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DLN: 93493305006382

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 A For the 2011 D Employer identification number **B** Check if applicable MT WHEELER POWER INC Address change 88-0106922 E Telephone number Doing Business As Name change (775)289-8981☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 32,762,577 Terminated City or town, state or country, and ZIP + 4 Amended return ELY, NV 89315 Application pending Name and address of principal officer Is this a group return for RANDY EWELL PO BOX 151000 ELY, NV 89315 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 「 501(c)(3) **「** Group exemption number Website: ► WWW MWPOWER NET K Form of organization Corporation Trust Association **L** Year of formation 1963 M State of legal domicile NV Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE QUALITY AND RELIABLE ELECTRIC SERVICE TO MEMBERS OF THE COOPERATIVE Activities & Governance Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . 8 4 5 42 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 0 Total number of volunteers (estimate if necessary) 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 370,534 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** O 0 8 Contributions and grants (Part VIII, line 1h) . 31,958,507 32,163,091 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 252,189 203,502 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 396,273 357,273 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 32,606,969 32,723,866 13 29,086 26,944 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 1,260,711 1,096,753 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 2,521,895 2,613,693 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 27,972,420 27,363,407 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 31,784,112 31,100,797 19 Revenue less expenses Subtract line 18 from line 12 . 822.857 1,623,069 t Assets or ind Balances **Beginning of Current End of Year** Year 41,112,948 20 Total assets (Part X, line 16) . . . 41,172,017 Met./ 21 Total liabilities (Part X, line 26) . . 17,660,446 15,811,624 22 Net assets or fund balances Subtract line 21 from line 20 23,511,571 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ***** 2012-10-25 Signature of officer Sign Here RANDY EWELL GENERAL MANAGER/CEO Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's 2012-10-25 (see instructions) P00419741 Matt R Willis Paid

Firm's name (or yours

if self-employed), address, and ZIP + 4

BOLINGER SEGARS GILBERT AND MOSS LLP

8215 NASHVILLE AVENUE

LUBBOCK, TX 79423

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

Preparer's

Use Only

employed 🕨 🧧

EIN > 75-0882037

Phone no (806) 747-3806

-orn	n 990 (2011)				Page 2
Par		nent of Program Service A f Schedule O contains a response			୮
1		e the organization's mission			
REFI	LECTED IN TOP	E'S RESPONSIBILITY AND AIM IN QUALITY ELECTRIC SERVICE RITY IN ALL COOPERATIVE EN	RELIABILITY, AFFORDABLE RA		
2	the prior Form	ration undertake any significant pi 990 or 990-EZ?	· · · · · · · · · · · ·		es 🔽 No
	If "Yes," descr	lbe these new services on Schedu	le O		
3	services? .	ration cease conducting, or make	significant changes in how it cond · · · · · · · · · · · · ·		'es ✓ No
_	•	be these changes on Schedule O			
4	expenses Sec	rganization's program service acc tion 501(c)(3) and 501(c)(4) orga cations to others, the total expen	inizations and section 4947(a)(1	trusts are required to report tl	
4a) (Expenses \$ ETRIC ENERGY TO OUR MEMBERS - 7,289 PATRONAGE CAPITAL	including grants of \$ ACTIVE SERVICES AT YEAR END WERE F) (Revenue \$ PROVIDED ELECTRICITY ON A COOPER) ATIVE BASIS THROUGH THE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4 d	O than no a	maamuaaa (Daaamba in Cabadiila	0.)		
4d	(Expenses \$	n services (Describe in Schedule including	grants of \$) (Revenue \$)
4e	Total program	ı service expenses►\$			

Part IV	Checklist	of Rec	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
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 $\sqrt{2}$	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		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? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20h		

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 $\textcircled{\textbf{5}}$	21	Yes	
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	Yes	
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2011)

