Yes,' describe these new services | on Schedule O | | | |
| 3 | Did the organization cease conductii | ng, or make significant cha | inges in how it conduc | ts, any program services? | Yes X No |
| | If 'Yes,' describe these changes on : | Schedule O | | | |
| 4 | Describe the organization's program Section 501(c)(3) and 501(c)(4) organization | service accomplishments | for each of its three la | rgest program services, as | measured by expenses |
| | Section 501(c)(3) and 501(c)(4) orgation others, the total expenses, and reve | anizations and section 4947 | 7(a)(1) trusts are requi | red to report the amount of | grants and allocations to |
| | others, the total expenses, and reve | nue, il any, ioi each progra | am service reported | | |
| | | | | | |
| 48 | | | | (Revenue | |
| | Kootenai Electric Coop | | | | <u>wnich provides</u> |
| | reliable electric serv | <u>ice to approximat</u> | ely 20,000 men | mbers | |
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| 41 | (Code Expenses \$ | ınclud | ing grants of \$ |) (Revenue | \$) |
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| 40 | : (Code) (Expenses \$_ | includ | ing grants of \$ |) (Revenue | \$) |
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| | | | | | - |
| 4 | Other program services. (Describe i | n Schedule O) | • • | | |
| - • | (Expenses \$ | including grants of | \$ |) (Revenue \$ |) |
| 40 | Total program service expenses ► | | - | / (| |
| BAA | | | 0102L 07/05/11 | | Form 990 (2011 |

| | | | 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 | | Х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Х |
| 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_ | | X |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | <u> </u> |
| 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 I | 6 | | <u> </u> |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | <u> </u> |
| 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 | | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable | | | |
| ā | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| ŀ | 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 | 11 b | | X |
| (| © 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 | 11 c | | X |
| | 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 | 11 d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| | 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 | 11 f | | X |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| | 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 | | X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | <u>X</u> |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>X</u> |
| t | 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, Parts I and IV | 14b | | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | X |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | X |
| | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). | 17 | | X |
| | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | <u> </u> |
| | 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 | | <u>X</u> |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | <u>X</u> |
| t | olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

| | | | Yes | No |
|------|---|----------|-----|----------|
| 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 | _ | Х |
| 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 | | x |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | х | _ |
| 24 : | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of | 23 | Λ. | |
| 2-74 | the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25 | 24a | х | |
| t | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Х |
| (| 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 | | Х |
| c | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | Х |
| 25 a | a 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 | | |
| | 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 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | <u> </u> |
| 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): | | | |
| ā | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| ŀ | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | X |
| (| An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 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 | | |
| 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 | | Х |
| 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 | Х | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| ŀ | 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 | | |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| BAA | | | | (2011) |
| | | . 5,,,,, | (| |

| <u> </u> | Check if Schedule O contains a response to any question in this Part V | | | |
|----------|---|------|-----|----------|
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 58 | | | |
| ŀ | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| (| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | _X_ | |
| 2 8 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 97 | | | |
| ŀ | of fat least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | - 20 | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | X | |
| | of Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q | 3b | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| t | 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. | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| (| If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 68 | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | | |
| | | 6a | | <u>X</u> |
| ŧ | olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | C.L | | |
| | Organizations that may receive deductible contributions under section 170(c). | 6b | | |
| | • | | | |
| ē | 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 | | |
| | olf 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | | | |
| | Form 8282? | 7с | | |
| | If 'Yes,' indicate the number of Forms 8282 filed during the year 7d | | | |
| | 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 | | |
| ć | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| ŀ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | , 9 | | |
| | Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the | İ | | |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 8 | | |
| | 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? | 9ь | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| t | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| ā | Gross income from members or shareholders 11a 32,590,640. | | | |
| t | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 12. | against amounts due or received from them.) Section 4947(2VI) non averant aboritoble trusted in the construction (first 5 are 200 at least 5 and 10413 | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. | | Ì | |
| | is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| • | Note. See the instructions for additional information the organization must report on Schedule O | 134 | | |
| ŀ | · · · · · · · · · · · · · · · · · · · | | | |
| • | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand . 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| Ŀ | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14b | | |

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes | No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee? 2 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X X 6 Did the organization have members or stockholders? 6 See Schedule O 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? See Schedule O 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? See Sch O 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director or 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х **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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O 12c X X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule Q Х 15 a X **b** Other officers of key employees of the organization See Schedule O 15 b 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 Х 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > ID Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X| Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►Leslie Miller 2451 W. Dakota Ave. Hayden ID 83835 208-292-3264

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

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

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

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

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

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 in heither the organization | Thor any | Telate | u oi | <u>yan</u> ((| | 1011 00 | inpe | insated any current of | ncer, director, or trus | iee | |
|--|--|-----------------------------------|-----------------------|------------------|--------------|------------------------------|--------|--|---|--|--|
| (A) Name and title | (B) Average hours per week | and a director/trustee) | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | |
| | (describe hours for related organiza- tions in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations | |
| (1) Ronald E. Bockstruck Vice President | 7 | > | | Х | | - | | 10 422 | 0 | | |
| (2) Donna L. Boekel | ' | X | | ^ | | | | 18,422. | 0. | 0. | |
| Secretary | 8 | Х | | х | | | | 18,941. | 0. | 0. | |
| (3) Everett A. Gossett | | | | | | | | | 7 | | |
| President | 9 | Х | | Х | | | | 23,262. | 0. | 0. | |
| _(4) Terry Laliberte | | | | | | | | | | | |
| Director | 10 | X | | | | | | 19,059. | 0. | 0. | |
| _(5)_David_Pratt | | | | | | | | | | _ | |
| Treasurer | 8 | Х | | X | | | | 19,139. | 0. | 0. | |
| _(6)_William_RSwick | 1 | | | | | | | | | | |
| Director | 10 | X | | | | | | 18,339. | 0. | 0. | |
| (7) Roger Tinkey |] | | | | | | | | | | |
| Director | 6 | X | | | | | | 16,259. | 0. | 0. | |
| _(8) Douglas Elliott General Manager | 55 | | | x | | | | 155 205 | 0. | 106 110 | |
| | 33 | | | ^ | | | | 155,305. | U. | 106,112. | |
| Mgr Fin & Acct | 45 | | | Х | | | | 103,126. | 0. | 26,284. | |
| (10) Daniel Hannon | | | | | | | | | | | |
| Foreman | 46 | | | _ | | Х | | 100,436. | 0. | 64,808. | |
| (11) Greg Hansen | | | | | | | | | | · | |
| Operations Mgr | 42 | | | | į | Х | | 104,182. | 0. | 72,740. | |
| (12) Douglas W. Cardinel | J | | | | | | | | | | |
| Foreman | 46 | | | | | Х | | 100,915. | 0. | 61,754. | |
| (13) Keith R. Gednalske | | | | | | | | | | | |
| Lineman | 50 | | <u> </u> | | | Х | | 109,729. | 0. | 55,378. | |
| (14) Kevin Schneider | | | | | | | | | | | |
| Lineman | 46 | | | | | Χ | L | 102,276. | 0. | 62,757. | |

