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DLN: 93493209009532

# 1

### **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

	Revenue	-	► The organization may have to use a copy	of this return to satisfy	state reporting	requirement	Inspection
A Fo	r the 2	2011 ca	endar year, or tax year beginning 01-01-2011	and ending 12-31-20	11		·
<b>B</b> Ch	eck ıf ap	pplicable	C Name of organization BRIDGER VALLEY ELECTRIC ASSOCIATION INC			D Employer	identification number
☐ Add	dress ch	ange				83-0106	
┌ Na	me char	nge	Doing Business As			E Telephone	
Init	tıal retur	m	Number and street (or P O box if mail is not delivere	d to street address) Room/	suite	(307) 78	
Tei	rmınated	d	PO BOX 399			G Gross recei	pts \$ 11,651,098
M Am	ended i	return	City or town, state or country, and ZIP + 4 MOUNTAIN VIEW, WY 82939	<b>I</b>			
Г Арі	plication	pending	MODIVIAIN VIEW, WI 62939				
		Γ	<b>F</b> Name and address of principal officer			s a group ret	
					affilia	tes?	ΓYes <b>Γ</b> Nο
					H(b) Are al	l affiliates incl	luded?
		pt status		10.17( )(1)			ıst (see ınstructions)
			501(c)(3) ▼ 501(c)(12) ◀ (insert no )	4947(a)(1) or   527	H(c) Grou	ip exemption	number ►
			W BVEA COOP				
<b>K</b> For	m of org	janization	Corporation Trust Association Other		<b>L</b> Year of fo	rmation 1938	M State of legal domicile WY
Pa	rt I	Sumi	mary				***
			scribe the organization's mission or most sign	nificant activities			
01			ectric power and internet service to members				
Governance	-						
<u>8</u>	2 (	Check th	is box 🛏 if the organization discontinued its	operations or disposed	of more than 2	5% of its net	t assets
	I		f voting members of the governing body (Part			<u></u> ⊢	7
Activities &	I		of independent voting members of the governing		•		7
Ē	1		hber of individuals employed in calendar year				5 33
Ş A	1		nber of volunteers (estimate if necessary) . elated business revenue from Part VIII, colun			7	<b>5</b>   0
	1		ated business taxable income from Form 990	` ''		7	-
				<u> </u>	Prio	r Year	Current Year
	8	Contrib	outions and grants (Part VIII, line 1h)				0
ПE	9	9 Program service revenue (Part VIII, line 2g)				10,969,083	11,492,867
Revenue	10		ment income (Part VIII, column (A), lines 3, 4		-	178,963	136,839
	11		revenue (Part VIII, column (A), lines 5, 6d, 8d			8,480	-575
	12		evenue—add lines 8 through 11 (must equal P		ne	11,156,526	11,629,131
	13		and similar amounts paid (Part IX, column (A				0
	14	Benefit	s paid to or for members (Part IX, column (A ),	line 4)			628,646
ø	15		s, other compensation, employee benefits (Pa	rt IX, column (A), lines		2,457,002	2,685,360
Expenses	16a	5-10)	sional fundraising fees (Part IX, column (A), lii	ne 11e)		2,437,002	2,003,300
æ	ь		idraising expenses (Part IX, column (D), line 25) $\blacktriangleright^0$	le 11e)			
Ω	17		expenses (Part IX, column (A), lines 11a-11c	I.11f-24e)		7,979,003	8,224,621
	18		xpenses Add lines 13–17 (must equal Part I			10,436,005	
	19		ie less expenses Subtract line 18 from line 1			720,521	
<b>%</b> €						of Current	End of Year
and Tab	30	T'	costs (Bart V line 15)		Y	20 112 112	
Net Assets or Fund Balances	20 21		ssets (Part X, line 16)			7,167,889	
E E	22		sets or fund balances Subtract line 21 from h			12,945,223	
	11111		ature Block			,- 10,220	1 13,207,317
Unde know	r penal ledge a	ties of pe	rjury, I declare that I have examined this return, it is true, correct, and complete. Declaration of				
know	ledge.	Τ.					
		*****				12-07-27	
Sigr Her		l.'	cure of officer		Da	ate	
пег	C		CK CORUN GENERAL MANAGER or print name and title				
		<u> </u>	·	Date	Check If	Prenarer's to	xpayer identification number
Paid		Preparer's signature		Dute	self-	(see instruction	
	arer's	Firm's na	me (or yours <b>b</b> Blodgett Mickelsen & Naef PS		employed 🕨		
Use		ıf self-em	pployed),			EIN 🕨	
	-	audiess,	and ZIP + 4 8203 W Quinault Ave Ste 800				

May the IRS discuss this return with the preparer shown above? (see instructions) . . . .