•	,	
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				
		2.2			
	Ia	22			
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 reporta	able			
	gaming (gambling) winnings to prize winners?		1c		
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	42			
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	
-					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority			
	over, a financial account in a foreign country (such as a bank account or securities account)?		4a		No
h					NO
b	If "Yes," enter the name of the foreign country ►	ounte			
	See madactions for ming requirements for Form FD F 30-22 1, Report of Foreign Ballk and Financial Acc	ouiita			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .		5a		No
Ь	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?				
Ī	In residential substitution and an action and action action and action action and action action and action actio		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6a		No
L	organization solicit any contributions that were not tax deductible?				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?	or girts	6b		
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 goo	ds and	7a		
	services provided to the payor?				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	٠ ا	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was refile Form 8282?	quired to	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
	· · · · · · · · · · · · · · · · · · ·				
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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form				
_	required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a	7h		
8	Form 1098-C?	e Did	/11		
0	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess				
	business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	. [9b		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	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	165 671			
	Gross income from other sources (Do not net amounts due or paid to other	165,671			
J		948,477			
12-		12	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104 If "Yes," enter the amount of tax-exempt interest received or accrued during the	· ·	ı∠d		
ט	year				
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 org				
	allocated to each state	umzatiVII	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by	İ			
	the states in which the organization is licensed to issue qualified health plans				
C	Enter the aggregate amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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			
Id	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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	103	No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			
	the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990	11a	Yes	
U	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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	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)			
				1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
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) (3)s only) available for public inspection. Indicate how you made these available.

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 RANDY EWELL

1600 GREAT BASIN BLVD ELY,NV 89301

(775) 289-8981

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

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

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

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

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

Check this box if neither the organiz	•	lated o	rganı	zatio	ns (compe	nsat	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	Position more unless	on (de tha	C) o no n one son er ar	t che e bo is bo nd a	eck 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	Office	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) JERALD ANDERSON PRESIDENT	8 30	Х		х				11,120	0	0
(2) DON PHILLIPS VICE PRESIDENT	3 60	х		х				8,720	0	0
(3) WILMA SANFORD SECRETARY	3 60	х		х				8,890	0	0
(4) SANDRA GREEN TREASURER	3 90	х		х				11,015	0	0
(5) BOB SWETICH DIRECTOR	1 50	х						8,380	0	0
(6) FRANK LEON DIRECTOR	2 10	Х						9,910	0	0
(7) RICK HENDRIX DIRECTOR	3 20	х						9,060	0	0
(8) KAYE KIRKEBY DIRECTOR (1/1/11-4/16/11)	1 40	х						2,850	0	0
(9) JERRY MORRILL DIRECTOR	3 40	х						9,740	0	0
(10) RON MILLER DIRECTOR (4/16/11-12/31/11)	5 40	Х						7,910	0	0
(11) RANDY EWELL GENERAL MANAGER	40 00			х				149,403	0	36,413
(12) KEVIN ROBISON MEMBER SERVICES MANAGER	50 00			х				100,033	0	31,278
(13) JESSE MURDOCK MANAGER	40 00					х		102,756	0	31,365
(14) BILL RICCI MANAGER	40 00					х		107,684	0	31,275

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

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n one son er ai	e bo ıs b nd a	x, oth		Repo compe froi organiz	(D) ortable ensation m the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	on amount of othe d compensation ns from the	
		hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	organiza	
1b	Sub-Total			• •	•	•		>					
c d	Total from continuation sheets Total (add lines 1b and 1c) .				•	•		<u> </u>		547,471	0		130,331
2	Total number of individuals (inc \$100,000 of reportable comper	_	nited to	thos	e lıs	ted	<u>a</u> bove) who	receive		n		
з	Did the organization list any for	mer officer, direc	tor or t	ruste	e. k	ev e	mplov	ee. o	or highest	t compens	ated employee	Yes	No
4	on line 1a? If "Yes," complete Sc. For any individual listed on line	hedule J for such	ındıvıdı	ual		•	•	•			• • •	3	No
	organization and related organiz										ch	4 Yes	
5	Did any person listed on line 1a services rendered to the organia										ı	5	No
	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation fron or within the organization's tax y	highest comper n the organizatio											
	-	(A) me and business add	dress							Descr	(B) uption of services	(C Compe	
PO BO	SE UTILITIES SERVICES INC 0X 8000 ALO, NY 14267									POLE TESTIN	G		185,673
3521	TRICAL CONSULTANTS INC GABEL ROAD IGS, MT 59102									DESIGNING A	AND ENGINEERING		108,305
950 II	NHAVE AND MCCONNELL PC DAHO STREET NV 89801									LEGAL FEES	AND SERVICES		105,064
	Total number of independent cont \$100,000 of compensation from			ot lin	nıted	to	those	liste	d above)	who receiv	ed more than		