| Part VII Section A. Officers, Directors, Trust | ees, I | <u> </u> | En | 1plo | oye | es, | and | Highest Com | pensated Em | ployees (co | nt) | |
|--|--------------------------|------------------------|-----------------------|--|---------------|------------------------------|--------------------|---|---|-------------------------------------|----------------|--|
| (C) | | | | | | | | | | | | |
| (A) Name and title | | Average box, uni | | Position (do not check more than one pox, unless person is both an officer and a director/trustee) | | | | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimate amount of | | |
| | per week (describ | 익징 | ī | 오 | ₹ e | 를 를 | Ti O | the organization (W-2/1099 MISC) | related organization (W 2/1099 MISC) | s compensa from th | ition e | |
| | hours | Individual or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizat and rela organizati | ted | |
| | related | or tru: | nal t | | otoye | e comp | | | | | | |
| | organı- zatıons ın | stee | ruste | | 6 | Dens | | | | ļ | | |
| | Sch O) | | , e | | | ē | | | | | | |
| (15) Steven F. Anderson Former Director | 0 | | | - | | | × | 12,973. | |). | 0. | |
| (16) L. Wally Jacobson | | | | | _ | | | 12,575. | | <u>' • </u> | <u> </u> | |
| Former Director | 0 | | | | | | Х | 18,327. | C |). | 0. | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| <u>(21)</u> | | | | | | | | | 7 | | | |
| (22) | | | | | | | | _ | | | | |
| (23) | | | | | | | | | · | | | |
| (24) | | | | | <u> </u> | | | | | | | |
| (25) | | | | | | | | | <u>,</u> | | | |
| 1 b Sub-total | <u> </u> | | | l | | | > | 940,690. | |). 449, | 022 | |
| c Total from continuation sheets to Part VII, Section | Δ | | | | | | • | 940,690. | |). 449, | 833. 0. | |
| d Total (add lines 1b and 1c) | | | | | | | ▶ | 940,690. | - 0 | | 833. | |
| 2 Total number of individuals (including but not limited | d to the | ose l | ıste | d ab | ove) |) who | o re | | | | | |
| from the organization > 7 | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | Yes | No | |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii | or trus | tee, | key | em | ploy | ee, c | or h | ghest compensate | ed employee | | | |
| | | | | | | | | | | 3 X | + | |
| 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater ti | portabl han \$1 | e co 50,0 | mpe | ensa If 'Y | ition ∕es′ | and com | oth <i>plet</i> | er compensation [.] <i>e Schedule J for</i> | from | | | |
| such individual | | | | | | | | | | 4 X | , | |
| 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization? | ompen | satio | on fr | om : | any I fo | unre | late | d organization or | ındıvıdual | 5 | X | |
| Section B. Independent Contractors | . с.т.р.с | | 07.00 | | | , 500 | p | | | | 1 11 | |
| 1 Complete this table for your five highest compensation from the organization Report compensation | ed inde | epen | den | t cor | ntrac | ctors | tha | t received more the | nan \$100,000 of | | | |
| (A) | isatioi | 1 101 | uie | cale | illua | r yea | ar er | | | - | | |
| Name and business addres | s | | | | | | | (B) Description o | of services | (C) Compensati | on | |
| Asplundh, Inc. P.O. Box 827464 Philadelphia, | PA 19 | 182 | -74 | 64 | | | | Tree Trimming | | 436, | 164. | |
| Power City Electric, Inc. PO Box 2507 Spokane | | | | | | | | Labor - Plant | Constr | 773, | 592. | |
| International Line Builders PO Box 23729 Portland, OR 97281 | | | | | | | | Line Construc | tion | 266,315. | | |
| Noble Excavating, Inc. PO Box 1592 Libby, MT | | | | | | | | Excavating | | 350,251. | | |
| Northcon, Inc. 10615 N. Government Way Hayder | n, ID | 838 | 35 | | | | | Construction : | Labor | 942, | 542. | |
| 2 Total number of independent contractors (including | | t lım | ıted | to ti | hose | e liste | ed a | bove) who receive | ed more than | | | |
| \$100,000 in compensation from the organization | 0 | | | | | | | | | | \ | |

