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DLN: 93493128011722

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

| . Fartha | 2011 | landar vara artav vara basinaina 01 01 | 2011 | 14 | | | | |
|-------------------------|----------------------|--|------------------------------------|----------------------|------------------------------------|--------------------------------------|--|--|
| | | llendar year, or tax year beginning 01-01- C Name of organization | 2011 and ending 12-31-20 | <u> </u> | D Employer i | identification number | | |
| Check if a | | LA PLATA ELECTRIC ASSOCIATION INC | | | 84-0248 | 168 | | |
| Name ch | _ | Doing Business As | | | E Telephone | | | |
| _ | _ | | | | (970)382 | 2-3532 | | |
| Initial ret — | | Number and street (or P O box if mail is not do PO Box 2750 | elivered to street address) Room/s | uite | | ots \$ 100,863,328 | | |
| Terminat | ed | 1 0 BOX 2730 | | | <u> </u> | | | |
| Amended | d return | City or town, state or country, and ZIP + 4 Durango, CO 813022750 | • | | | | | |
| - Application | on pending | Dulango, CO 813022730 | | | | | | |
| | | F Name and address of principal offi | cer | H(a) Is the | s a group ret | urn for | | |
| | | Greg Munro | | affilia | | ⊤Yes √ No | | |
| | | PO Box 2750 Durango,CO 81301 | | 11/1-> | | | | |
| | | | | 1 ' | affiliates incl | · | | |
| Tax-exe | mpt status | 501(c)(3) ✓ 501(c) (12) ◀ (insert no |) | | p exemption | st (see instructions) number ► | | |
| Websit | | w Ipea coop | | | , | | | |
| | | | | <u> </u> | | | | |
| | | Corporation Trust Association Other | • | L Year of for | mation 1939 | M State of legal domicile CC | | |
| Part I | Sum | mary | | | | | | |
| 1 | | escribe the organization's mission or mos | t significant activities | | | | | |
| ایا | To provi | de electricity to our member owners | | | | | | |
| 2 3 | | | | | | | | |
| <u> </u> | | | | | | | | |
| 2 | Check th | nis box 🛏 if the organization discontinue | ed its operations or disposed | of more than 2 | 5% of its net | assets | | |
| | Number | of voting members of the governing body | (Part VI, line 1a) | | 3 | 12 | | |
| 5 4 | Number | of independent voting members of the gov | verning body (Part VI, line 1t |) | 4 | 12 | | |
| 5 6 | Total nu | mber of individuals employed in calendar | year 2011 (Part V, line 2a) | | 5 | 110 | | |
| 6 | Total nu | mber of volunteers (estimate if necessary | · · · · · | | 6 | 0 | | |
| t 7a | | related business revenue from Part VIII, | | | 7a | 87,732 | | |
| Ь | Net unre | lated business taxable income from Form | 1990-T, line 34 | | 7b | · · | | |
| | | | · | Prior | r Year | Current Year | | |
| 8 | Contri | butions and grants (Part VIII, line 1h) | | | 0 | | | |
| ٠ ا يو | | im service revenue (Part VIII, line 2g) | | 99,888,696 | _ | | | |
| 10 11 | | tment income (Part VIII, column (A), line | | 506,171 | | | | |
| Ā 11 | | revenue (Part VIII, column (A), lines 5, 6 | | ' | 5,323,496 | · | | |
| 12 | | revenue—add lines 8 through 11 (must ec | | ne 🗀 | 3,323,130 | 1,500,000 | | |
| | | | | | 05,718,363 | 100,583,142 | | |
| 13 | Grants | s and sımılar amounts paıd (Part IX, colur | mn (A), lines 1-3) | | 0 | 0 | | |
| 14 | Benefi | ts paid to or for members (Part IX, colum | n (A), line 4) | | 0 | 6,547,236 | | |
| _{.0} 15 | | es, other compensation, employee benefit | s (Part IX, column (A), lines | | 1 210 701 | 030.417 | | |
| 器 16a 16a b | 5-10) | | | | 1,319,781 | | | |
| ₹ 16a | | sional fundraising fees (Part IX, column (| | | 0 | 0 | | |
| 표 b | | ndraising expenses (Part IX, column (D), line 25) | - | | | | | |
| 17 | | expenses (Part IX, column (A), lines 11a | | | 96,717,184 | | | |
| 18 | | expenses Add lines 13–17 (must equal F | | | 98,036,965 | | | |
| 19 | Reven | ue less expenses Subtract line 18 from l | ine 12 | | 7,681,398 | 0 | | |
| 3 % | | | | | of Current | End of Year | | |
| Secure 20 | Tatal | accete (Part V line 16) | | | ear 89 503 153 | 287,364,168 | | |
| 20 | | assets (Part X, line 16) | | | 89,503,153 | | | |
| 21 22 22 | | sats or fund balances Subtract line 21 fr | | | 67,357,756 22,145,397 | | | |
| | | | on the 20 | | 22,143,397 | 125,071,814 | | |
| Part II | | ature Block erjury, I declare that I have examined this re | turn including sees was will a | ahadulaa and at | atamenta ana | d to the best of my | | |
| | | f, it is true, correct, and complete. Declaration | | | | | | |
| nowledge | : . | | | | | | | |
| | Tk | | | <u> </u> | | | | |
| · | Signa | ature of officer | | | 12-05-07 te | | | |
| ign Iere | | | | 54 | | | | |
| 6 | | nis Svanes CFO or print name and title | | | | | | |
| | <u> </u> | <u>'</u> | Det- | Charle & | Dwg | | | |
| | Preparei signatur | | Date | Check if self- | Preparer's tax (see instruction | kpayer identification number ons) | | |
| Paid | | · F | | employed 🕨 🦵 | | | | |
| reparer's | | ame (or yours mployed), | | | EIN Þ | | | |
| Jse Only | | and ZIP + 4 | | | | | | |
| | | | | | Phone no 🕨 | | | |