Form 99							Page 9
Part \	/1111	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f g	Federated campaigns					
Program Service Revenue	2a b c d e f		221000	32,045,415 117,676 32,163,091	32,045,415 101,204	16,472	
<u>-a-</u>	3 4 5 6a b	Investment income (including dividends, interest and other similar amounts)	*	203,502		74,362	129,140
	c d 7a	Or (loss) Net rental income or (loss)	62,800 -	75,322			75,322
Other Revenue	b c d 8a	than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Oross income from fundraising events (not including ———————————————————————————————————					
Other R	b c 9a	Less direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19	•				
	ь с 10а ь		. ► 40,962 38,711				
	c 11a b	Net income or (loss) from sales of inventory Miscellaneous Revenue Business C INTERNET SERVICE SECURITY SYSTEMS	•	2,251 268,851 10,326 523	2,251	268,851 10,326 523	
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See Instructions	•	279,700	22.446.27	270 551	201.55
				32,723,866	32,148,870	370,534	204,462

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) ✓ Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 6,137 Grants and other assistance to individuals in the United States See Part IV, line 22 20,807 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 1,096,753 5 Compensation of current officers, directors, trustees, and 404,722 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 1,437,223 Pension plan contributions (include section 401(k) and section 162,802 403(b) employer contributions) Other employee benefits 478,797 130,149 10 Fees for services (non-employees) 11 Management Legal Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Other Advertising and promotion . . . 12 Office expenses 13 14 Information technology 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 895,739 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,698,755 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** 22,214,773 DISTRIBUTION EXPENSE 937,073 **ADMIN & GENERAL EXPENSE** 568,969 CUSTOMER SERVICE 375,506 d е All other expenses 672,592 25 Total functional expenses. Add lines 1 through 24f 31,100,797 Joint costs. Check here ► 🗀 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) (B) Beginning of year End of year 3,019,200 2, 154, 182 1 1 300,000 2 2 Savings and temporary cash investments 3 3 477,420 4 4 544,457 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 3.020.472 8 3.161.265 9 272 9 103 Prepaid expenses and deferred charges 61,735,089 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 33,104,547 10c b Less accumulated depreciation 29, 155, 449 28,630,542 11 11 12 12 Investments—other securities See Part IV, line 11 13 5,901,024 13 5,605,421 Investments—program-related See Part IV, line 11 . . 14 14 163, 198 151,960 15 15 41,172,017 41,112,948 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,357,084 672,245 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 490,224 21 499,639 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 . . . 13,079,687 23 12,021,865 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 2,733,451 25 2,617,875 D 26 17,660,446 26 15,811,624 **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 418,095 474,694 30 Capital stock or trust principal, or current funds 30 Assets 0 31 0 31 Paid-in or capital surplus, or land, building or equipment fund 23,093,476 24,826,630 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 23.511.571 33 25.301.324 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 41.172.017 34 41.112.948

Pa	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		32.7	723,866
2	Total expenses (must equal Part IX, column (A), line 25)	2			100,797
3	Revenue less expenses Subtract line 2 from line 1	3			523,069
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		23,5	511,571
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	166,684
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		25,3	301,324
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	দ	
				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
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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		2 c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493305006382

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Open to Public Inspection

Department of the Treasury Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

	me of the organization WHEELER POWER INC		Empl	loyer identification number	
PIT	WHELLER FOWER INC		88-0	0106922	
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9	990, Part IV, line 6.	r Funds (or Accounts. Complete	ıf the
		(a) Donor advised funds	(b) Funds and other accounts	3
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to the	_		sed Yes 「	- No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit	enefit of the donor or donor advisor, or fo	or any othe	r purpose Yes 「	- No
Pa	rt III Conservation Easements. Complete	e if the organization answered "Ye	s" to Form	n 990, Part IV, line 7.	
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality of the	Preservation of Preservation of Preservation of	of a certified	cally importantly land area d historic structure	
	easement on the last day of the tax year				
				Held at the End of the Ye	ear
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easemen	ts	2b		
C	Number of conservation easements on a certified h	istoric structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, trans the taxable year ▶	ferred, released, extinguished, or termi	nated by th	e organization during	
4	Number of states where property subject to conser	vation easement is located ►			
5	Does the organization have a written policy regards enforcement of the conservation easements it hold		handling of		- No
6	Staff and volunteer hours devoted to monitoring, in:	specting and enforcing conservation ea	sements du	uring the year ►	
7	A mount of expenses incurred in monitoring, inspec \$\blue{\text{*}}\$	ting, and enforcing conservation easem	nents during	the year	
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	fsection	☐ Yes ☐	- No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	f the footnote to the organization's finar			
Pai	Complete if the organization answered			ner Similar Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	S 116, not to report in its revenue stat ld for public exhibition, education or res	ement and search in fui		
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, education, or resear			
	(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, his following amounts required to be reported under SF		ts for financ	cial gain, provide the	
а	Revenues included in Form 990, Part VIII, line 1			► \$	