| Pa | rt VIII Statement of Revenue | | | | | |
|---|--|----------------------|----------------------|--|---|---|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| S S | 1a Federated campaigns | 1a | | | | |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | b Membership dues | 1b | | | | |
| S,G | c Fundraising events. | 1c | | | | |
| A | d Related organizations | 1 d | | • | | |
| NS. | e Government grants (contributions) | | | | | |
| 동말 | f All other contributions, gifts, grants, and similar amounts not included above | | | | | |
| | _ | _1f | | į | | |
| S S | g Noncash contributions included in Ins 1a-1 | f. \$ | | - | | |
| <u>u</u> | h Total. Add lines 1a-1f | Business Code | | | | |
| PROGRAM SERVICE REVENUE | 2a Electric Power Sales b | 221000 | 32,590,640. | 32,590,640. | | |
| SERVICE | c | | | | | |
| AM. | e | | | | | |
| 89 | f All other program service revenue | 3 | | | | |
| - <u>R</u> | g Total. Add lines 2a-2f | | 32,590,640. | | | |
| | 3 Investment income (including divi other similar amounts) | dends, interest and | 163,962. | | | 163,962. |
| | 4 Income from investment of tax-ex | cempt bond proceeds | | | <u>.</u> | |
| | 5 Royalties | > | | | | |
| | (i) Re | al (II) Personal | | | | İ |
| | 6a Gross rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | <u> </u> | | | |
| | d Net rental income or (loss) | | | | | , |
| | 7a Gross amount from sales of assets other than inventory | 2,745. | | | | |
| | b Less cost or other basis and sales expenses | 2,394. | | | | |
| | c Gain or (loss) | 351. | | - | | |
| | d Net gain or (loss) | • | 351. | | | 351. |
| NUE | 8a Gross income from fundraising even (not including \$ | vents | | | | |
| OTHER REVENU | of contributions reported on line 1 | lc) | | | | |
| 8 | See Part IV, line 18 | a | | | | |
| Ŧ | b Less direct expenses | b | | | ~~~~~ | <u> </u> |
| | c Net income or (loss) from fundrai | sing events | | | | ļ |
| | 9a Gross income from gaming activity See Part IV, line 19 | ties a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming | j activit <u>ies</u> | | | | |
| | 10a Gross sales of inventory, less retrained allowances | urns a | | | | |
| | b Less: cost of goods sold | b | | - | | |
| | c Net income or (loss) from sales of | | | | | |
| ļ | Miscellaneous Revenue | Business Code | | | | |
| | 11a City of Plummer Svc Agrmt | 221000 | 265,445. | | 265,445. | |
| | b Priest Rapids Exchange | 221000 | 212,705. | 212,705. | | |
| | c Pole rental | 221000 | 126,167. | | • | 126,167. |
| | d All other revenue | | 96,734. | 96,734. | | |
| | e Total. Add lines 11a-11d | | 701,051. | 20 000 075 | 0.55 | 000 :::: |
| | 12 Total revenue. See instructions | | 33,456,004. | 32,900,079. | 265,445. | 290,480. |

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 | | | | | | | | | | |
|--------|--|------------------------|------------------------------|-------------------------------------|----------------------------------|--|--|--|--|--|--|
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | • | | | | | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | | | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 4,187,421. 524,248. | | | | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | | | | | | | |
| 7 | Other salaries and wages. | 2,163,502. | | | | | | | | | |
| 8 | (include section 401(k) and section 403(b) | | | | | | | | | | |
| 9 | employer contributions). Other employee benefits. | 1,011,416. 975,940. | | | | | | | | | |
| 10 | Payroll taxes | 235,710. | | | | | | | | | |
| 11 | Fees for services (non-employees): | | | | | | | | | | |
| a | Management | | | | | | | | | | |
| t | Legal | 112,442. | | | | | | | | | |
| C | : Accounting | 23,300. | | | | | | | | | |
| C | i Lobbying | | | | | | | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | - | | | | | | | |
| f | Investment management fees | | | | | | | | | | |
| ç | Other | 1,087,767. | | | | | | | | | |
| 12 | Advertising and promotion | 37,716. | | | | | | | | | |
| 13 | Office expenses | 298,971. | | | | | | | | | |
| 14 | Information technology | 229,593. | | | | | | | | | |
| 15 | Royalties | | | | | | | | | | |
| 16 | Occupancy | 733,420. | | | | | | | | | |
| 17 | Travel | 411,712. | | | | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 36,334. | | | | | | | | | |
| 20 | Interest | 3,143,996. | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 3,624,755. | | | | | | | | | |
| | Insurance | 231,142. | | | | | | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | | | | | | | |
| a | Purchased_Power | 13,782,467. | | | | | | | | | |
| Ŀ | Miscellaneous_ | 311,226. | | | | | | | | | |
| c | City of Plummer Indirect | 292,926. | | | | | | | | | |
| c | | | | | | | | | | | |
| € | All other expenses | | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 33,456,004. | | | | | | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | | | | | | | |
| | Check here ► ☐ If following SOP 98-2 (ASC 958-720) | | | | | | | | | | |