Kennewick, WA 99336

Phone no 🕨 (509) 735-0379

Form	990 (2011)				Pag
Par		ement of Program Service k if Schedule O contains a respons		ı	
1	Briefly desc	ribe the organization's mission			
sale	of electric po	wer and internet service to membe	rs		
2		nızatıon undertake any sıgnıfıcant m 990 or 990-EZ?			□ Yes ▽ No
	-	cribe these new services on Sche			1 105 / 110
3	Did the orga	nization cease conducting, or mak	e significant changes in how it c	onducts, any program	┌ Yes ┌ No
4	expenses S	e organization's program service ac ection 501(c)(3) and 501(c)(4) or illocations to others, the total expe	ganizations and section 4947(a	)(1) trusts are required to re	port the amount of
4a	(Code SALE OF ELEC	) (Expenses \$ CTRIC UTILITY SERVICE TO MEMBERS - 6,8	including grants of \$ 351 SERVICES WERE IN PLACE AT YEAR	) (Revenue \$ E-END AVERAGE NUMBER OF MEMI	) BERS IS 4,845
4b	(Code PROVIDE INT	) (Expenses \$ ERNET SERVICE TO MEMBERS - 1382 WER	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Othorn	rom convices (December of Cohedu	In O )		
40	(Expenses	ram services (Describe in Schedu \$ includir	ie O ) ng grants of \$	) (Revenue \$	)
 4е	• •	am service expenses►\$	<u> </u>	, , , , ,	<u> </u>

art IV	Checkl	ist of	Required	Schedules

	onecking of Regarded Softwares	$\overline{}$		
4	To the every policy decombed in contrar EQ4/-V2V4047/-V4V/-ththth		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	<b>Section 501(c)(3) organizations.</b> 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		Νo
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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νo
c	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		Νo
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? <i>If</i> "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		Νo
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		Νo
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νo
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		Νo
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? <b>Note.</b> 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 $1^2$ 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		No
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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b>   23			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ī	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 return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
_				
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		Νo
b	account)?			NO
	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			
	2222. 23.0.00 to. ming requirements for Form 12 1 30 22 1, Report of Foreign Dank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-		N o
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
h	organization solicit any contributions that were not tax deductible?			
U	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
h	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	76		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Delther comments of the destruction of the destruct			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		No_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No_
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Grees receipts uncluded on Form 990. Part VIII, line 12 for public use of club.			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. 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	13a		Νo
	allocated to each state	1-3a		140
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νo

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

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								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No					
4	supervision of officers, directors or trustees, or key employees to a management company or other person? .  Did the organization make any significant changes to its governing documents since the prior Form 990 was			NO					
	filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo					
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						
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	,								
Se									
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo					
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		Νo					
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						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a									
L	taxable entity during the year?	16a		No					
D									
	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?	16h		N					
Se	organization's exempt status with respect to such arrangements?	16b		Νo					
Se 17		16b		Νo					

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 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 SUSAN PORTER
  40014 BUSINESS LOOP I-80

MT VIEW, WY 82939 (307) 786-2800

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

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

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

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

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

Check this box if neither the organiza		ated or	aanız	atio	ns c	omper	nsate	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	Position more unles an	director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) RICK MAXFIELD Director	3 00	х						17,555	0	36
(2) RUTH REES Director	3 00	х						17,750	0	36
(3) BETTY APPLEQUIST Director	3 00	х						11,152	0	36
(4) JON WILDE Director	2 00	х						22,554	0	36
(5) D JUD REDDEN SEC /TREASURER	2 00	х		Х				22,809	0	36
(6) GARY NIX Vice President	5 00	Х		Х				21,060	0	36
(7) D KIM CHARLES President	4 00	х		Х				17,075	0	36
(8) F DANNY EYRE GENERAL MANAGER	42 00			Х				105,989	0	37,185

