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SCANNED APR 0 3 2013

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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A	For the	2012 cale	endar year, or tax year beginning JANUARY , 2012, and er	nding DE	CEMBER	, 20 12			
В	Check if	applicable	C Name of organization BLACK HILLS ELECTRIC COOPERATIVE INC	•	D Employ	er identification number			
\supset	Address	change	Doing Business As		46-0111503				
\Box	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room	m/suite	E Telepho	E Telephone number			
	Initial retu	ırn	PO BOX 792		Ī	605-673-4461			
ī	Terminate		City, town or post office, state, and ZIP code						
Ħ	Amended		CUSTER, SD, 57730-0792		G Gross r	eceipts \$ 16,246,878			
Ħ			F Name and address of principal officer DANIEL E HUTT	H(a) is th		for affiliates? Yes V No			
_	Application	on pending	PO BOX 792, CUSTER, SD 57730-0792	l l	all affiliates i				
	Tay ayan	npt status		a list (see instructions)					
<u>'</u>	Website:			up exemption number ▶					
<u>J</u>									
	art I	Summ	✓ Corporation Trust Association Other L Year of fo	rmation 194	IV I WI State	e of legal domicile SD			
	_			A O V 1 III 1 C E I	FOTDIO O	200504711/5 10 4			
	1	=	escribe the organization's mission or most significant activities: BL						
8			OFIT, MEMBER-OWNED ORGANIZATION WHOSE MISSION IS TO PROVI	DE GREAT EL	ECTRIC DI	STRIBUTION SERVICE			
Activities & Governance		AT THE L	OWEST COST CONSISTENT WITH SOUND BUSINESS PRACTICE.						
E									
Š	1		is box ▶ ☐ if the organization discontinued its operations or dispose	ed of more th		its net assets.			
ಶ	1		of voting members of the governing body (Part VI, line 1a).		. 3	7			
es			of independent voting members of the governing body (Part VI, line	1b)	. 4	7			
₹	5	Total nur	mber of individuals employed in calendar year 2012 (Part V, line 2a)		. 5	29			
듗	1		mber of volunteers (estimate if necessary)		. 6	0			
•	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		. 7a	0			
	b	Net unrel	lated business taxable income from Form 990-T, line 34	. <u></u>	. 7b	0			
				Prior	Year	Current Year			
Revenue	8	Contribu	tions and grants (Part VIII, line 1h)		0	0			
	9	Program	service revenue (Part VIII, line 2g)		15,795,681	16,204,913			
Š	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		69,068	82,035			
Œ			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,545				
	12	Total reve	enue – add lines, 8 through 17 (must equal Part VIII, column (A), line 12))	15,904,294				
-			nd sımılar amounts paid (Part IX, column (A), lines 1-3)		7,043				
			paid to or for members (Part IX, column (A), line 4)		206,975				
(B	15	Salaries.	other compensation employee benefits (Part IX) column (A), lines 5-10)		2,247,921				
Se			onal fundraising fees (Part IX, column (A), line 11e)		0				
Expenses			draising expenses (Part IX column (D), line 25)			<u> </u>			
Δ			penses (Part IX, column (A) Lines Ta-11d, 11f-24e)	-	12,160,868	12,239,621			
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	·	14,622,807				
		_	less expenses Subtract line 18 from line 12	·	1,281,487				
5 %		Hevenue	Tiess expenses addition for forming 12	Beginning of	Current Year				
ance ance	20	Total acc	sets (Part X, line 16)						
Net Assets Fund Balanc	21		olities (Part X, line 26)		48,638,551				
計	22		ts or fund balances. Subtract line 21 from line 20		33,359,863	35,776,897			
	art II		ture Block		15,278,688	16,258,199			
					- 15- 54-6				
tru	e. correct	ties of perju	iry, I declare that I have examined this return, including accompanying schedules and s <u>let</u> e Declaration of preparer (other than officer) is based on all information of which prej	statements, and t parer has anv kno	o the best of owledge	my knowledge and belief, it is			
			Di OSALI			00/00/2			
Sig	10	V	ature of officer		Date	20/20/3			
_	-	J Sign				' D			
He	re	<u> </u>	aniel E. Hutt, General Manager -	LACCUE	ive V.	<u> </u>			
		<u> </u>	e or print name and title	LDate		IDTIN			
Pa	id	Print/ly	rpe preparer's name Preparer's signature	Date	Check				
	epare	r		<u> </u>	self-em	ployed			
	e Only	1	name ►	F	ırm's EIN ▶				
		Firm's a	address ►	F	Phone no				
Ma	y the IR	S discus	s this return with the preparer shown above? (see instructions) .			🔲 Yes 🗌 No			