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

┌Yes ┌No

| Pari | 1111 | | | Accomplishments e to any question in this Part III | | |
|-------|--------|------------------------------|----------------------------|---|-------------------------------|--------------------|
| 1 | Brief | y describe the orgar | nization's mission | | | |
| To pr | ovide | electricity to our me | mber owners | | | |
| | | | | | | |
| 2 | the pi | or Form 990 or 990 |)-EZ? | program services during the year | | └ Yes 🗸 No |
| | If "Ye | s," describe these n | ew services on Sched | ule O | | |
| 3 | servi | ne organization ceas ces? | ┌ Yes ┌ No | | | |
| | If "Ye | s," describe these c | hanges on Schedule C |) | | |
| 4 | exper | ses Section 501(c) |)(3) and 501(c)(4) org | complishments for each of its th ganizations and section 4947(a) nses, and revenue, if any, for eac | (1) trusts are required to re | port the amount of |
| | (Code | e |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | • | | system with 40,341 service | | | , |
| | | | | | | |
| 4b | (Code | е |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| | | | | | | |
| | | | | | | |
| 4c | (Code | e |) (Expenses \$ | ıncludıng grants of \$ |) (Revenue \$ |) |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | Othe | er program services | (Describe in Schedul | e O) | | |
| | | enses \$ | , | ng grants of \$ | 0) (Revenue \$ | 0) |
| 4e | Tota | I program service ex | penses > \$ | 0 | | |

| | • | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Νo |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | 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 | Yes | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | No |
| 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 |
| е | 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E | 13 | | No |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

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

| • | |
|--------|---|
| Part V | Statements Regarding Other IRS Filings and Tax Compliance |

| | Check if Schedule O contains a response to any question in this Part V | | | |
|----|--|------------|-----|----|
| | | | Yes | No |
| .a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | | | | |
| ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| | 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements filed for the calendar year ending with or within the year covered by this 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 | |
| а | Did the organization have unrelated business gross income of \$1,000 or more during the | | | |
| | year? | 3a | | Νo |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| а | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities | | | |
| | account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country ► | | | |
| | See manactions for iming requirements for Form FD F 30-22 1, Report of Foreign Ballk and Finalicial Accounts | | | |
| a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 3 | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | No |
| _ | organization solicit any contributions that were not tax deductible? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | | |
| b | services provided to the payor? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7 c | | |
| a | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | 7e | | |
| f | contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| | required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did | | | |
| | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| U | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| L | 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) | | | |
|)- | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | ı∠d | | |
| | year 12b | | | |
| | 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 allocated to each state | 13a | | |
| 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 | | | |
| С | Enter the aggregate amount of reserves on hand 13c | | | |
| la | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νo |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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 | ction 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 supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νo |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | | | |
| ке | venue Code.) | T | Yes | No |
| 100 | Did the organization have local chapters, branches, or affiliates? | 10a | res | No No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | INO |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No |
| 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 | |
| b | 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 | | No |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| | | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | Yes | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | |
| <u> </u> | | 16b | Yes | |
| <u>Se</u> 17 | List the States with which a copy of this Form 990 is required to be filed. | | | |
| | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) | | | |
| 10 | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | | |

Own website Another's website Vopon 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 Dennis Svanes

45 Stewart Street

Durango, CO 81302 (970) 247-5786

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 organ | ızatıon nor any re | ated or | ganız | zatio | ns c | ompe | nsat | ed any current or fo | rmer officer, direct | or, or trustee |
|--|--|-----------------------------------|-----------------------|-----------------------|-----------------------|------------------------------|--------|--|--|--|
| (A) Name and Title | (B) A verage hours per week (describe | unles an | on (d e tha | n one son er ar | e bo is bo nd a | x, oth | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | MISC) | related organizations |
| (1) Tom Compton Vice President | 7 2 | х | | | | | | 20,200 | 0 | 0 |
| (2) Harry Goff Board Member | 3 78 | х | | | | | | 21,440 | 0 | 0 |
| (3) Herb Brodsky Board Member | 4 32 | х | | | | | | 16,400 | 0 | 0 |
| (4) Harry Cole Board Member | 2 56 | х | | | | | | 5,400 | 0 | 0 |
| (5) Jerry McCaw President | 4 08 | х | | | | | | 15,800 | 0 | 0 |
| (6) Bobby Lieb Board Member | 3 65 | х | | | | | | 16,200 | 0 | 0 |
| (7) Terry Alley Board Member | 6 88 | х | | | | | | 9,000 | 0 | 0 |
| (8) Pam Patton Secretary | 8 15 | х | | | | | | 16,788 | 0 | 0 |
| (9) Jeff Berman Board Member | 4 98 | х | | | | | | 16,351 | 0 | 0 |
| (10) Davin Montoya Board Member | 4 15 | х | | | | | | 15,800 | 0 | 0 |
| (11) Robert Formwalt Board Member | 7 87 | х | | | | | | 18,000 | 0 | 0 |
| (12) Joseph Wheeling Treasurer | 5 92 | х | | | | | | 15,800 | 32,800 | 0 |
| (13) Ken Fox Board Member | 4 11 | х | | | | | | 12,800 | 0 | 0 |
| (14) Lindon Stewart Board Member | 5 94 | х | | | | | | 5,600 | 0 | 0 |
| (15) Greg Munro Exec Director/CEO | 60 | | | Х | х | | | 192,931 | 0 | 31,348 |
| (16) Dennis Svanes CFO | 50 | | | х | х | | | 148,395 | 0 | 31,144 |
| (17) Mark Schwantes Manager of Corporate Services | 50 | | | | х | | | 130,065 | 0 | 28,313 |
| | | | | _ | | | | | | Form 000 (2011) |