b Assets included in Form 990, Part X

Part	Titl Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	eası	ures, or C	<u>)the</u>	<u>r Similar As</u>	sets (continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	lowing t	that a	re a signific	ant u	se of its collec	tion	
а	Public exhibition		d	\vdash	Loan	orexo	hange prog	rams			
b	Scholarly research		e	\vdash	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hoi	w tha	v furtha	ar tha	organization	n'c av	emnt nurnose	ın	
7	Part XIV						_			· · · ·	
5	During the year, did the organization solicition assets to be sold to raise funds rather than t									┌ Yes	□ No
Par	t IV Escrow and Custodial Arrang	ements. Compl	ete ıf	the	organi	ızatıo					, 110
_	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					itions	or other ass	sets		┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follov	ving t	able		г		T		
							-		An	nount	
С	Beginning balance						-	1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?	,						√ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1									
Pa	rt V Endowment Funds. Complete	f the organizatio	n ans	wer	ed "Ye						
		(a)Current Year	(b) Prior	Year	(c) T∖	wo Years Back	(d)	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance							_			
b	Contributions							_			
С	Investment earnings or losses										
d	Grants or scholarships							┸			
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment										
ь	Permanent endowment -										
c	Term endowment ►										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	are held	d and	admınıstere	d for	the		
	organization by	ooron or and organiz								Yes	No
	(i) unrelated organizations								3a	(i)	
	(ii) related organizations								3a((ii)	<u> </u>
b	If "Yes" to 3a(II), are the related organization					•		•	3	b	
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa				I			1	
	Description of property				Cost or s (Invest		(b) Cost or o basis (othe		(c) Accumulated depreciation	(d) B	look value
1a	Land						377	7,801			377,801
Ь	Buildings						3,875	5,662	1,749,73	6	2,125,926
c	Leasehold improvements										
d	Equipment						56,067	7,781	31,354,81	1	24,712,970
e	Other						1,413	3,845			1,413,845
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>), line	10(c).)				►	1	28,630,542
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	. ,						Schedule [

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of end-o	- year market value
(2)Closely-held equity interests			
Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		1 13	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	5,605,421		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
Total (Column (h) should equal Form 990, Part V, col (P) line 1	<i>E</i>)	<u>.</u>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X			
(a) December of Legisler	(b) A mount		
	(b) Amount		
Federal Income Taxes			
CONSUMER DEPOSITS	445,604		
ACCRUED OTHER COMPENSATED ABSENCES	517,572		
OTHER CURRENT AND ACCRUED LIABILITIES	162,713		
DEFERRED CREDITS	1,491,986		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,617,875		
	=,==,,=,=		

Par	TXL 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	32,723,866
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,100,797
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,623,069
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	166,684
9		9	166,684
	Total adjustments (net) Add lines 4 - 8	 	1,789,753
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10 Po	
1	Total revenue, gains, and other support per audited financial Statements With Revenue	1 1	32,327,008
		-	32,327,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		_
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	32,327,008
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 .		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	396,858
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	32,723,866
Part		s per l	
1	Total expenses and losses per audited financial statements	1	29,607,186
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	0
3	Subtract line 2e from line 1	3	29,607,186
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)	1	
c	Add lines 4a and 4b	4c	1,493,611
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	31,100,797
	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV/	ines 1b and 2b
	t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		