For Paperwork Reduction Act Notice, see the separate instructions.

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Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	\Box
1	Priefly describe the organization's mission:	브
•	DILACK HILLS ELECTRIC COOPERATIVE IS A NON-PROFIT, MEMBER-OWNED ORGANIZATION WHOSE MISSION IS TO PROVIDE	
	REAT ELECTRIC DISTRIBUTION SERVICE AT THE LOWEST COST CONSISTENT WITH SOUND BUSINESS PRACTICES.	
2	old the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	lo
	"Yes," describe these new services on Schedule O.	
3	old the organization cease conducting, or make significant changes in how it conducts, any program ervices?	lo
	"Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue, if any, for each program service reported.	by ers,
	Onder \/\(\(\sum_{\text{orange}} \text{Off } \)	
4a	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	ROVIDE ELECTRIC SERVICE TO 9,325 LOCATIONS IN THE RURAL AREA OF THE BLACK HILLS AND SOUTH WEST SOUTH	
	AKOTA 24 HOURS EACH DAY OF THE YEAR	
		,
4b	Code.) (Expenses \$ including grants of \$) (Revenue \$)	
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)	—
70	Jode	
		•
	, ,	
4d	Other program services (Describe in Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$) [Intal program service expenses	

Form 990	J (2012)		ı	Page 3
Part I	V Checklist of Required Schedules			
4	1) the average decombed in control 501/5/2) or 4047/5/(1) (ather these a private foundation)? If #Vec. 7		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		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		√
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," <i>complete Schedule C, Part II</i>	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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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		/
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	1	
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
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		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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 and XII is optional.	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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 (see instructions)	17		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	V Checklist of Required Schedules (continued)			
		-	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ √
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b 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? <i>If "Yes," complete Schedule R</i> ,	30		
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	<u></u>	
4.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 26 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1 1		}
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
·	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 2a 30			ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			/
b	If "Yes," enter the name of the foreign country:	4a		
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	~	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		. ~	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
Ü	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		
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		广

	00 (2012)			Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Socti	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	•	✓
Secu	on 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 1a 7			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
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	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 _		,
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	-	<u> </u>
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		/
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	•	\vdash
	one or more members of the governing body?	7a	/	
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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	√	ـــــ
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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 filling the form?	11a	-	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	V	<u> </u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	\	
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?			
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	/	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<u> </u>
	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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	<u> </u>			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	roet n	olicy
	and financial statements available to the public during the tax year.		our h	опоу,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the)	
	organization. ► WALKER WITT, 25191 COOPERATIVE WAY, CUSTER, SD, 57730, 605-673-4461			