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

	(A) Name and Title	(B) A verage hours per week (describe hours hours  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							Repo compo fro organiz	( <b>D)</b> ortable ensation m the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	I .	
1b c	Sub-Total			<u></u>	•	•		<b>*</b>							
d	Total (add lines 1b and 1c) .			• • •	<u>.</u>	<u>.</u>		<b> </b>		235,944				37,437	
2	Total number of individuals (incli \$100,000 of reportable compens					ted	above	) who	receive	d more tha	in				
													Yes	No	
3	Did the organization list any <b>forr</b> on line 1a? <i>If</i> "Yes," complete Sch									t compens	ated employee	3		No	
4	For any individual listed on line 1 organization and related organization														
5	Did any person listed on line 1a services rendered to the organiz										or individual for	4		No_	
	services rendered to the organiz	ation in ites, o	Joinpiec	e scii	eaui	e	OI SUCI	i pei:	5011		•	5		N o	
	ection B. Independent Con														
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio													
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C) Compen		
												$\Rightarrow$			
												$\pm$			
	Total number of independent conti \$100,000 of compensation from t			ot lin	nited	d to	those	liste	d above)	who recei	ved more than				

Form 99	•	,						Page <b>9</b>
Part \	<b>VIII</b>	Statement of	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
#\$ \$1	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership du	ıes <b>1b</b>					
s, ç	C	Fundraising ev	ents <b>1c</b>					
<u>#</u>	d	Related organiz	zations 1d					
ī,	e	Government grant	s (contributions) <b>1e</b>					
tion sr s	f	All other contribute	ons, gifts, grants, and <b>1f</b>		į			ĺ
音奏	g		ibutions included in					
늍			_					
ပြွန်	h	Total. Add line:	s 1 a - 1 f	· · · •	0			
<u> </u>				Business Code				
nua	2a	MISCELLANEOUS S	SERVICES	221000	743,782	743,782		
Be ≺	Ь	ELECTRIC ENERGY	/ SALES	221000	10,733,146	10,733,146		
- C	c	CONTRACT WORK	_	221000	15,939	15,939		
er F	d							
ج د	e							
୍ର ଆଧ	f	All other progra	am service revenue					
چ	g	Total Add line	s 2a-2f	L .	11,492,867			
Program Service Revenue	3		come (including dividen		11,432,807			
			aramounts)		118,342			118,342
	4		stment of tax-exempt bond	-	0			
	5	Royalties .		▶ [	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)		o			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other		24,858				
	Ь	than inventory Less cost or		6,361				
	"	other basis and sales expenses		0,331				
	c	Gain or (loss)		18,497				
	d	Net gain or (los	ss)		18,497	18,497		
<u> </u>	8a	Gross income f events (not inc	from fundraising Iuding					
Other Revenue			s reported on line 1c) ne 18 a					
Ē	Ь	Less direct ex	penses <b>b</b>					
₹	c		(loss) from fundraising	events 🕨	o			
	9a		from gaming activities ne 19					
	b		apenses b		ol			
	10a	Gross sales of returns and allo		vicies	9			
	b		a oods sold b	15,031 15,606	535	575		
	C	Net income or Miscellaneou	(loss) from sales of inv	entory ► Business Code	-575	-575		<del>                                     </del>
	11a	miscellaneou	s revenue	Dusiliess Code				
	b							<u> </u>
	°	Λ    <u>Δ+</u> b =						<u> </u>
	d e		ue s 11a-11d					
	12		See Instructions .	· · · · •	0			
	**	rocar revenue.	Jee Instructions .	• • •	11,629,131	11,510,789		118,342