Identifier	Return Reference	Explanation
Identifier	Part IV, Line 2b	PURSUANT TO SECTION 81 507 OF THE NEVADA PROPERTY CODE AND THE COOPERATIVE'S BYLAWS, THE COOPERATIVE CAN RETAIN ANY CAPITAL CREDIT OF A MEMBER, WHO IS RESIDENT OF NEVADA, WHICH REMAINED UNCLAIMED FOR A PERIOD OF ONE YEAR THE COOPERATIVE HAS CHOSEN TO APPLY THESE UNCLAIMED PATRONAGE CAPITAL CREDITS TOWARDS GRANTS, SPONSORSHIPS AND DONATIONS TO NON- PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA UTAH MEMBER- RESIDENTS' UNCLAIMED CAPITAL CREDITS ARE ALSO HELD BY THE COOPERATIVE TO (A) ASSIST LOW-INCOME PERSONS TO PAY THEIR UTILITY BILLS, AND (B) TO PROVIDE SCHOLARSHIPS TO LOCAL GRADUATING HIGH SCHOOL SENIORS IN THE STATE OF UTAH, PURSUANT TO UTAH'S UNIFORM AGRICULTURAL COOPERATIVE ASSOCIATION ACT (TITLE 3, CHAPTER 1, SECTION 11), THE COOPERATIVE CAN RETAIN CAPITAL CREDITS GIVEN
		TO ITS MEMBERS THAT REMAIN UNCLAIMED FOR A PERIOD OF THREE YEARS, BUT CAN ONLY APPLY THESE UNCLAIMED CAPITAL CREDITS TO UTILITY BILL ASSISTANCE OF LOW-INCOME PERSONS AND SCHOLARSHIPS FOR HIGH-SCHOOL SENIORS
Description of Uncertain Tax Positions Under FIN 48	Part X	THE COOPERATIVE HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPERATIVE IS THEIR FILING STATUS AS A TAX EXEMPTENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES
Part XI, Line 8 - Other Adjustmen	ts	NET CHANGE IN MEMBERSHIPS 56,599 RETIREMENT OF PATRONAGE CAPITAL -986,668 PATRONAGE CAPITAL ASSIGNABLE 1,096,753 Total to Schedule D, Part XI, Line 8 166,684
Part XII, Line 4b - Other Adjustments		EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 396,858
Part XIII, Line 4b - Other Adjustments		EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 396,858 PATRONAGE CAPITAL ASSIGNABLE 1,096,753
		Part IX THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BEEN LEFT BLANK PART XIII, LINE 4B FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE DIVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL STATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPECT OF HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BASIS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS PROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

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Schedule I

(Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493305006382

Internal Revenue Service Name of the organization			Attach to Form 990			Employer identification	Inspection on number
MT WHEELER POWER INC						88-0106922	
Part I General Informat	ion on Grants and	l Assistance					
 Does the organization maintal the selection criteria used to Describe in Part IV the organ Part II Grants and Other 	award the grants or as ization's procedures fo	sistance? r monitoring the use o		ed States			Γ Yes ✓
Form 990, Part IV, I	ine 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section	501(c)(3) and govern	ment organizations lis	ted in the line 1 table .			. _	
3 Enter total number of other or	ganizations listed in th	e line 1 table				🕨	

Part III	Grants and Other Assistance to Individuals in the United States. Cor	mplete if the organization a	answered "Yes"	to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CHRISTMAS PRESENTS FOR LOCAL CHILDREN AND FAMILILES IN NEED, 76 FAMILIES SERVED	154	20,807			
Part IV Supplemental Informat	ion. Complete this pa	art to provide the info	ormation required in I	Part I, line 2, and any othe	r addıtıonal ınformatıon.

Identifier	Return Reference	Explanation
		ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE

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DLN: 93493305006382

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Name	of	the	orga	nizat	ion
чт wh	EEL	ER P	OWER	INC	

Employer identification number

88-0106922

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the approplate 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)			
b	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	1b		
2	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?	2		
3	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			
	Form 990 of other organizations A pproval by the board or compensation committee			
4	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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	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.			
5	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			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	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		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name		(B) Breakdown of (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)(1)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) RANDY EWELL	(I) (II)	139,701 0	300		16,365 0	20,048	185,816 0	

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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DLN: 93493305006382

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

Open to Public **Inspection**

Name of the organization MT WHEELER POWER INC								mployer i	dent if ica	ition numbe	er	
THE WILLIAM TOWER THE							8	8-01069	22			
Part I Excess Benefit Tran Complete of the organizat										ıne 40b		
1 (a) Name of disqu				•				the year under		(c) Corrected?		
					. ,	•				Ine 40b Corre Yes (g)Writte agreemen Yes	No	
								year under .				
							88-0106922 3) organizations only). 4, or Form 990-EZ, Part V, line 1					
2 Enter the amount of tax imposes section 4958									r • ⊄			
3 Enter the amount of tax, if any												
					e organization :				<u> </u>			
Part II Loans to and/or F					. D+ IV	=	000					
Complete if the organiz			res on Fo	orm 990	Part IV, line 26	, or For	m 990-1			<u>a</u>		
(a) Name of interested person and	(b) Loan		l l			(e)		Approved				
purpose		zation?	principal a		(d)Balance due	defa	ılt?			agreement?		
	То	From	1			Yes	No	_	1	Yes	No	
	-								+			
otal				▶ \$	1						<u> </u>	
Part IIII Grants or Assistar				sted I	Persons.							
Complete if the orga	nızatıc	n ansv	vered "Yes'	" on Fo	rm 990, Part IV	', line	27.					
(a) Name of interested pers	on	(1			en interested per ganization	rson	(c) A n	nount of g	rant or ty	pe of assis	stance	
			all	u the or	yamzadon							
-												