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

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 organization no	r any relate	d org	anız	atio	n c	ompe	ensa	ited any currer	t officer, directo	r, or trustee
				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles er and	s pe d a d	rson Irect	than on the street that the st	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALAN BISHOP	5									
BOARD ASSISTANT SECRETARY		/	\vdash	<u> </u>	—	<u> </u>	┝	5,530	0	0
(2) DWAYNE BREYER	4	,	1		ļ					
BOARD PRESIDENT		-	⊢	_	⊢		-	4,273	0	0
(3) GARY KLUTHE	4	,								
BOARD SECRETARY		<u> </u>	├	-	⊢	├		0	0	4,902
(4) DAVID LINDBLOM	4	,							_	_
BOARD VICE PRESIDENT		✓	 		┢	_		6,535	0	0
(5) ALVIN PERRY	4	1						F 404		_
DIRECTOR (6) LAMES PRESTON		 	\vdash	-	├		╁	5,404	0	0
(6) JAMES PRESTON	4	/		ĺ			ŀ	4,902	۱ .	0
BOARD TREASURER (7) GLEN REASER	4	┷	┢	Н	┢	-	╁	4,502		•
DIRECTOR		1						0	0	3,016
(8) DANIEL HUTT	46	Ť		┪	\vdash		╁	<u> </u>		3,010
GENERAL MANAGER, EXEC V.P.	 	i		1	1			162,397		62,121
(9) ALAN MICHALEWICZ	41		┢	Ť	Ħ		\vdash	102,007		02,121
V.P. OF OPERATIONS & ENGINEERING	<u> </u>	1	1			1		115,824	۰ ا	49,852
(10) WALKER WITT	44							1		
GENERAL COUNSEL, V.P. OF ADMIN	·	1		ļ	1			137,730	l 0	55,353
(11)										
(12)					-					
(13)										
(14)	-									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees ('contini	ued)		
	(C) Position (do not check more than one (D) (E) (F)													
	Average	box,	unles	s pe	rson	is both	n an	an Reportable Reportal						
	hours per week (list any	_	_		_	or/trus				ation from amount of ited other				
		hours for related	Individual trustee or director	nstit	Officer	Key employee		Former	the organization	organizati (W-2/1099-N			ensation	a
		organizations	recto	utio	Œ,	띍	est c	ĘĘ	(W-2/1099-MISC)	(VV-2/1099-N	/IISC)		nization	
		below dotted line)	ਵ	nal t	İ	ξ	Ë	İ	İ	İ	i		related lizations	2
			stee	Institutional trustee		"	Highest compensated employee					orgu.	Lutioiio	
(15)							8.				\dashv			
(16)		<u> </u>		-		_		-			\dashv			
(17)						_		_	ļ		\dashv			
(18)														
(19)														
(20)														
(21)														
(22)								-						
								_						
(23)														
(24)														
(25)														
1b	Sub-total		<u> </u>		L	<u> </u>		>	442,595		0		17	5,244
C	Total from continuation sheets to Part	VII, Sectio	n A	•				•	0		0			0
<u>d</u>		· ·, ·_ · .					•	>	442,595	L	0		17	5,244
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed	above	e) w	ho received m	ore than \$1	00,000) of		
	Did the consequence but one former of	f					t		James of book				Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i>										nsated	3		~~.~
4	For any individual listed on line 1a, is the													
	organization and related organizations	-		50,	000)? li			•	edule J fo	r suct			
_	Individual			2004	hon	 fra:	m on:		rolated argani			4	/	
5	for services rendered to the organization											³¹		√
Section	on B. Independent Contractors									-				
1	Complete this table for your five highest of													
	compensation from the organization. Repyear.	oort compe	nsatio	on fo	or th	те с	alend	lar y	ear ending wit	h or within	the ore	ganızatıd	on's ta	ίΧ
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens		
	POWERLINES INC., PO BOX 748, CUSTER,								IE CONSTRUCT					9,609
MAY C	ONSTRUCTION INC., PO BOX 402, MADISON	N, SD 57042	-0402					LIN	IE CONSTRUCT	ION			16	<u>2,52</u> 8
				_				\vdash				<u>-</u>		
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Reve						_
	•	Check if Schedule O	contains a respo	onse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	s 1a					
ira our	b	Membership dues .	1b					
S, E	С	Fundraising events .	1c					
Gift lar	d	Related organizations	s 1d		į	į		
ıs, (е	Government grants (con				į		
tlor er S	f	All other contributions, g						
햧		and similar amounts not inc						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	•					
	h	Total. Add lines 1a-1	<u>f</u>					.
nue	_			Business Code				
eve	2a	SALE OF ELECTRICITY			15,759,229	15,759,229		
92 22	b	G&T CAPITAL CREDIT			327,668	327,668	* .	<u> </u>
Ž	C	OTHER CO-OP CAPITA	AL CREDITS		73,368	73,368		
Se	d	OTHER REVENUE		<u> </u>	44,649	44,649		
Program Service Revenue	e •	All other program ser					-	
o G	l f	Total. Add lines 2a-2		•	16,204,913			
	3	Investment income			10,204,913	·		1
	-	and other similar amo	. •		82,035			82,035
	4	Income from investmen	•	ond proceeds ►	02,000			02,000
	5			•				
		•	(ı) Real	(II) Personal				
	6a	Gross rents	12,300					
	b	Less: rental expenses	9,218					
	С	Rental income or (loss)	3,082					
	d	Net rental income or	(loss)		3,082			3,082
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	: 					
	b	Less: cost or other basis		j				
		and sales expenses						
	С	Gain or (loss)	L	L				
	d	Net gain or (loss) .		· · •				
/enne	8a	Gross income from fuevents (not including \$	undraising					
Other Reve		of contributions reporte See Part IV, line 18	ed on line 1c)					
Ě	b	Less: direct expenses	s b					
O	С	Net income or (loss) f	rom fundraising	events . ►				
	9a	Gross income from ga						
		See Part IV, line 19 .	\cdots \cdot a					
		Less. direct expenses						
		Net income or (loss) f		vities ▶				
	10a	Gross sales of in	nventory, less		İ			
		returns and allowance		125,440	ļ			
	b	Less: cost of goods s						
	С	Net income or (loss) f			5,250	5,250		
	L	Miscellaneous F		Business Code				
	11a	POLE ATTACHMENT		 	35,085	35,085		
	b	RENT OF SUBSTATIO	N		1,630	1,630		
	ر د	All other revenue						<u> </u>
	d	All other revenue . Total. Add lines 11a-		•	20.745			
	12	Total revenue. See II			36,715 16,331,995	16,246,878	 	85,117
					10,001,000	10,440,0/0		1 00,117