#### 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 0 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 628,646 5 Compensation of current officers, directors, trustees, and 273,381 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) . . . 0 7 Other salaries and wages 1,442,969 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . 429,685 Other employee benefits . . . . . . 394,139 145,186 10 Fees for services (non-employees) 11 Management . . . . . 20,302 Legal . . . . . . . . . . Accounting . . . . . . . . . . . 10,400 Lobbying . . . . . . . . . . . . 0 Professional fundraising See Part IV, line 17 . . 0 Investment management fees . . . . . . 0 0 g 2,571 Advertising and promotion . . . 12 Office expenses . . . . 20,844 13 14 Information technology . . . . . 0 15 Royalties . . 0 0 16 32,669 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . . 0 19 Conferences, conventions, and meetings . . . . 121,870 312,523 20 21 Payments to affiliates . . . . 0 22 Depreciation, depletion, and amortization . . . . . 1,227,396 23 50,310 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) other deductions 1,284,588 5,141,148 Cost of power C d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 11,538,627 0 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 600 600 1 1 522,704 319,428 2 2 3 3 0 4 1.229.750 4 1.148.996 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 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 0 7 0 380.589 8 444.788 9 110,522 80.270 Prepaid expenses and deferred charges . . . . . . 10a 35,339,501 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 17,514,160 b Less accumulated depreciation . . . . . 17,255,400 10c 17,825,341 0 11 11 12 0 12 Investments—other securities See Part IV, line 11 . . . . . . 13 693,206 13 723,687 Investments—program-related See Part IV, line 11 . . 14 14 1,095 1,048 15 15 20,113,112 20,624,912 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,632,280 1,649,862 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 . . . 5,265,374 23 5,692,803 24 Unsecured notes and loans payable to unrelated third parties . . . . 200,000 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 70,235 25 74,930 D . . . . 26 7,167,889 26 7,417,595 **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 . . . . . Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 13,207,317 32 12,945,223 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 12.945.223 33 13.207.317 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 20.113.112 34 20.624.912

Par	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 6	529,13:			
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,53					
3	Revenue less expenses Subtract line 2 from line 1	3	9(					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Other changes in net assets or fund balances (explain in Schedule O)	5	171,!					
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		13,2	207,317			
Par	T XII 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			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				
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued						
	▼ Separate basis							
За	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?	9	3a		No			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No			

#### **Additional Data**

**Software ID:** 11000144

**Software Version:** 2011v1.2

**EIN:** 83-0106908

Name: BRIDGER VALLEY ELECTRIC ASSOCIATION INC

#### Form 990, Special Condition Description:

#### **Special Condition Description**

DLN: 93493209009532

OMB No 1545-0047

**Inspection** 

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

Name of the organization **Employer identification number** BRIDGER VALLEY ELECTRIC ASSOCIATION INC 83-010<u>6908</u> Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a

d	d Number of conservation easements included in (c) acquired after 8/17/06	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by th	ne organızatıon durın	g		
	the taxable year 🗠					
4	Number of states where property subject to conservation easement is located 🛌					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han enforcement of the conservation easements it holds?	dling of	violations, and	Yes	┌ No	)
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easem	nents d	uring the year ►			_
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s during	g the year			
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ction	Г	Yes	┌ No	)
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	dexpen	se statement, and			

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

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

Total acreage restricted by conservation easements

Number of conservation easements on a certified historic structure included in (a)