Part IV	Business	Transactions	Involvina	Interested	Persons

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

Complete ii the organizatio	ii alisweleu tes oli	ruiiii 990, Pait IV, III	ie zoa, zob, ui zoc.		
(a) Name of interested person	(b) Relationship between interested person and the (c) A mount of transaction (d) Description		(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) DESERET GENERATION & TRANSMISSION COOPERATIVE	THE GENERAL MANAGER AND DIRECTOR ANDERSON SERVE ON DESERET G&T COOP'S BOARD	, ,	THE COOPERATIVE PURCHASES ELECTRIC POWER FROM DESERET GENERATION & TRANSMISSION COOPERATIVE		No
					<u> </u>

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

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DLN: 93493305006382

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.

2011
Open to Public Inspection

_		
Name of the organization MT WHEELER POWER INC	n Employer ident if ic	ation number
	88-0106922	

ldentifier	Return Reference	Explanation
RECLASSIFICATION OF BENEFITS PAID TO MEMBERS	Form 990, Part I, Line 14	THE INSTRUCTIONS FOR THE 2011 FORM 990 CLARIFY THAT "BENEFITS PAID TO MEMBERS" SHOULD INCLUDE THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS OF SECTION 501(C)(12) COOPERATIVES CONSISTENT WITH THIS CLARIFICATION IN THE INSTRUCTIONS, THE COOPERATIVE HAS REPORTED ON PART I, LINE 14 FOR THE CURRENT YEAR THE AMOUNT OF PATRONAGE DIVIDENDS PAID AND/OR ALLOCATED TO THE COOPERATIVE'S MEMBERS FOR THE 2011 CALENDAR YEAR SINCE PART I SUMMARIZES BOTH PRIOR AND CURRENT YEAR DATA, THE COOPERATIVE HAS CHOSEN TO ALSO REPORT ON PART I, LINE 14 FOR THE PRIOR YEAR THE AMOUNT OF PATRONAGE DIVIDENDS PAID AND/OR ALLOCATED TO THE MEMBERS FOR THE 2010 CALENDAR YEAR BECAUSE THE INSTRUCTIONS FOR THE 2010 FORM 990 DID NOT PROVIDE FOR SUCH A CLARIFICATION, THE 2010 FORM 990 WAS NOT PREPARED IN THIS MANNER HOWEVER, SINCE THE COOPERATIVE DID IN FACT ALLOCATE PATRONAGE DIVIDENDS TO ITS MEMBERS FOR THE 2010 CALENDAR YEAR, IT BELIEVES THAT BOTH THE PRIOR YEAR AND CURRENT YEAR COLUMNS OF PART I SHOULD BE PREPARED CONSISTENTLY IN ORDER TO REFLECT THAT THE COOPERATIVE HAS A PRE-EXISTING OBLIGATION TO ALLOCATE, AND DOES ALLOCATE, PATRONAGE DIVIDENDS TO ITS MEMBERS FOR EACH YEAR THAT IT OPERATES FOR THE BENEFIT OF THE MEMBERS

Identifier	Return Reference	Explanation
	VI, Section A,	ARTICLE 2 07 OF THE COOPERATIVE'S BY LAWS WAS AMENDED TO REFLECT THE NEWEST ORDER OF BUSINESS FOR THE ANNUAL MEETING OF THE MEMBERS ARTICLE 11 01 4 WAS ADDED TO THE COOPERATIVE'S BY LAWS ARTICLE 11 01 4 REFERS TO THE LOSS(ES) OR DAMAGE(S), INCURRED BY A MEMBER, THAT ARE CAUSED BY AN ELECTRICAL POWER OUTAGE OR AN INTERRUPTION IN ELECTRICAL SERVICE, AND HOLDS THE COOPERATIVE LIABLE ONLY FOR THOSE LOSSES/DAMANAGES THAT ARE DUE TO GROSS NEGLIGENCE ON THE PART OF THE COOPERATIVE

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS

Identifier	Return Reference	Explanation
	i i	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION 3 THE DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVES ASSETS