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con								
Check if Schedule O contains a response to any question in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States See Part IV, line 21	10,256							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0							
3	Grants and other assistance to governments,	•							
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16	o							
4	Benefits paid to or for members	268,326							
5	Compensation of current officers, directors,								
	trustees, and key employees	341,652							
6	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	1,374,083							
8	Pension plan accruals and contributions (include								
_	section 401(k) and 403(b) employer contributions)	385,949							
9	Other employee benefits	369,450							
10	Payroll taxes	112,704							
11	Fees for services (non-employees):								
a b	Management Legal	0 615							
C	Accounting	15,632							
d	Lobbying	0							
e	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	0							
g	Other (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O)	360,190							
12	Advertising and promotion	92,923							
13	Office expenses	93,087							
14	Information technology	59,329							
15	Royalties	0		 					
16 17	Occupancy	76,879		 					
18	Payments of travel or entertainment expenses	190,650							
	for any federal, state, or local public officials	n							
19	Conferences, conventions, and meetings	45,873			<u>-</u>				
20	Interest	1,404,569							
21	Payments to affiliates	72,672							
22	Depreciation, depletion, and amortization .	2,068,334							
23	Insurance	86,846							
24	Other expenses Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O)								
а	POWER AND TRANSMISSION	8,263,965							
b		0,203,905							
c									
d									
е	All other expenses	-591,943							
25	Total functional expenses. Add lines 1 through 24e	15,102,041							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)								

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 4<u>50</u> 1 450 2 2 Savings and temporary cash investments . . . 343,539 780,434 3 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net 4 763,326 1,357,262 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 0 0 Notes and loans receivable, net 7 0 0 8 Inventories for sale or use 769,283 8 2,050,292 9 Prepaid expenses and deferred charges 148,106 9 174,734 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 61,679,893 10b Less: accumulated depreciation 39,374,020 10c 21,491,954 40,187,938 Investments—publicly traded securities 11 3,168 11 3,367 Investments—other securities. See Part IV, line 11 . 12 5.100 12 5,100 Investments-program-related See Part IV, line 11. 5,574,450 **13** 13 5,862,013 14 0 14 0 15 Other assets. See Part IV. line 11 1,657,109 15 1,613,506 16 Total assets. Add lines 1 through 15 (must equal line 34) 48,638,551 16 52,035,096 17 Accounts payable and accrued expenses . 1,674,166 17 1,542,093 18 ol 18 0 19 750,000 19 750,000 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 29,422,254 31,950,233 Unsecured notes and loans payable to unrelated third parties . . . 24 192,186 174,408 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 1,321,257 1,360,163 Total liabilities. Add lines 17 through 25 . . 26 33,359,863 26 35,776,897 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 0 Temporarily restricted net assets 28 28 ol 0 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 1,213,454 1,303,803 32 Retained earnings, endowment, accumulated income, or other funds . 32 14,065,234 14,954,396 33 Total net assets or fund balances 15,278,688 33 16,258,199 Total liabilities and net assets/fund balances . 48,638,551 52,035,096