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 | unles an | on (d e tha | n on son er ai | e bo ıs bo nd a | x, oth | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | | (F) Estima amount o compens from t | ited f other sation :he on and |
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | MISC) | | relate organiza | |
| (18) Ron Meier Manger of Engineering | 50 | | | | х | | | 134,059 | | 0 | | 28,583 |
| (19) Steve Gregg Manager of Operations | 50 | | | | | х | | 127,536 | | 0 | | 21,682 |
| (20) Dave Gebhardt Major Projects Engineer | 50 | | | | | х | | 117,476 | | 0 | | 23,734 |
| (21) Dan Harms Major Projects Engineer | 50 | | | | | х | | 121,176 | | 0 | | 25,954 |
| (22) Jerry Sutherlin Journeyman Lineman | 50 | | | | | х | | 113,425 | | 0 | | 21,790 |
| (23) Clarence Gohn Dispatcher | 60 | | | | | х | | 113,697 | | 0 | | 18,114 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-Total | <u> </u> | | <u>. </u> | <u> </u> | <u> </u> | | <u> </u> ▶ | | | 1 | | |
| c Total from continuation sheets t | | | | • | • | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | ► | 1,404,339 | 32,8 | 00 | | 230,662 |
| Total number of individuals (inclu \$100,000 of reportable compens | _ | | | | | above |) who | received more tha | n | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch | | | | | | | | | ated employee | 3 | | No |

| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i> | 3 | | No |
|---|--|---|-----|----|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and busi | | (B) Description of services | (C) Compensation |
|--|--|-----------------------------------|----------------------------|
| Reliable Power Consultants 190 Turner Drive Unit E Durango, CO 81303 | | Engineering Services | 1,127,879 |
| Forestry Specialists 4285 County Road 141 Durango, CO 81303 | | Tree Trimming | 850,410 |
| Electrical Consultants 3521 Gabel Road Billings, MT 59102 | | Engineering Services | 440,968 |
| Western Energy Services Durango 361 S Camino Del Rio Durango, CO 81303 | | Line Maintenance and Installation | 4,444,369 |
| Energy Erectors 31588 PROGRESS ROAD Leesburg, FL 34748 | | Line Construction | 1,305,096 |
| 2 Total number of independent contractors (iii | ncluding but not limited to those listed above | who received more than | _ |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\mathbb{\beta} \)6

| Form 99 | | | | | | | Page 9 |
|---|--------|--|--------------------|-----------------------------|--|---|---|
| | VIIII | 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 |
| #\$ | 1a | Federated campaigns 1 | a | | | | |
| Contributions, gifts, grants and other similar amounts | Ь | Membership dues 1 | b | | | | |
| | c | Fundraising events 1 | с | | | | |
| | d | Related organizations 10 | d | | | | |
| ωŒ | e | Government grants (contributions) 1 | е | | | | |
| E S | f | All other contributions, gifts, grants, and similar amounts not included above | f | | | | |
| ë E | g | Noncash contributions included in | | | | | |
| Į p | | lines 1a-1f \$ | | | | | |
| ೦ ಕ | h | Total. Add lines 1a-1f | | 0 | | | |
| | | | Business Code | | | | |
| eun | 2a | Electric Energy Revenue | 221000 | 95,268,654 | 95,268,654 | 0 | 0 |
| Program Serwice Revenue | b | | | | | | |
| 93 | c | | | | | | |
| er M | d | | | | | | |
| 9 | e | | | | | | |
| E S | f | All other program service revenue | | 0 | 0 | 0 | 0 |
| Š | g | Total. Add lines 2a-2f | L | 95,268,654 | | | |
| | 3 | Investment income (including divide | | 73,200,034 | | | |
| | | and other similar amounts) | | 407,823 | 0 | 0 | 407,823 |
| | 4 | Income from investment of tax-exempt bond | F | 0 | 0 | 0 | 0 |
| | 5 | Royalties | • [| 0 | 0 | 0 | 0 |
| | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less rental expenses | | | | | |
| | C | Rental income 0 or (loss) | 0 | | | | |
| | d | Net rental income or (loss) | | | | | |
| | | (ı) Securities | (II) Other | | | | |
| | 7a | Gross amount from sales of assets other | | | | | |
| | Ь | than inventory Less cost or | | | | | |
| | | other basis and sales expenses | | | | | |
| | c | Gain or (loss) 0 | 0 | | | | |
| | d | Net gain or (loss) | | | | | |
| en e | 8a | Gross income from fundraising events (not including \$ | | | | | |
| Other Revenue | | of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| ē | Ь | Less direct expenses I | | | | | |
| ₹ | c | Net income or (loss) from fundraising | | | | | |
| _ | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | |
| | b c | Less direct expenses I Net income or (loss) from gaming ac | b | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | | | | | |
| | b | Less cost of goods sold b Net income or (loss) from sales of in | 324,428 280,186 | 44,242 | 44,242 | 0 | 0 |
| | | Miscellaneous Revenue | Business Code | , | , | | |
| | 11a | Capital Credits | 221000 | 4,735,911 | 4,735,911 | 0 | 0 |
| | Ь | Gain from Subsidiaries | 900003 | 87,732 | 0 | 87,732 | 0 |
| | _ c | O ther Revenue | 221000 | 38,780 | 38,780 | 0 | 0 |
| | d | All other revenue | | 0 | 0 | 0 | 0 |
| | e | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See Instructions . | ▶ . | 4,862,423 | 100 007 507 | 07 700 | 407.022 |
| | 1 | | | 100,583,142 | 100,087,587 | 87,732 | 407,823 |