| Part X | Balance Sheet | | | | | |
|-----------------------------|---|---|--------------------------|-----------|---------------------------|--|
| | | | (A) Beginning of year | | (B) End of year | |
| 1 | Cash — non-interest-bearing. | | 6,887,614. | 1 | 2,392,841. | |
| 2 | Savings and temporary cash investments | | | 2 | <u> </u> | |
| 3 | Pledges and grants receivable, net | | | 3 | | |
| 4 | Accounts receivable, net | | 2,695,731. | 4 | 3,118,679 | |
| 5 | Receivables from current and former officers, directors, and highest compensated employees Complete Part II | | - | 5 | | |
| 6 | Receivables from other disqualified persons (as defined persons described in section 4958(c)(3)(B), and contribusions organizations of section 501(c)(9) voluntary organizations (see instructions) | under section 4958(f)(1)), uting employers and employees' beneficiary | | 6 | | |
| A 7 | - · · · · · · · · · · · · · · · · · · · | - | 1,403,743. | 7 | 2,005,066 | |
| A 7 8 T 9 | Inventories for sale or use | - | 4,162,565. | 8 | 3,851,406 | |
| T 9 | | - | 333,985. | 9 | 353,033 | |
| 1 | · · · | | | 9 | 333,033 | |
| | · — | 0a 141,919,593. | | | | |
| | · | <u>оь</u> 32,785,696. | 100,279,301. | 10 c | 109,133,897 | |
| 11 | Investments — publicly traded securities. | | · | 11 | | |
| 12 | Investments – other securities See Part IV, line 11 | | | 12 | | |
| 13 | Investments – program-related See Part IV, line 11 | 1,054,098. | 13 | 1,085,932 | | |
| 14 | Intangible assets | | | 14 | | |
| 15 | Other assets See Part IV, line 11 | | 2,086,877. | 15 | 1,436,483 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34 | -) | 118,903,914. | 16 | 123,377,337 | |
| 17 | Accounts payable and accrued expenses | | 9,017,352. | 17 | 8,639,908 | |
| 18 | Grants payable | | · · | 18 | | |
| 19 | Deferred revenue | | | | | |
| ի 20 | Tax-exempt bond liabilities | | | 20 | | |
| A 21 B 22 | Escrow or custodial account liability. Complete Part IV | <u></u> | | 21 | | |
| ī 22 L T | Payables to current and former officers, directors, truste highest compensated employees, and disqualified perso of Schedule L | es, key employees, ns Complete Part II | | 22 | | |
| 1 00 | Secured mortgages and notes payable to unrelated third | l parties | 71,451,148. | 23 | 71,204,319 | |
| E 23 24 | Unsecured notes and loans payable to unrelated third pa | · | , | 24 | , 201, 025 | |
| 25 | Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comple | <u> </u> | 807,226. | 25 | 1,293,039 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 81,275,726. | 26 | 81,137,266 | |
| N E T | Organizations that follow SFAS 117, check here ► | and complete lines | | | | |
| 두 | 27 through 29 and lines 33 and 34. | · | | | | |
| § 27 | Unrestricted net assets | | | 27 | | |
| S 27 E 28 S 29 | Temporarily restricted net assets . | | | 28 | | |
| | Permanently restricted net assets | | | 29 | | |
| R | Organizations that do not follow SFAS 117, check here | ► X and complete | | | .2 | |
| E | lines 30 through 34. | | | | | |
| F 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| | Paid-in or capital surplus, or land, building, or equipmer | nt fund | 32,054,746. | 31 | 36,303,687 | |
| Î 32 | Retained earnings, endowment, accumulated income, or | <u>-</u> | 5,573,442. | 32 | 5,936,384 | |
| B 31 32 NC 33 E 34 | Total net assets or fund balances | Ţ. | 37,628,188. | 33 | 42,240,071 | |
| § 34 | Total liabilities and net assets/fund balances | | 118,903,914. | 34 | 123,377,337 | |

BAA

Form **990** (2011)

| Forr | m 990 (2011) Kootenai Electric Cooperative, Inc. 82-0 | 0136983 | | Pa | ge 12 | | | |
|------|---|------------|------|-------------|--------------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 3 | 33,4 | <u>56,0</u> | 04. | | | |
| 2 | 2 Total expenses (must equal Part IX, column (A), line 25) | | | | | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | _ | | 0. | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). | 4 3 | 37,6 | 28,1 | .88. | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) See Schedule Q | 5 | 4,6 | 11,8 | 883. | | | |
| 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 4 | 12,2 | 40,0 |)71. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | | | | |
| 2: | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | | |
| ı | b Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | | |
| • | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | ne audit, | 2c | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | | | | |
| (| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu separate basis, consolidated basis, or both: | ed on a | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| 3: | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133? | Single | 3a | | X | | | |
| | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits | ured audit | 3b | | | | | |
| BAA | | | Form | 990 | 2011) | | | |

Form **990** (2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

201

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Kootenai Electric Cooperative, Inc. 82-0136983 Part I 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 1 Total number at end of year 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? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? No Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > 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, No and enforcement of the conservation easements it holds? Yes 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 section 170(h)(4)(B)(ıı)? No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 >\$ **b** Assets included in Form 990, Part X ►\$

| Schedule D (Form 990) 2011 Koote | | | | 82-013 | | | Page 2 |
|---|-------------------------------|---|---------------------------------|------------------------------|--|-------------|---------------|
| Part III Organizations Mainta | | | , . <u></u> | | | _ | |
| Using the organization's acquisitive (check all that apply) | on, accession, and | | | that are a significant u | se of its | collect | lion |
| a Public exhibition | | | or exchange programs | | | | |
| b Scholarly research | | e [_] Other | | | | | |
| c Preservation for future gener 4 Provide a description of the orga | | ne and avalous how | , thou further the excen | ration's averant nurses | | | |
| Part XIV. | | | | | e III | | |
| 5 During the year, did the organiza assets to be sold to raise funds in | | | | | Yes | [| No |
| Part IV Escrow and Custodia Ine 9, or reported an | I Arrangements amount on Form | s. Complete ıf t m 990, Part X, | he organization an line 21. | swered 'Yes' to For | m 990, | Part | IV, |
| 1a Is the organization an agent, trus included on Form 990, Part X? | stee, custodian, or | other intermediary | for contributions or oth | er assets not | Yes | Г | No |
| b If 'Yes,' explain the arrangement | | | | | | | |
| | | | | | Amount | | |
| c Beginning balance | | | | 1c | | | |
| d Additions during the year | | | | 1d | _ | | |
| e Distributions during the year | | | | 1 e | | | |
| f Ending balance | | | | ٦,, | | | |
| 2a Did the organization include an a | | 90, Part X, line 21? | | l | Yes | L | _ No |
| Part V Endowment Funds. Co | | rganization and | wered 'Vos' to For | m 990 Part IV line | 10 | | |
| Part V Lindownient Pands. Co | (a) Current year | (b) Prior year | | | | our year: | e hack |
| 1 a Beginning of year balance. | (a) current year | (b) Thor year | (c) Two years back | (u) Tillee years back | (6) (| our year. | 3 Dack |
| b Contributions | | | | | | - | i |
| c Net investment earnings, gains, and losses | | | | | | , - | |
| d Grants or scholarships | | | | | + | | |
| e Other expenditures for facilities | | | | | | | |
| and programs | | | | | | | |
| f Administrative expenses | | | | | <u> </u> | | |
| g End of year balance | | | | | | | |
| 2 Provide the estimated percentag | | ar end balance (lin | e 1g, column (a)) held | as. | | | |
| a Board designated or quasi-endov b Permanent endowment ► | wment | 6 | | | | | |
| c Temporarily restricted endowmen | | 2 | | | | | |
| The percentages in lines 2a, 2b, | | ° | | | | | |
| · - | · | | | | | | |
| 3a Are there endowment funds not organization by: | in the possession of | of the organization | that are held and admi | nistered for the | Γ | Yes | No |
| (i) unrelated organizations | | | | | 3a(i) | | |
| (ii) related organizations | | | | | 3a(ii) | | |
| b If 'Yes' to 3a(II), are the related | organizations listed | i as required on So | chedule R? | | 3b | | |
| 4 Describe in Part XIV the intende | d uses of the organ | niza <u>tion</u> 's endowme | ent funds | | | | |
| Part VI Land, Buildings, and | Equipment. Se | e Form 990, Pa | ert X, line 10. | | | | |
| Description of property | (a) C | ost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) B | ook va | |
| 1 a Land | | | 488,311. | | _ | | ,311. |
| b Buildings | | | 5,058,483. | 1,858,736. | 3, | 199, | <u>,747.</u> |
| c Leasehold improvements | | | 104 744 555 | 20 205 252 | | 017 | |
| d Equipment | | | 124,744,623. | 30,926,960. | | | <u>, 663.</u> |
| e Other | | F 000 D 4 X | 11,628,176. | | | | <u>,176.</u> |
| Total. Add lines 1a through 1e (Colur BAA | nn (a) must equal | rorm 990, Part X, | coiumn (B), line 10(c)) | | | | <u>, 897.</u> |
| DAM | | | | Sched | lule D (Fo | 2011 A2 | 10) ZUII |