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 8b	FROM TIME TO TIME THE ENTIRE BOARD WILL GO INTO EXECUTIVE SESSION FOR DISCUSSING ITEMS OF A SENSITIVE AND CONFIDENTIAL NATURE. WHEN THIS OCCURS MANAGEMENT AND OTHERS IN ATTENDANCE ARE REMOVED FROM THE MEETING ROOM. ITEMS DISCUSSED IN EXECUTIVE SESSION ARE NOT DOCUMENTED. HOWEVER, ACTIONS TAKEN BY THE BOARD AFTER EXECUTIVE SESSIONS ARE ADJOURNED ARE FULLY DOCUMENTED IN THE WRITTEN MINUTES.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE FILING THE FORM 990

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Inne 12c	THE BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO REVIEW AND BE FAMILIAR WITH THE POLICIES OUTLINED IN THE COOPERATIVE'S CONFLICT OF INTEREST POLICY THE BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANY ACTION OR SITUATION THAT MIGHT VIOLATE THE POLICY TO THE FULL BOARD OF DIRECTORS AS SOON AS POSSIBLE THE CONFLICT OF INTEREST POLICY IS REVIEWED ON AN ANNUAL BASIS WHEN A CONTRACT OR BUSINESS TRANSACTION IS UNDER CONSIDERATION AND A DIRECTOR OR EMPLOYEE KNOWS THAT HE, SHE, OR A CLOSE RELATIVE HAS A FINANCIAL INTEREST, THIS INTEREST IS REQUIRED TO BE DISCLOSED FULLY TO THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS SHALL DECIDE IF SUCH AN INTEREST SHOULD PREVENT THE COOPERATIVE FROM ENTERING INTO A PARTICULAR TRANSACTION OR CONTRACT

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Iine 15	THE BOARD OF DIRECTORS COMPARE COMPENSATION FROM OTHER COOPERATIVE'S FORM 990S AND LOOK AT OTHER EXTERNAL WRITTEN CONTRACTS OF SIMILARLY SITUATED GENERAL MANAGERS AND OFFICERS, WHEN DETERMINING THE COMPENSATION OF THE GENERAL MANAGER A COMPENSATION SURVEY IS ALSO EMPLOYED THAT SHOWS COMPARATIVE SALARIES FOR GENERAL MANAGER'S FROM COOPERATIVES LOCATED IN NEVADA AND THE NATION THE BOARD AND THE GENERAL MANAGER USE A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE COOPERATIVE'S OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEES, IF ANY THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT NEVADA AND THE NATION

Identifier	Return Reference	Explanation	
	,	THE COOPERATIVE PROVIDES A SUMMARIZED COPY OF THE AUDITED FINANCIAL STATEMENT TO THE MEMBERS OF THE COOPERATIVE AT THE ANNUAL MEETING THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, OR GOVERNING DOCUMENTS TO ANY MEMBER WHO SUBMITS A WRITTEN REQUEST, SUBJECT TO APPROVAL	

ldentifier	Return Reference	Explanation
INDEPENDENT DIRECTORS	Form 990, Part VI, Line 1b	JERALD ANDERSON PER IRS FORM 990 INSTRUCTIONS IS NOT AN INDEPENDENT DIRECTOR BECAUSE HE IS ON THE BOARD OF DESERET GENERATION & TRANSMISSION COOPERATIVE, A TAXABLE COOPERATIVE THE COOPERATIVE IS A MEMBER OF DESERET G&T AND PURCHASES ITS ELECTRIC ENERGY FROM DESERET G&T AS SUCH, MR ANDERSON IS THE COOPERATIVE'S REPRESENTATIVE ON DESERET G&T'S BOARD MR ANDERSON HAS NO OWNERSHIP INTEREST IN DESERET G&T AND RECEIVES NO DIRECT OR INDIRECT BENEFIT FROM THE COOPERATIVE DOING BUSINESS WITH DESERET G&T

ldentifier	Return Reference	Explanation
TO PROVIDE DETAIL REGARDING OFFICER'S OTHER COMPENSATION	Form 990, Part VII, Column F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO 11 5% OF A PARTICIPATING EMPLOYEE'S SALARY EMPLOYER CONTRIBUTIONS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER IS COMPRISED OF THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THE BENEFIT OF THE OFFICER

ldentifier	Return Reference	Explanation	
PATRONAGE DIVIDENDS	Form 990, Part VIII, Line 2	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSMISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS	

ldentifier	Return Reference	Explanation
ACCOUNTING SYSTEM	Form 990, Part IX	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE UNIFORM SYSTEM OF ACCOUNTS AS PRESCRIBED BY THE FEDERAL ENERGY REGULATORY COMMISSION FOR CLASS A AND B ELECTRIC UTILITIES MODIFIED FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICE(RUS) THE UNIFORM SYSTEM OF ACCOUNTING DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE WILL BREAK OUT SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 WILL BE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS

ldentifier	Return Reference	Explanation
RECONCILIATION OF WAGES PER RETURN TO FORM W-3	Form 990, Part IX, Lines 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE. IN AN EFFORT TO EXPLAIN WHY THE AMOUNTS REPORTED ON LINES 5-7 DO NOT AGREE TO THE W-3 THE FOLLOWING RECONCILIATION IS PROVIDED TOTAL PER LINES 5-7 \$1,841,945 LESS DIRECTORS FEES REPORTED ON 1099-MISC (87,595) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (67,691) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGIN 39,098 PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 896,384 RECONCILIATION TO W-3 \$2,622,141

ldentifier	Return Reference	Explanation
BREAKDOWN OF EXPENSES INCLUDED IN ADMINISTRATIVE AND GENERAL	Form 990, Part IX, Line 24	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS ADMINISTRATIVE AND GENERAL EXPENSE ON FORM 990, PART IX, LINE 24 OUTSIDE SERVICES EMPLOYED \$136,019 INSURANCE 89,766 MAINTENANCE OF GENERAL PLANT 241,454 REGULATORY COMMISSION EXPENSE 987 MISCELLANEOUS GENERAL EXPENSE 100,743 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$568,969

ldentifier	Return Reference	Explanation
	IX, Line 24e	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS OTHER EXPENSES ON FORM 990, PART IX, LINE 24E INTERNET EXPENSE 224,261 TELEPHONE COMMUNICATIONS EXPENSE 612 SECURITY SYSTEM EXPENSE 7,541 SALES EXPENSE 67,464 TAX EXPENSE - OTHER 372,714 TOTAL OTHER EXPENSES PER FORM 990, LINE 24E \$672,592

ldentifier	Return Reference	Explanation
BENEFITS PAID TO MEMBERS	Form 990, Part IX, Line 4	THE FORM 990 INSTRUCTIONS FOR THE CURRENT YEAR CLARIFIES THAT THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS SHOULD BE REPORTED ON PART IX, LINE 4 THE HHRASE "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-PUN, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS MEMBERS THE COOPERATIVES TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS MEMBERS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES" OPERATING ON A COOPERATIVE BASIS TAX LOORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL). TO ITS MEMBERS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-BXISTING OBLICATION, 2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR MEMBERS, AND (3) IN A FAIR AND EQUITABLE BASIS ON THE BASIS OF PATRONAGE (IE PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVES YEAR-BND OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE SY YEAR-BND OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE SY YEAR-BND OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE SY YEAR-BND OF DECEMBER 31 EACH ONE OF THESE REPORTS FOR THE COOPERATIVE WILL OFFER AT SON A NONPROFIT BASIS THE OWN OF THE SECONDARY OF THE COOPERATIVE WILL OFFER AT SON AND PROFIT BASIS THE OWN OF THE SECONDARY OF THE COOPERATIVE WILL OFFER AT SON AND PROFIT BASIS THE OWN OF THE THE ADMINISTRATION OF THE THE PROVISION OF ELECTRIC EMBRSY) (B) THE MARGINS PROMITE FURNISHED BY THE MEMBERS TO ALL LIST ME

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances		NET CHANGE IN MEMBERSHIPS 56,599 RETIREMENT OF PATRONAGE CAPITAL -986,668 PATRONAGE CAPITAL ASSIGNABLE 1,096,753 Total to Form 990, Part XI, Line 5 166,684

ldentifier	Return Reference	Explanation
AUDIT COMMITTEE	Form 990, Part XII, Line 2c	THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR

Additional Data

Software ID:

Software Version: EIN: 88-0106922

Name: MT WHEELER POWER INC

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
PATRONAGE CAPITAL - CFC	690,427	С
PATRONAGE CAPITAL - COOPERATIVE RESPONSE CENTER	3,490	С
PATRONAGE CAPITAL - NISC	17,612	С
PATRONAGE CAPITAL - NRTC	79,882	С
PATRONAGE CAPITAL - FEDERATED	35,123	С
PATRONAGE CAPITAL - DESERT GENERATION & TRANSMISSION	3,945,925	С
CAPITAL TERM CERTIFICATES - CFC	631,528	С
INVESTMENT IN MEMBERSHIPS	12,000	С
ENERGY CONSERVATION LOANS	89,434	С
MEMBER CAPITAL SECURITIES CFC	100,000	