(ii) Assets included in Form 990, Part X

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

Assets included in Form 990, Part X

2b

2c

Par	<b>411</b> Organizations maintaining Collections of Art,	, HIS	tori	<u>cai ire</u>	<u>easu</u>	res, or othe	er Similai	ASSE	ets (co	ntinued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ne fol	lowing th	nat are	e a significant i	use of its co	ollectio	n	
а	Public exhibition	d	Γ	Loan o	rexch	hange programs	5			
b	Scholarly research	e	Γ	Other						
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain Part XIV	ın hov	w the	y further	the o	organization's e	xempt purp	ose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as						mılar	Г	Yes	┌ No
Par	<b>Escrow and Custodial Arrangements.</b> Comple Part IV, line 9, or reported an amount on Form 99					n answered "\	es" to Fo	rm 990	Ο,	
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part $X^{\gamma}$	diary	ford	ontribut	ions c	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV and complete the	follow	/ıng t	able				Amoi	ınt	
c	Beginning balance					1c		Allio	4116	
d	Additions during the year					1d				
e	Distributions during the year					1e				
f						1f				
-	Ending balance	. 212				11			V	
2a	Did the organization include an amount on Form 990, Part X, line	9 21 /						,	Yes	No
	If "Yes," explain the arrangement in Part XIV <b>rt V Endowment Funds.</b> Complete if the organization	200	wor	od "Voc	" to [	Form 990 Da	rt IV Juno	10		
Ра	(a)Current Year		)Prior				Three Years I		)Four Ye	ars Back
1a	Beginning of year balance									
b	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year end balance held a	is								
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
За	Are there endowment funds not in the possession of the organiza	ation	that	are held	and a	dmınıstered for	the			
	organization by							22/i\	Yes	No
	<ul><li>(i) unrelated organizations</li></ul>		•					3a(i) 3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations listed as required							3b		
4	Describe in Part XIV the intended uses of the organization's end									
Par	t VI Land, Buildings, and Equipment. See Form 99	0, Pa	rt X	, line 1	0.					
	Description of property			Cost or o		(b)Cost or other basis (other)	(c) Accumu deprecia		( <b>d</b> ) Boo	ok value
1a	Land	1				313,543				313,543
ь	Buildings					1,404,406	1,0	30,206		374,200
С	Leasehold improvements							1		
d	Equipment					29,989,091	13,7	13,052	16	5,276,039
e	Other					3,632,461	2,7	70,902		861,559
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, colun	nn (B	), line	10(c).)	<del></del>		▶		17	7,825,341

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(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	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1) INVESTMENTS IN ASSOC ORGS	723,687	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
(u) become		(D) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)	
Part X Other Liabilities. See Form 990, Part X		* * * * <b>1</b>
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
CONSUMER DEPOSITS	74,930	
	·	
Total (Column (h) should agual Form 000, Part V, col (R) line 35.)	74,930	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,629,131
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,538,627
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	90,504
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	628,646
9	Total adjustments (net) Add lines 4 - 8	9	628,646
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	719,150
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	11,629,131
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,629,131
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	11,629,131
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	<sub>1</sub>	10,909,981
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	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,909,981
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	628,646
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	11,538,627
Dar	t 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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation					
Part X	Part X FIN48 Footnote	THE COOPERATIVE DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS					
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	2011 MARGINS ALLOCATED TO MEMBERS \$628646					
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	2011 MARGINS ALLOCATED TO MEMBERS \$628646 RETIREMENT OF CAPITAL CREDITS \$ -289955 INCREASE IN OTHER EQUITIES \$ -167101					

**SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public
Inspection

Name of the organization BRIDGER VALLEY ELECTRIC ASSOCIATION INC Employer identification number