82-0136983

TEEA3303L 01/23/12

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| Sche | edule D (Form 990) 2011 Kootenai Electric Cooperative, Inc. | 82-013 | 6983 | Page 4 |
|--------------------|--|--|-----------------------------|----------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 33,4 | 56,004. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 33,4 | 56,004. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | 0. |
| 4 | Net unrealized gains (losses) on investments | | | |
| 5 | Donated services and use of facilities | | | |
| 6 | Investment expenses | | | |
| 7 | Prior period adjustments | | | |
| 8 | Other (Describe in Part XIV) See Part XIV | F | 4.6 | 11,883. |
| 9 | Total adjustments (net) Add lines 4 through 8 | | | 11,883. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | | 11,883. |
| Pai | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 33,2 | 72,220. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| | a Net unrealized gains on investments | | | |
| | Donated services and use of facilities 2b | \dashv \mid | | |
| | Recoveries of prior year grants | - | | |
| | Other (Describe in Part XIV) See Part XIV 2d -183,78 | <u> </u> | | |
| | e Add lines 2a through 2d | 2e | -1 | 83,784. |
| | Subtract line 2e from line 1 | 3 | | 56,004. |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | 30,004. |
| | Investment expenses not included on Form 990, Part VIII, line 7b. | | | |
| | O Other (Describe in Part XIV) | \dashv \mid | | |
| | Add lines 4a and 4b | 4c | | |
| | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 33 / | 56,004. |
| | t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | | | 30,004. |
| 1 | Total expenses and losses per audited financial statements | 1 | | 84,799. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | <u> </u> | 25,0 | <u>04,100.</u> |
| | a Donated services and use of facilities 2a | | | |
| | Prior year adjustments | \dashv \mid | | |
| | C Other losses 2c | \dashv \mid | | |
| | d Other (Describe in Part XIV.) See Part XIV 2d -183,78 | | | |
| | e Add lines 2a through 2d | | _1 | 02 701 |
| | Subtract line 2e from line 1 | 2e | | 83,784. |
| _ | | -3 | | <u>68,583.</u> |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b. O Other (Describe in Part XIV) See Part XIV 4b 4,187,42 | , | | |
| - | Add lines 4a and 4b | 4c | Δ1 | 87,421. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | | 56,004. |
| Pai | t XIV Supplemental Information | | | |
| Com Part any | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also compadditional information | t IV, lines plete this p | 1b and 2b, part to provi | de |
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TEEA3304L 05/25/11

Schedule **D** (Form 990) 2011

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| Schedule D | (Form 990) 2011 | Kootenai | Electric Cooperative, (continued) | Inc. | 82-0136983 | Page 5 |
|------------|-----------------|-------------|-----------------------------------|---------|-------------|--------|
| Part XIV | Supplemental | Information | (continued) | | | |
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Kootenai Electric Cooperative, Inc.