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 Fund raising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 6,547,236 5 Compensation of current officers, directors, trustees, and 930,417 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Fees for services (non-employees) 11 Management Legal Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Other 12 Advertising and promotion . . . Office expenses 13 Information technology 14 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 20 3,552,673 21 Payments to affiliates 22 Depreciation, depletion, and amortization 8,661,111 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) Purchased Power 67,263,252 Customer & Sales Expense 3,510,170 Operating Expenses 8,457,593 Admin & GA 1,660,690 d е f All other expenses 25 Total functional expenses. Add lines 1 through 24f 100,583,142 0 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 5,637,076 9.303.944 1 13.353.634 2 2 3 3 13.005.156 12.050.253 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 7 1.991.535 8 1.539.574 9 468,238 490,999 Prepaid expenses and deferred charges 10a 270,859,494 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 83,353,309 b Less accumulated depreciation 182,314,148 **10c** 187,506,185 11 11 72,733,366 12 76,473,213 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 289,503,153 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 287, 364, 168 7,360,949 17 7,237,470 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 . . . 108.957.777 23 102,449,787 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 51,039,030 52,005,097 25 D 26 167,357,756 26 161,692,354 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets lines 30 through 34. ö 0 0 30 Capital stock or trust principal, or current funds 30 Assets 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 122,145,397 32 32 125,671,814 Retained earnings, endowment, accumulated income, or other funds ž 33 122.145.397 33 125.671.814 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 289.503.153 34 287.364.168

| Ра | 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 | | 100,5 | 583,14 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 100,5 | 583,14 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 122,1 | 145,39 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | 3,5 | 526,41 |
| 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 | | 125,6 | 571,81 |
| Pai | rt XII Financial Statements and Reporting | <u> </u> | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | • | ୮ | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| ь | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its 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 | leelleel | | 103 | |
| u | on a separate basis, consolidated basis, or both | issucu | | | |
| | Separate basis Consolidated basis 🔽 Both consolidated and separated basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | ie | За | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | required | 3b | | |

Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 84-0248168

Name: LA PLATA ELECTRIC ASSOCIATION INC

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493128011722

OMB No 1545-0047

Open to Public 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.

| | ne of the organization LATA ELECTRIC ASSOCIATION INC | | Employe | r identificatio | n numbe | r |
|--------|---|--|----------------|-----------------|------------------|---------------|
| | THE ELECTRIC ASSOCIATION INC | | 84-024 | 8168 | | |
| Pa | rt I Organizations Maintaining Donor Acorganization answered "Yes" to Form 99 | | unds or A | Accounts. C | omplet | e ıf the |
| | organization unswered res to roini 99 | (a) Donor advised funds | (b) F | unds and othe | raccour | ıts |
| L | Total number at end of year | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | |
| 3 | Aggregate grants from (during year) | | | | | |
| 1 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advi funds are the organization's property, subject to the | | nor advised | Г | Yes | ┌ No |
| 5 | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit | | | rpose [| _ Yes | □ No |
| Par | t II Conservation Easements. Complete | if the organization answered "Yes" | to Form 99 | • | | , |
| L 2 | Purpose(s) of conservation easements held by the oil Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality | on or pleasure) | certified his | storic structur | | |
| | easement on the last day of the tax year | | | Held at the En | d of the | Vorr |
| а | Total number of conservation easements | | 2a | neid at the En | d of the | rear |
| a b | Total acreage restricted by conservation easements | | 2b | | | |
| c | Number of conservation easements on a certified his | | 2c | | | |
| d | Number of conservation easements included in (c) as | • • | 2d | | | |
| 3 | Number of conservation easements modified, transfe | | | annation dur | in a | |
| • | the taxable year - | rieu, reieaseu, extiliguistieu, or terilililat | ed by the or | gamzación dui | ilig | |
| ı | Number of states where property subject to conserva | ation easement is located ► | | | | |
| 5 | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | | ndling of viol | | _ _{Yes} | ┌ No |
| 5 | Staff and volunteer hours devoted to monitoring, insp | pecting and enforcing conservation easer | ments during | g the year ► | | |
| , | Amount of expenses incurred in monitoring, inspecti | ng, and enforcing conservation easemen | ts during the | year | | |
| | • \$ | | | | | |
| 3 | Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$? | 2(d) above satisfy the requirements of se | ction | ſ | _ Yes | ┌ No |
| • | In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen | the footnote to the organization's financia | • | • | | |
| ar | Organizations Maintaining Collection Complete if the organization answered ' | | or Other | Similar As | sets. | |
| .a | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin | for public exhibition, education or resea | rch ın furthe | | | _ |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | public exhibition, education, or research | | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | | |
| | (ii) Assets included in Form 990, Part X | | | - \$ | | |
| 2 | If the organization received or held works of art, histofollowing amounts required to be reported under SFA | | for financial | ' | | |