_	-4	•
Page		-

	(20.2)			1.6	iye iz
Part					
	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_1		16,33	31,995
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	15,10	02,041
3	Revenue less expenses. Subtract line 2 from line 1	3		1,22	29,954
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	15,27	78,688
5	Net unrealized gains (losses) on investments	5			_0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		_	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-25	50 <u>,443</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		16,25	8,199
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	✓	L
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	or	l	}
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			ļ]
b	Were the organization's financial statements audited by an independent accountant?		. 2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a		
	separate basis, consolidated basis, or both.				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account			✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
	the Single Audit Act and OMB Circular A-133?		· 3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	-			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			For	m 990	(2012)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	f the organization		Employer identification number
BLAC	(HILLS ELECTRIC COOPERATIVE, INC		46-0111503
Pai	Organizations Maintaining Dono organization answered "Yes" to Fo	r Advised Funds or Other Similar Fun irm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
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 o	donor advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject	-	
6	Did the organization inform all grantees, don only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or fo	of funds can be used for any other purpose
Par	Conservation Easements. Compl	ete if the organization answered "Yes" t	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b		-
	Preservation of land for public use (e.g., re	ecreation or education) 🔲 Preservation of	an historically important land area
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contributio	n in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation ease	ements	2b
С	Number of conservation easements on a cert		2c
d	Number of conservation easements include		
	historic structure listed in the National Regist		
3	Number of conservation easements modified	, transferred, released, extinguished, or tern	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to d	conservation easement is located ►	
5	Does the organization have a written police	cy regarding the periodic monitoring, insp	pection, handling of
	violations, and enforcement of the conservati	on easements it holds?	· · · · · · 🔲 Yes 🔲 No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	
	>	<u> </u>	•
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation ease	ments during the year
	▶\$,
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements o	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization rep	ports conservation easements in its revenue	
-	balance sheet, and include, if applicable, the		
	organization's accounting for conservation ea	<u> </u>	
Par	Organizations Maintaining Collection	ctions of Art, Historical Treasures, or	Other Similar Assets.
	-	ered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted und		revenue statement and balance sheet
	works of art, historical treasures, or other s		
	public service, provide, in Part XIII, the text of	· · · · · · · · · · · · · · · · · · ·	
b	If the organization elected, as permitted un	der SEAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other s public service, provide the following amounts	similar assets held for public exhibition, ed s relating to these items:	ucation, or research in furtherance of
	(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		assets for financial gain, provide the
	following amounts required to be reported un		,
а	Revenues included in Form 990, Part VIII, line		
b			• •

Part	Organizations Maintaining C							
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and ot	her reco	rds, chec	k any of the	e follov	wing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams	
b	☐ Scholarly research							
С	☐ Preservation for future generations							
4	Provide a description of the organization	n's collections a	and expl	aın how t	hey further	the org	ganızatıon's exe	mpt purpose in Part
	XIII.							
5	During the year, did the organization s							lar
	assets to be sold to raise funds rather the			-	•			
Part					anization a	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amount							
1a	Is the organization an agent, trustee, or							ot
	included on Form 990, Part X?							☐ Yes ☐ No
þ	If "Yes," explain the arrangement in Par	t XIII and comple	ete the fo	ollowing to	able.	_		· · · · · · · · · · · · · · · · · · ·
						<u> </u>	<i></i>	Amount
C	Beginning balance			•		10		
d	Additions during the year					10	+	
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount				• . •		<u>.</u>	☐ Yes ☐ No
	If "Yes," explain the arrangement in Par							
Par	V Endowment Funds. Complet	e if the organiz						
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(a) Three years bac	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions				<u> </u>			
¢	Net investment earnings, gains, and losses							
	 							