Employer identification number 82-0136983

| Par | I Questions Regarding Compensation | | | | |
|-----|---|--|-----|-----|-----|
| | | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any cVII, Section A, line 1a Complete Part III to provide any rele | of the following to or for a person listed in Form 990, Part evant information regarding these items | | | |
| | First-class or charter travel | Housing allowance or residence for personal use | | | |
| | Travel for companions | Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments | Health or social club dues or initiation fees | | | i İ |
| | Discretionary spending account | Personal services (e g , maid, chauffeur, chef) | | | |
| | - | | | | |
| b | If any of the boxes on line 1a are checked, did the organiza reimbursement or provision of all of the expenses described | ition follow a written policy regarding payment or d above? If 'No,' complete Part III to explain | 1 b | | |
| 2 | Did the organization require substantiation prior to reimburs trustees, and the CEO/Executive Director, regarding the iter | sing or allowing expenses incurred by all officers, directors, ms checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization CEO/Executive Director. Check all that apply Do not check establish compensation of the CEO/Executive Director Exp | n used to establish the compensation of the organization's any boxes for methods used by a related organization to lain in Part III. | | | |
| | Compensation committee | X Written employment contract | | | |
| | Independent compensation consultant | X Compensation survey or study | | | |
| | Form 990 of other organizations | X Approval by the board or compensation committee | | | |
| | | | ļ l | | ĺ |
| 4 | During the year, did any person listed in Form 990, Part VII or a related organization | , Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control payment | ıt? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental noi | nqualified retirement plan? | 4b | | X |
| c | Participate in, or receive payment from, an equity-based co | mpensation arrangement? | 4c | | X |
| | If 'Yes' to any of lines 4a-c, list the persons and provide the | e applicable amounts for each item in Part III | | | |
| | | | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must co | mplete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of | did the organization pay or accrue any compensation | | | |
| а | The organization? | | 5a | | |
| b | Any related organization? | | 5b | | |
| | If 'Yes' to line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of | , did the organization pay or accrue any compensation | | | |
| а | The organization? | | 6a | | · |
| b | Any related organization? | | 6b | | |
| | If 'Yes' to line 6a or 6b, describe in Part III. | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, described in lines 5 and 67 If 'Yes,' describe in Part III | did the organization provide any non-fixed payments not | 7 | | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or a contract exception described in Regulations section 53 4958 | accrued pursuant to a contract that was subject to the initial 3-4(a)(3)? If 'Yes,' describe in Part III | 8 | | |
| 9 | | | | | |
| 9 | If 'Yes' to line 8, did the organization also follow the rebutta section 53 4958-6(c)? | ane presumption procedure described in Regulations | 9 | | |

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Schedule J (Form 990) 2011

Page 2

Schedule J (Form 990) 2011 Kootenai Electric Cooperative, Inc.

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990.

201

OMB No 1545-0047

Employer identification number

Open to Public Inspection

(i) Pooled financing ٩ ŝ ŝ Yes (h) On behalf of ž Yes Yes Yes 82-0136983 (g) Defeased ŝ ŝ ŝ Yes ပ ပ Yes Yes (f) Description of purpose ŝ ŝ m Ω Yes Yes 7,000,000 1,622,500 5,377,500 8 ŝ × × 7,000,000 (e) Issue price ⋖ Yes Yes × × Does the organization maintain adequate books and records to support the final allocation of proceeds? (d) Date issued Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? 9/20/2010 Are there any lease arrangements that may result in private business use of bond-financed property? (c) CUSIP # Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? (b) Issuer EIN Inc. 16 Has the final allocation of proceeds been made? 82-0136983 9 Working capital expenditures from proceeds Kootenai Electric Cooperative, 10 Capital expenditures from proceeds 8 Credit enhancement from proceeds 5 Capitalized interest from proceeds Amount of bonds legally defeased Private Business Use Gross proceeds in reserve funds Electric Coopera Proceeds in refunding escrows Year of substantial completion 7 Issuance costs from proceeds Amount of bonds retired Other unspent proceeds Total proceeds of Issue Bond Issues Other spent proceeds (a) Issuer Name Proceeds Kootenai Part III Part II Part ဖ 0 m 4 5 33 7 ⋖ m ပ 0

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Schedule K (Form 990) 2011

Page 2

Kootenai Electric Cooperative, Inc.

Ċ α Schedule K (Form 990) 2011 Kootenai Elec Part III Private Business Use (Continued)

| | ٧ | | ₩ | | | ပ | _ | ۵ |
|--|-------|-----|-----|-----|-----|-----|-----|--------|
| | | No | Yes | No | Yes | 2 | Yes | S N |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | | | | | | | |
| b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | • | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | | | | | | | |
| dif "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 0/0 | | 9/0 | | 9/0 | | 0/0 |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0/0 | | 9/0 | | 9/0 | | 0/0 |
| 6 Total of lines 4 and 5 | | 0/0 | 1 | 9/0 | | 9/0 | | 0/0 |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | |
| Part IV Arbitrage | | | | | | | | |
| | A | | 8 | | | ပ | | ۵ |
| | Yes N | No | Yes | No | Yes | ક | Yes | 2 |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | | | | | | | İ |
| 2 Is the bond issue a variable rate issue? | | | | | | | | |
| 3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | - | | ļ | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 4a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | | | ļ | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | i | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | Ì | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | | | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if colf-remoduation is not available under applicable regulations? if self-remediation is not available under applicable regulations?

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions). Part VI

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Kootenai Electric Cooperative, Inc.

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

82-0136983

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) (a) Name, address, and EIN of disregarded entity Part II 吕 ଫ୍ର ල්

(g) Sec 512(b)(13) controlled entity? No × Yes (f)
Direct controlling
entity N/A Public charity status (if section 501(c)(3)) charity Public Public <u>ම</u> (d) Exempt Code section 501(c)(3)Legal domicile (state or foreign country) n 9 distributions charitable (b) Primary activity Making !!!!!!!!!!! (a)
Name, address, and EIN of related organization 1) Kootenai Electric Trust, Inc. 2451 W. Dakota Avenue Hayden, ID 83835 74-3063596 ଷ୍ପ ල €

Schedule R (Form 990) 2011

TEEA5001L 09/08/11

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82-0136983

Schedule R (Form 990) 2011 Kootenai Electric Cooperative, Inc.