83-0106908

Identifier	Return Reference	Explanation
	PART I, LINE 14 AND PART IX LINE 4 - BENEFITS PAID TO OR FOR MEMBERS	THE IRS 2011 INSTRUCTIONS NOW CLARIFY THAT PATRONAGE DIVIDENDS PAID BY 501(C)(12) ORGANIZATIONS SHOULD BE REPORTED IN THE STATEMENT OF FUNCTIONAL EXPENSES ON LINE 4 THE COOPERATIVE HAS ALLOCATED \$628,646 OF ITS 2011 MARGINS (100% 2011 NET INCOME, LESS \$90,504 PRIOR YEAR UNALLOCATED LOSS) AS PATRONAGE DIVIDENDS TO ITS MEMBERS AND REPORTED THIS AMOUNT ON LINE 4 THE COOPERATIVE'S ACCOUNTING SYSTEM FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) WHICH DO NOT REPORT PATRONAGE DIVIDENDS AS AN EXPENSE, AS SUCH, THE 2011 MARGINS ARE ALSO RECORDED AS A RECONCILING ITEM ON SCHEDULE D PART XIII OF THE FORM 990
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	BY-LAWS ARE DISTRIBUTED TO MEMBERS AT THE TIME OF MEMBERSHIP APPLICATION THE CONFLICT OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST AN ANNUAL MEETING BROCURE PROVIDES A SUMMARY OF THE PRIOR YEAR'S FINANCIAL'S TO THE MEMBERS
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	COMPENSATION AND BENEFITS FOR KEY EMPLOYEES IS RECOMMENDED BY THE GENERAL MANAGER AS PART OF THE ANNUAL BUDGET PROCESS THE BUDGET IS APPROVED BY THE BOARD OF DIRECTORS
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE GENERAL MANAGER REVIEWS THE POTENTIAL CONFLICTS OF INTEREST, AT LEAST ANNUALLY, AND DISCUSSES THEM WITH THE BOARD IN ORDER TO DETERMINE THE APPROPRIATE FORM OF ACTION, IF NECESSARY, IN ACCORDANCE WITH THE POLICY THE POLICY APPLIES TO ALL EMPLOYEES AND DIRECTORS
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	THE FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW PRIOR TO SUBMISSION
Form 990, Part VI, Line 7b	Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	MEMBERS VOTE TO APPROVE CHANGES IN THE BY LAWS AND TO ELECT THE BOARD OF DIRECTORS IN ADDITION, MEMBERS COMPRISING NOT LESS THAN 10% OF THE TOTAL MEMBERSHIP MAY SUBMIT, BY PETITION, A WRITTEN COPY OF A PROPOSAL OR ITEM TO BE PLACED ON THE BALLOT TO BE VOTED ON BY THE ENTIRE MEMBERSHIP ALSO, THE GOVERNING BODY MAY NOT SELL, LEASE, OR DISPOSE OF PROPERTY REPRESENTING MORE THAN 10% OF THE TOTAL ASSETS OF THE ORGANIZATION UNLESS SUCH SALE IS AUTHORIZED BY THE VOTE OF A 2/3 MAJORITY OF THE TOTAL MEMBERSHIP
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	THERE IS ONE CLASS OF MEMBERSHIP FOR ALL MEMBERS A MEMBER IS ENTITLED TO ONE VOTE TO ELECT THE BOARD OF DIRECTORS
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	THE ORGANIZATION IS A COOPERATIVE FORMED TO PROVIDE ELECTRIC SERVICE TO ITS MEMBERS THE MEMBERS ELECT THE GOVERNING BODY AND APPROVE CHANGES IN THE BY-LAWS MEMBERS RECEIVE A SHARE OF THE COOPERATIVES PROFITS THROUGH THE APPROVAL OF RETIREMENT OF PATORNAGE CAPITAL

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** 

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

DLN: 93493209009532

Schedule R (Form 990) 2011

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury Internal Revenue Service

Name of the organization

BRIDGER VALLEY ELECTRIC ASSOCIATION INC

(Form 990)

► 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.

83-0106908 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (b) (c) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization Yes No (1) BRIDGER VALLEY ROUND-UP FOUNDATION BRIDGER VALLEY PO BOX 399 DONATE TO CHARITIES & WY 501(C)(3) PUBLIC CHARITY ELECTRIC ASSOC No THE NEEDY MOUNTAIN VIEW, WY 82939 26-1675486

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	y activity domicile   Direct controlling   (related, unrelated excluded from tax)		Predominant income (related, unrelated, excluded from tax under sections 512-	<b>(f)</b> Share of total income	hare of total Share of end-of-		tionate ons? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?		<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

Par	Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		1					
ı	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	izations listed in Parts	s II-IV?			No					
а											
b											
С	c Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)										
e	Loans or loan guarantees by related organization(s)			1e		No					
f	Sale of assets to related organization(s)			1f		No					
g	Purchase of assets from related organization(s)			1g		No					
h	Exchange of assets with related organization(s)			1h		No					
i l	ease of facilities, equipment, or other assets to related organization(s)			1i		No					
j l	_ease of facılıtıes, equipment, or other assets from related organization(s)			<b>1</b> j		No					
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		No					
I F	Performance of services or membership or fundraising solicitations by related organization(s)			11		No					
m	Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)			1m	Yes						
n	Sharing of paid employees with related organization(s)			1n		No					
o	Reimbursement paid to related organization(s) for expenses			10		No					
p	Reimbursement paid by related organization(s) for expenses			1p		No					
q	Other transfer of cash or property to related organization(s)			<b>1</b> q		No					
r	Other transfer of cash or property from related organization(s)			1r		No					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	cluding covered relati	onships and transact	ion thresholds							
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		ount					
1)											
2)											
3)											
4)											
5)											
6)											

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

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#### Part VII Supplemental Information

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

Identifier Return Reference Explanation

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