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| ing the organization's accession and other ms (check all that apply) Public exhibition Scholarly research | records, check any | | ne foll | lowing th | at are | a significa | nt us | e of its collecti | on | |
|--|--|--|--|--|--|---|---|---|--|---|
| | | | | | | | | | | |
| Scholarly research | | d | Γ | Loan o | rexch | ange progra | ams | | | |
| | | e | Γ | Other | | | | | | |
| Preservation for future generations | | | | | | | | | | |
| ovide a description of the organization's cort XIV | llections and expla | ın hov | w the | y further | the o | ganızatıon | 's ex | empt purpose ır | 1 | |
| iring the year, did the organization solicit o sets to be sold to raise funds rather than t | | | | | | | | | _ Yes | ┌ No |
| | | | | | | answered | 1 "Y€ | es" to Form 99 | 90, | |
| the organization an agent, trustee, custod cluded on Form 990, Part X? | ıan or other ınterme | dıary | for c | ontributi | ions o | r other ass | ets n | | Yes | ┌ No |
| "Yes," explain the arrangement in Part XIV | and complete the | follow | /ıng ta | able | | Г | $\overline{}$ | Δm | ount | |
| aginning halance | | | | | | - | 10 | AIII | Ount | |
| | | | | | | <u> </u> | | | | |
| | | | | | | ⊢ | | | | |
| - , | | | | | | <u> </u> | - + | | | |
| - | rm 990 Part V line | 212 | | | | _ | <u> </u> | Г | - Voc | |
| - | • | : 21, | | | | | | ' | 165 | 1 140 |
| | | 200 | wor | ad "Vac | " to F | orm 990 | Dart | · IV line 10 | | |
| Endowment Funds. Complete | | | | | | | | | (e)Four Y | ears Back |
| eginning of year balance | , | | | | , | | | | 、 | |
| ontributions | | | | | | | | | | |
| vestment earnings or losses | | | | | | | | | | |
| ants or scholarships | | | | | | | | | | |
| ther expenditures for facilities | | | | | | | | | | |
| dministrative expenses | | | | | | | | | | |
| nd of year balance | | | | | | | | | | |
| ovide the estimated percentage of the yea | r end balance held a | ıs | | • | | | | | | |
| ard designated or quasi-endowment 🕨 | | | | | | | | | | |
| rmanent endowment 🕨 | | | | | | | | | | |
| rm endowment 🕨 | | | | | | | | | | |
| e there endowment funds not in the posses ganization by | ssion of the organiza | ation | that a | are held | and ac | dministered | fort | :he | Yes | No |
| | | | • | | | | | | | |
| | | | | | | | | | | <u> </u> |
| , | • | | | | | | • | <u>3b</u> | | <u> </u> |
| | | | | | ` | | | | | |
| Land, Buildings, and Equipme | nt. See Form 99 | υ, Pa | | | | (b)Cost or | \top | Γ | | |
| Description of property | | | | | | | | (c) Accumulated depreciation | (d) Boo | ok value |
| d | | | | 61 | 4,176 | | 0 | | | 614,176 |
| dings | | | | 12,06 | 6,466 | | 0 | 7,850,847 | | 4,215,619 |
| sehold improvements | | | | | 0 | | 0 | 0 | | 0 |
| ıpment | | | | 9,50 | 3,359 | | 0 | 7,509,058 | | 1,994,301 |
| er | <u> </u> | • | | | | | 0 | 67,993,404 | 18 | 30,682,089 |
| dd lınes 1a-1e <i>(Column (d) should equal Fo</i> | rm 990, Part X, colun | nn (B) |), line | 10(c).) | | | • | 🕨 | 18 | 37,506,185 |
| | Part IV, line 9, or reported an amount on Form 990, Part X? Yes," explain the arrangement in Part XIV ginning balance Iditions during the year stributions during the year ding balance If the organization include an amount on Form 990, Part XIV Endowment Funds. Complete in Part XIV Endowment Funds. Complete in Part XIV Endowment Funds. Complete in Part XIV for a scholar ships in the arrangement in Part XIV ginning of year balance in the programs in part XIV estimated a scholar ships in the arrangement in Part XIV for a scholar ships in the arrangement in Part XIV endowment Funds. Complete in the programs in the program in the prog | Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 99 the organization an agent, trustee, custodian or other interme luded on Form 990, Part X? Yes," explain the arrangement in Part XIV and complete the significance diditions during the year stributions during the year ding balance if the organization include an amount on Form 990, Part X, line Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization (a)Current Year ginning of year balance intributions in the possession of the organization of year balance intributions in the possession of the organization or year designated or quasi-endowment in the possession of the organization or related organizations in the possession of the organization by unrelated organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or related organizations in the possession of the organization or property in the related organization in the possession of the organization or property in the related organization in the possession of the organization or property in the related organ | Escrow and Custodial Arrangements. Complete if Part IV, line 9, or reported an amount on Form 990, Pathe organization an agent, trustee, custodian or other intermediary luded on Form 990, Part X? Yes," explain the arrangement in Part XIV and complete the following ginning balance diditions during the year stributions during the year ding balance difference with the arrangement in Part XIV Endowment Funds. Complete if the organization ans (a)Current Year (b) (a)Current Year (b) (b) (a)Current Year (b) (a)Current Year (b) (b) (a)Current Year (b) (a)Current Year (b) (a)Current Year (b) (b) (a)Current Year (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Escrow and Custodial Arrangements. Complete if the Part IV, line 9, or reported an amount on Form 990, Part X the organization an agent, trustee, custodian or other intermediary for cluded on Form 990, Part X? Yes," explain the arrangement in Part XIV and complete the following trigging balance diditions during the year ding balance diditions during the year ding balance diditions during the arrangement in Part XIV Endowment Funds. Complete if the organization answered displaying the arrangement in Part XIV Endowment Funds. Complete if the organization answered displaying the arrangement in Part XIV Endowment Funds. Complete if the organization answered displaying the arrangement in Part XIV Endowment Funds. 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Yes," explain the arrangement in Part XIV and complete the following table ginning balance liditions during the year stributions during the year ding balance if the organization include an amount on Form 990, Part X, line 21? Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes ginning of year balance (a)Current Year (b)Pnor Year ginning of year balance | Escrow and Custodial Arrangements. Complete if the organization Part IV, line 9, or reported an amount on Form 990, Part X, line 21. the organization an agent, trustee, custodian or other intermediary for contributions o luded on Form 990, Part X? Yes," explain the arrangement in Part XIV and complete the following table ginning balance liditions during the year stributions during the year ding balance if the organization include an amount on Form 990, Part X, line 21? Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Facilities (a)Current Year (b)Pnor Year (c)Two intributions. Land year balance (a)Current Year (b)Pnor Year (c)Two intributions (b)Pnor Year (c)Two intributions (c)Pnor Year | Escrow and Custodial Arrangements. Complete if the organization answered Part IV, line 9, or reported an amount on Form 990, Part X, line 21. the organization an agent, trustee, custodian or other intermediary for contributions or other assiluded on Form 990, Part X? Yes," explain the arrangement in Part XIV and complete the following table ginning balance Iditions during the year stributions during the year ding balance If the organization include an amount on Form 990, Part X, line 21? Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, part X, line 21? Yes, explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, part X, line 21? Yes, explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, part X, line 21? Yes, explain the arrangement in Part XIV Endowment Funds. Complete if the organization that are held and administered and programs Intributions Yes and the explain the arrangement in Part XIV and complete the following table Intributions Yes and the arrangement in Part XIV and complete the following table Intributions Yes and the arrangement in Part XIV and complete the following table Intributions Yes and the arrangement in Part XIV and complete the following table Yes are the arrangement in Part XIV the intended uses of the organization that are held and administered annization by unrelated organizations Yes to 3a(II), are the related organizations listed as required on Schedule R? Yes, the part XIV the intended uses of the organization's endowment funds Yes to 3a(II), are the related organizations listed as required on Schedule R? Yes to 3a(II), are the related organizations listed as required on Schedule R? Yes to 3a(II), are the related organizations listed as required on Schedule R? Yes to 3a(II), are the related organizations in Part XIV the intended uses of the organization's endowment funds Yes to 3a(| Part IV, line 9, or reported an amount on Form 990, Part X, line 21. the organization an agent, trustee, custodian or other intermediary for contributions or other assets in luded on Form 990, Part X, line 21. Yes," explain the arrangement in Part XIV and complete the following table ginning balance Iditions during the year Iding balance If the organization include an amount on Form 990, Part X, line 21? Yes," explain the arrangement in Part XIV Individual of Form 990, Part X, line 21? Yes," explain the arrangement in Part XIV Individual of Form 990, Part X, line 21? Yes," explain the arrangement in Part XIV Individual of Form 990, Part X, line 21? 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Indicate organizations Yes, to 3 alin, are the related organizations listed as required on Schedule R? Indicate organizations Yes, to 3 alin, are the related organizations listed as required on Schedule R? Indicate organizations Yes, to 3 aline are the related organizations listed as required on Schedule R? Indicate organization or other basis (investment) Yes, to 5 aline are the related organization or other basis (investment) | Facrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 9P Part IV, line 9, or reported an amount on Form 990, Part X, line 21. the organization an agent, trustee, custodian or other intermediary for contributions or other assets not luded on Form 990, Part X? Yes," explain the arrangement in Part XIV and complete the following table ginning balance | Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 12 | |
|---|--|--|
| (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 (3)Other | | |
| (A) Investment in Pathnet | 194,527 | F |
| | | |
| (B) Investment in Subsidiaries | 6,811,274 | C |
| (C) Tri-State Patronage Capital | 65,538,412 | С |
| (o) III ocaco I acionago oupical | 00,000,112 | <u> </u> |
| (D) Other Patronage Capital and CFC Investments | 3,929,000 | C |
| | | |
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| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | , 0,1, 0,210 | |
| Part VIII Investments—Program Related. See | Form 990, Part X, line 1 | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | | Cost of end-of-year market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | |
| Part IX Other Assets. See Form 990, Part X, lin | <u> </u> | |
| (a) Descrip | | (b) Book value |
| | | |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. | 5.) | |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | |
| 1 (a) Description of Liability | (b) A mount | |
| Federal Income Taxes | | |
| Consumer Deposits | 860,324 | |
| Current Maturities - Long Term Debt | 4,876,644 | |
| Construction Deposits | 41,862,192 | |
| Other Current Liabilities | 4,405,937 | |
| | | |
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| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 52,005,097 | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 100,583,142 |
|------|---|------------|------------------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 100,583,142 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 0 |
| 4 | Net unrealized gains (losses) on investments | 4 | 0 |
| 5 | Donated services and use of facilities | 5 | 0 |
| 6 | Investment expenses | 6 | 0 |
| 7 | Prior period adjustments | 7 | 0 |
| 8 | Other (Describe in Part XIV) | 8 | 6,547,236 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 6,547,236 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 6,547,236 |
| | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | | <u> </u> |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 100,583,142 |
| 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 0 | | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 100,583,142 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0 | | |
| b | Other (Describe in Part XIV) 4b 0 | | |
| c | Add lines 4a and 4b | 4 c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 100,583,142 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses | per | |
| 1 | Total expenses and losses per audited financial statements | 1 | 94,035,906 |
| 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 | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 94,035,906 |
| 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 0 | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 6,547,236 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 100,583,142 |
| Pai | t XIV Supplemental Information | | |
| Con | uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa $^{\circ}$ | art IV, | lines 1b and 2b, |