(k) Percentage ownership Schedule **R** (Form 990) 2011 Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) General or managing partner? Share of total income Share of end-of-year assets ŝ Yes Code V-UBI amount in box 20 of Schedule (F-(Form 1065) Dispropor-tionate allocations? ž Yes (c) (d) (e) (e) (e) (e) (e) (e) (figuration of entity (c) corp. S corp. S corp. country) (g) Share of end-of-year assets (f) Share of total income 05/24/11 (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) TEEA5002L Primary activity (d) Direct controlling entity (c)
Legal
domicile
(state or
foreign (a)
Name, address, and EIN of related organization (b) Primary activity 1 Name, address, and EIN of related organization Ē Pent IV İ BAA 5 ন্ত ଫ୍ର ᄗ প্ত ଫ୍ର

Page 3

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | X. | Yes No | |
|--|-------------------------|-------------------------|--|------------|------|
| 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | ions listed in Parts II | :N3 | Control of the Contro | *** *** | - :1 |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | 1a | × | |
| b Gift, grant, or capital contribution to related organization(s) | | | 1 b 3 | × | |
| c Gift, grant, or capital contribution from related organization(s) | | | <u>ا</u> د | × | ı |
| d Loans or loan guarantees to or for related organization(s) | | | P | × | |
| The state of the s | | | | > | 1 |
| e Loans of Idah guarantees by refated organization(s) | | | 2, U , | د آ | r . |
| f Sale of assets to related organization(s) | | | - | × | 1 |
| | | | - | > | • |
| g Purchase of assets from related organization(s) | | | 6 | < | i |
| h Exchange of assets with related organization(s) | | | 무 | × | - 1 |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | = | × | • |
| | | | 11. | - 1 F | |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | 1j | × | |
| k Performance of services or membership or fundraising solicitations for related organization(s) | | | 1k > | X | |
| I Performance of services or membership or fundraising solicitations by related organization(s) | | | = | × | ı |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | - EL | × | |
| n Sharing of paid employees with related organization(s). | | - | 1n > | × | 1 1 |
| | | | Feet V° | ~ | |
| o Reimbursement paid to related organization(s) for expenses | | | 10 | × | - 1 |
| p Reimbursement paid by related organization(s) for expenses . | | | J or | × | |
| | | | 1 2 m | - y , | 1 |
| q Other transfer of cash or property to related organization(s) | | | 1 | × | 1 |
| r Other transfer of cash or property from related organization(s) | | | ٦٢ | × | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | covered relationship | s and transaction thres | sholds. | | 1 1 |
| (a) Name of other organization | (b) Transaction | (c) Amount involved | (d) Method of determining | ermining | |
| | type (a-r) | | amount inv | oived | - 1 |
| (1) Kootenai Electric Trust, Inc. | Q | 77,803. | Cost | | |
| (2) | | | | | 1 |
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| (3) | | | | | |
| (4) | | | | | |
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| BAA TEEA5003L 05/24/11 | | Sched | Schedule R (Form 990) 2011 | 90) 2011 | _ |

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to 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) | (c) | (d) Predominant | (e) | Share of | (g) Share of | (h) Dispropor- | Code V-I IRI | General or | (k) Percentane |
|------------------------------------|-----|-------------------------------|--|--|--------------|-----------------------|-------------------------|--|-----------------------------------|-------------------|
| ימווס, מכנוסס, מוס בוועס כומל | | (state or foreign country) | income (related, unre- lated, excluded | section 501(c)(3) organizations? | total income | end-of-year assets | tionate allocations? | amount in box 20 of Schedule K-1 | managing partner? | ownership |
| | | | from tax under section 512-514) | Yes No | | | Yes No | Form (1065) | Yes No | |
| (1) | | | | | | | | | | |
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| ВАА | | | 13L | TEEA5004L 05/24/11 | | | | Sched | Schedule R (Form 990) 2011 | 90) 2011 |

| Schedule R | orm 990) 2011 P | age 5 |
|------------|--|--------------|
| FEIR VIII | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R see instructions). | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

| Kootenai Electric Cooperative, Inc. 82-0136983 |
|--|
| Form 990, Part IX, Line 4 - Explanation of Benefits Paid to Members |
| The Cooperative has interpreted the instructions for Part IX, Line 4 of the 2011 |
| Form 990, regarding patronage dividends paid, to include the total amount of capital |
| credits_to_be_allocated_for_the_tax_year |
| Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder |
| Kootenai Electric Cooperative, Inc. is a member-owned electric cooperative with |
| approximately 20,000 members. Through purchasing electric power from the |
| Cooperative, members make an investment in the Cooperative. All amounts in excess |
| of operating costs furnished by the members become capital credits. The Cooperative |
| notifies each member annually of the amount of capital credits. The Board of |
| Directors decides if the Cooperative is financially able to pay prior years' capital |
| credits to members. |
| Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body |
| Each year, the governing body appoints a nominating committee. The nominating |
| committee meets and nominates a slate of candidates to run for election to the |
| governing body. Nominations by petition are also accepted for candidates to run for |
| election to the governing body. There is one class of membership for all members and |
| each is entitled to one vote for electing trustees. |
| Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders |
| The members must approve significant decisions of the governing body as defined in |
| its Articles of Incorporation and Bylaws. Each member is entitled to one vote. |
| Form 990, Part VI, Line 11b - Form 990 Review Process |
| After the Form 990 has been prepared by the independent accountants, management |
| reviews the Form for accuracy and completeness. Once management believes the Form is |
| complete and accurate, the Form is submitted to the Board for their review and |
| approval. Upon receiving their approval, the Form is signed and filed. |