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

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

| Identifier | Return Reference | Explanation |
|-------------------|------------------|--|
| SchD_P11_S00_L08 | , , | This amount was included Statement of Functional Expenses Part IX Line 5 per instructions even though it was not an actual expense |
| SchD_P13_S00_L04b | , , | The entire 2011 margin was included in Part IX Statement of Functional Expenses Line 4 but was not an actual expense |

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DLN: 93493128011722

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

LA PLATA ELECTRIC ASSOCIATION INC. 84-0248168 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

| (A) Name | | (B) Breakdown of (i) Base compensation | W-2 and/or 1099-MI (ii) Bonus & incentive compensation | SC compensation (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------|-------------|---|--|---|--|-----------------------------------|------------------------------------|--|
| (1) Greg Munro | (I) (II) | 192,931 0 | 0 | 0 | 19,455 0 | 11,893 0 | 224,279 0 | 219,511 0 |
| (2) Dennis Svanes | (I) (II) | 148,395 0 | 0 | 0 | 16,985 0 | 14,159 0 | 179,539 0 | 181,601 0 |
| (3) Mark Schwantes | (I) (II) | 130,065 0 | 0 | 0 | 14,154 0 | 14,159 0 | 158,378 0 | 165,971 0 |
| (4) Ron Meier | (I) (II) | 134,059 0 | 0 | 1 | 14,424 | 14,159 0 | 162,642 0 | 160,015 0 |
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Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|-------------------|--------------------------------|---|
| SchJ_P01_S00_L01a | Schedule J, Part I, Line 1a | Spouse allowed to travel with CEO on business travel up to 4 trips per year for NRECA, CREA and CFC functions |

Schedule J (Form 990) 2011

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DLN: 93493128011722

Transactions with Interested Persons

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Schedule L

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

| Complete if the organization | | | ne 28a, 28b, or 28c. | | |
|-------------------------------|---|----------------------------|--------------------------------|-----------------------------------|----|
| (a) Name of interested person | (b) Relationship between interested person and the | (c) A mount of transaction | (d) Description of transaction | (e) Sharing organization revenues | |
| | organızatıon | | | Yes | No |
| | | | | | |
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Part V Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L (Form 990 or 990-EZ) 2011

Additional Data

Software ID: 11000129
Software Version: v1.00

EIN: 84-0248168

Name: LA PLATA ELECTRIC ASSOCIATION INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Polationship (c) Amount of (d) Description of

| (a) Name of Interested person | (b) Relationship between interested person and the | (c) A mount of transaction \$ | (d) Description of transaction | (e) Sharing o organization's revenues? | | |
|--|--|-------------------------------|---------------------------------------|--|----|--|
| | organization | | | Yes | No | |
| Trı-State Transmission & Generation Assoc | Joe Wheeling - Director | 67,263,252 | Power Supplier | | No | |
| FastTrack Communications | Bobby Lieb - Director | 28,195 | Communications | | No | |
| FastTrack Communications | Pam Patton - Director | 28,195 | Communication | | No | |
| FastTrack Communications | Joe Wheeling - Director | 28,195 | Communication | | No | |
| Western Energy Services Of Durango | Jerry McCaw - Director | 4,467,567 | Line Construction | | No | |
| Western Energy Services Of Durango | Davin Montoya - Director | 4,467,567 | Line Construction | | No | |
| Western Energy Services Of Durango | Harry Goff - Director | 4,467,567 | Line Construction | | No | |
| Western Energy Services Of Durango | Harry Cole - Director | 4,467,567 | Line Construction | | No | |
| Western United Electrical Supply | Bob Formwalt - Director | 5,191,067 | Electrical Supplies | | No | |
| Colorado Rural Electric Assocation | Tom Compton - Director | 309,649 | Electric Coop support Organization | | No | |

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As Filed Data -

DLN: 93493128011722

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization LA PLATA ELECTRIC ASSOCIATION INC Employer identification number

84-0248168

| ldentifier | Return Reference | Explanation |
|-------------------|---|--|
| F990_P06_S0A_L06 | Form 990, Part VI, Section A, Line 6 | Everyone in the service area who receives eletricity from LPEA is a member of the coop unless they choose to opt out |
| F990_P06_S0A_L07a | Form 990, Part VI, Section A, Line 7a | Board members are elected by the members. There are 4 districts and 3 Board members from each district. |
| F990_P06_S0B_L11b | Form 990, Part VI, Section B, Line 11b | The Financial Controller prepares the Form 990 and it is then reviewed by the CFO and CEO Only after approval by the CFO and CEO, is the Form 990 filed |
| F990_P06_S0B_L12c | Form 990, Part VI, Section B, Line 12c | Employees are educated annually and any conflicts are discussed by the Board annually |
| F990_P06_S0B_L15 | Form 990, Part VI, Section B, Line 15 | Review and approval by the Executive Committee and then final approval by the Board of Directors Annual contract is signed and documentation of discussion etc. is noted in the Board of Directors minutes. Salary comparison data for other Coops is also obtained. |
| F990_P06_S0C_L19 | Form 990, Part VI, Section C, Line 19 | Documents are provided upon request Numerous documents are available via the LPEA wiebsite - www lpea coop |
| F990_P11_S00_L05 | Form 990, Part XI, Line 5 | Retirement of Patronage Capital in 2011 and allocation of 2011 margins in 2012 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