| Name of the organization | Employer identification number 82-0136983 |
|---|---|
| Kootenai Electric Cooperative, Inc. | 02-0130903 |
| Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co | nflicts |
| The Conflict of Interest policy covers all Directors, Officers | and Key Employees of |
| the Cooperative. The Board of Directors interprets and enforc | es the policy. The |
| Cooperative's legal counsel annually reviews this policy with | all Directors, |
| Officers and Key Employees. The minutes of all Board meetings | record any |
| disclosures, votes, authorizations and other actions taken und | er this policy. Each |
| Director, Officer, and Key Employee completes and signs, annua | lly, a disclosure |
| questionnaire form. If anyone discovers any information or fa | ct that could impact |
| another's compliance with this policy, it must be disclosed to | the Board. Depending |
| upon the nature and severity of the violation of this policy, | a Director can be |
| disqualified and removed from the Board. | |
| Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E | Exec. Dir., or Top Mgtment |
| Each year, the Board of Directors reviews and approves compens | ation for the General |
| Manager. Revisions to salary ranges are based on labor market | surveys, economic |
| conditions, the financial condition of the Cooperative, and an | y other pertinent |
| factors available at the time. The Cooperative utilizes wage | and benefit survey |
| data conducted by NWPPA Utilities, Spokane Area Compensation G | roup and National |
| Rural Electric Cooperative Association (NRECA). | |
| Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Office | rs & Key Employees |
| In addition to an annual review of the General Manager's compe | nsation, the General |
| Manager recommends an annual compensation budget for all emplo | yees, which is |
| approved by the Board. Revisions to salary ranges are based o | n labor market |
| surveys, economic conditions, the financial condition of the C | ooperative, and any |
| other pertinent factors available at the time. The Cooperati | ve utilizes wage and |
| benefit survey data conducted by NWPPA Utilities, Spokane Area | Compensation Group |
| and National Rural Electric Cooperative Association (NRECA). | |
| | |

| Name of the organization | Employer identification number |
|--|--------------------------------|
| Kootenai Electric Cooperative, Inc. | 82-0136983 |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available | e |
| The Cooperative's Bylaws, Articles of Incorporation, and annual | ual reports are posted |
| on the organization's website. Copies of the Cooperative's | Form 990, USDA RUS Form |
| 7, and Conflicts of Interest policy are available upon reque | st |
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| Kootenai Electric Cooperative, Inc. | | |
|---|-------------|--|
| | | 82-013698 |
| Schedule D, Part XI, Line 8 Other Changes In Net Assets Or Fund Balances | | |
| Other comprehensive income Patronage capital to be allocated Retirement of patronage capital Unclaimed capital credits | \$ Total \$ | 1,121,100. 4,187,421. -707,069. 10,431. 4,611,883. |
| Schedule D, Part XII, Line 2d Other Revenue Included In F/S But Not Included On Form 990 | | |
| Plummer Gross vs. Net | Total \$ | -183,784. -183,784. |
| Schedule D, Part XIII, Line 2d Other Expenses And Losses Per Audited F/S | | |
| Plummer Gross vs. Net | Total \$ | -183,784. -183,784. |
| Schedule D, Part XIII, Line 4b Other Expenses Included On Form 990 But Not Included In F/S | | |
| Patronage capital to be allocated | Total \$ | 4,187,421. 4,187,421. |
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2011

Schedule O - Supplemental Information

Page 2

Kootenai Electric Cooperative, Inc.

82-0136983

Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances

Other comprehensive income Patronage capital to be allocated Retirement of patronage capital Unclaimed capital credits

| | \$ 1,121,100. 4,187,421. |
|-------|--------------------------------|
| | -707,069. |
| | 10,431. |
| Total | \$ 4,611,883. |

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

| If you ar | re filing for an Automatic 3-Month Extension, con | plete only | Part I and check this box | | ► X | | |
|---|--|--|--|--|------------------------------|--|--|
| - | re filing for an Additional (Not Automatic) 3-Mont | | , , | • | _ | | |
| Do not com | aplete Part II unless you have already been grante | d an autom | atic 3-month extension on a previously f | iled Form 8868 | | | |
| request an Associated | iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which milling of this form, visit www irs gov/efile and click of | automatic) Part I or Pa ust be sent | 3-month extension of time You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruct) | ctronically file For formation Return 1 | m 8868 to for Transfers | | |
| (Part III A | Automatic 3-Month Extension of Time. O | nlv subm | it original (no copies needed). | | | | |
| | on required to file Form 990-T and requesting an a | | | complete Part I on | ly ► 🗌 | | |
| All other co | rporations (including 1120-C filers), partnerships, | REMICS. ai | nd trusts must use Form 7004 to reauest | t an extension of t | ıme to file | | |
| ıncome tax | returns | ,- | | | | | |
| | | | Enter filer's identif | ying number, see | instructions | | |
| | Name of exempt organization or other filer, see instructions | | | Employer identification | number (EIN) or | | |
| Type or | | | | | | | |
| Kootenai Electric Cooperative, Inc. | | | | | X 82-0136983 | | |
| File by the due date for Number, street, and room or suite number. If a P O box, see instructions | | | | | Social security number (SSN) | | |
| filing your return See | P.O. Box 278 | | | | | | |
| instructions | nstructions City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | | | |
| | Hayden, ID 83835 | | | | | | |
| Enter the Return code for the return that this application is for (file a separate application for each return) | | | | | | | |
| Application Is For | | Return Code | Application Is For | Retu Cod | | | |
| Form 990 | | 01 | Form 990-T (corporation) | | 07 | | |
| Form 990-B | L | 02 | Form 1041-A | | | | |
| Form 990-EZ | | 01 | Form 4720 | | | | |
| Form 990-PF | | 04 | Form 5227 | | 10 | | |
| Form 990-T (section 401(a) or 408(a) trust) | | 05 | Form 6069 | | 11 | | |
| Form 990-T (trust other than above) | | 06 | Form 8870 | | 12 | | |
| Telephor If the or If this is check the exter 1 I required until | the sare in the care of Leslie Miller The No 208-292-3264 The ganization does not have an office or place of buses for a Group Return, enter the organization's four his box The ganization does not have an office or place of buses for a Group Return, enter the organization's four his box The ganization is for the organization's return for: | digit Group heck this be ation require | e United States, check this box Exemption Number (GEN) If by | this is for the who mes and EINs of a | . 5 | | |
| ► X ► 2 | calendar year 20 11 or tax year beginning, 20, 20, tax year entered in line 1 is for less than 12 month ange in accounting period | | | al return | | | |
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ | | | | | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit | | | | | | | |
| c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | | | | | | | |
| Caution. If payment in: | you are going to make an electronic fund withdray structions. | wal with this | Form 8868, see Form 8453-EO and For | rm 8879-EO for | | | |