DLN: 93493128011722

Open to Public

Department of the Treasury

| Internal Revenue Service | | | | | | I | nspectio | n |
|---|---|---------------------------------------|---|-----------------------------------|---|--|-------------------|--|
| Name of the organization LA PLATA ELECTRIC ASSOCIATION | ON INC | | | | Employer id 84-02481 | dentification number | | |
| Part I Identifica | ation of Disregarded Entities (Con | nplete if the organization | on answered "Yes" | on Form 990, Pa | | 00 | | |
| Name, addre | (a) ess, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identifica or more re | ation of Related Tax-Exempt Orga elated tax-exempt organizations durin | anizations (Complete g the tax year.) | ıf the organization | answered "Yes" | on Form 990, P | art IV, line 34 becau | ise it had | one |
| Name, address, | (a) , and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3) | | Section 5 cont | (g) 512(b)(13] trolled nization |
| | | | | | | | Yes | No |
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| For Privacy Act and Paper | rwork Reduction Act Notice, see the Instru | ictions for Form 990. | Cat No 50 |)135Y | | Schedule R | (Form 990 |) 2011 |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disprop allocati | rtionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership | |
|---|--------------------------------|--|--|--|--|---|----------------------------|----------|---|---|----|---------------------------------------|--|
| | | | | | | | Yes | No | | Yes | No | į | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total ıncome | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|--------------------------------------|---|-------------------------------------|---|--|---|---------------------------------------|
| (1) Western Energy Services of Durango Inc 361 S Camino Del Rio Durango, CO 81303 84-1497589 | Line Maintenance and Installation | со | N/A | С | -350,359 | 3,490,998 | 1 00 % |
| (2) FastTrack Communications 779 Tech Center Drive Durango, CO 81301 84-1610295 | Telecommunications for Business | СО | N/A | C | 438,852 | 3,340,885 | 76 25 % |
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| Part v | iransactions with kelated Organizations (Complete if the organization answered in | res on Form 990, Pa | rt IV, line 34, 35, 3: | 3A, OF 36.) | | | | | | |
|---|---|---------------------------|------------------------|--|-----------|----------|--|--|--|--|
| Note | . Complete line 1 if any entity is listed in Parts II, III or IV | | | | Yes | No | | | | |
| 1 During | the tax year, did the orgranization engage in any of the following transactions with one or more related org | janizations listed in Par | ts II-IV? | | | | | | | |
| a Rece | eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1a | 1 | No | | | | |
| b Gıft, | grant, or capital contribution to related organization(s) | | | 1b | • | No | | | | |
| c Gıft, | grant, or capital contribution from related organization(s) | | | 10 | : | No | | | | |
| d Loans or loan guarantees to or for related organization(s) | | | | | | | | | | |
| e Loar | ns or loan guarantees by related organization(s) | | | 1 e | 2 | No | | | | |
| | | | | | | | | | | |
| f Sale | of assets to related organization(s) | | | 1f | | No | | | | |
| g Purc | hase of assets from related organization(s) | | | 1 g | 1 | No | | | | |
| h Excl | nange of assets with related organization(s) | | | 1h | 1 | No | | | | |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | | | |
| | a of facilities agreement, or other accord from valeted even interest | | | | + | No | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | k Performance of services or membership or fundraising solicitations for related organization(s) I Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | |
| Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | | |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) | | | | | | | | | | |
| ii Silai | mg of para employees with related organization(s) | | | | Yes | +- | | | | |
| o Rein | nbursement paid to related organization(s) for expenses | | | 10 | ,† | No | | | | |
| p Rein | nbursement paid by related organization(s) for expenses | | | 1p | | No | | | | |
| a Oth | ar transfer of each or preparty to related organization(s) | | | 19 | Yes | <u> </u> | | | | |
| | er transfer of cash or property to related organization(s) | | | 1r | | + | | | | |
| r Othe | er transfer of cash or property from related organization(s) | | | <u>[</u> | 1103 | | | | | |
| 2 If the | e answer to any of the above is "Yes," see the instructions for information on who must complete this line | , including covered relat | ionships and transacti | on thresholds | | | | | | |
| | (a) Name of other organization | (b) Transaction | (c) Amount involved | (d) Method of determ | | nount | | | | |
| (1) Western | - | type(a-r) | Amount involved | ınvolve | <u>}d</u> | | | | | |
| | Energy Services of Durango Inc | q | 4,467,567 | | | | | | | |
| (2) FastTracl | k Communications | q | 28,195 | | | | | | | |
| (3) FastTrac | k Communications | r | 32,981 | | | | | | | |
| (4) FastTrac | k Communications | r | 22,342 | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (5) | | i | i | I | | | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | org | (e) Are all partners section 501(c)(3) janizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | Disproprtionate allocations? | | Disproprtionate allocations? | | Disproprtionate allocations? | | amount in box 20 of Schedule K-1 (Form 1065) | | j) eral or aging ener? | (k) Percentage ownership |
|---|--------------------------------|---|---|-----|---|--|---|----------------------------------|----|------------------------------|-----|------------------------------|--|------------------------------|--|--|--|--|---------------------------------------|
| | | | , | Yes | No | | | Yes | No | | Yes | No | | | | | | | |
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Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011