d	Grants or scholarships							
е	programs							
£	· •							
f	Administrative expenses End of year balance						<u> </u>	
9 2	Provide the estimated percentage of the	o current vear er	l nd balanc	e (line 1o	L column (a)) held	ae.	<u> </u>
a	Board designated or quasi-endowment			e (iiile 19	i, coluitiii (a)	n neid	as.	
b	Permanent endowment >	%	′ 0					
c	Temporarily restricted endowment ▶	′°						
•	The percentages in lines 2a, 2b, and 2c		00%.					
За	Are there endowment funds not in the			zation tha	at are held a	and ad	ministered for t	he
	organization by:	•	•					Yes No
	(i) unrelated organizations					-		3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ations listed as r	equired o	on Sched	ule R?			3b
4	Describe in Part XIII the intended uses of	of the organization	on's end	owment fo	unds.			
Part	VI Land, Buildings, and Equipn	nent. See Forn	n 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or ot (investm		1 ' '	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land		112,080		275,101		THE PERSON	387,181
ь	Buildings		· ·		578,947		333,979	244,968
С	Leasehold improvements		_					
d	Equipment				2,625,578		1,656,283	969,295
е	Other				58,088,187		19,501,692	38,586,495
Total.	Add lines 1a through 1e. (Column (d) mu	st equal Form 9	90, Part .	X, columr	n (B), line 10	(c))		40,187,939

Part VII	Investments - Other Securities.	See Form 990, Part X, I	ine 12.	
. (2) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financia	derivatives			
(2) Closely-I	neld equity interests			
(3) Other				 -
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments - Program Related	I. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) INVEST	MENT IN ASSOC ORG -PAT. CAP	5,373,859	соѕт	
(2) INVEST	MENT IN ASSOC ORG - OTHER	387,588		
(3) ECONO	OMIC DEVELOPMENT INVESTMENT	64,753	COST	***
(4) ENERG	Y CONSERVATION LOANS	27,073	COST	
(5) OTHER	INVESTMENT	8,740	COST	
(6)				
(7)				
(8)				
(9)				.=
(10)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13) 🕨	5,862,013		
Part IX	Other Assets. See Form 990, Pa			
	(a)) Description		(b) Book value
(1)				
(2)				
_(3)				
(4)				
_(5)				
(6)				
_(7)				
(8)				
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, co		<u> </u>	
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
	income taxes	. 0		
(0)	DABLE AID TO CONSTRUCTION	1,161,485		
	RIC PREPAYMENTS	47,761		
	JMER DEPOSITS	132,405		
	IMED CAPITAL CREDITS	18,512		
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col. (B) line 25) ▶	1,360,163	<u> </u>	
	SC 740) Footnote. In Part XIII, provide the t			
liability for u	ncertain tax positions under FIN 48 (ASC 7	40) Check here if the text of	the tootnote has been provided in F	'art XIII
				Schedule D (Form 990) 2012

Pa	age	4
Г.	we	7

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Retu	rn
1	Total revenue, gains, and other support per audited financial statements			1	16,331,995
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	1		
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c	-	1	
d	Other (Describe in Part XIII.)	2d		1 1	
e	Add lines 2a through 2d	-		2e	0
3	Subtract line 2e from line 1			3	16,331,995
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	1		,
a	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b		1 1	
c	Add lines 4a and 4b			4c	n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	16,331,995
	XII Reconciliation of Expenses per Audited Financial Stater				
1	Total expenses and losses per audited financial statements		<u> </u>	1	15,102,041
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				10,102,041
a	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b		1 1	
C	Other losses	2c		1 1	
d	Other (Describe in Part XIII)	2d		-	
_	Add lines 2a through 2d	20		2e	^
e		• •		3	45 102 044
3		i ·	· · · · · · · ·		15,102,041
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	140			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII)	4b	<u> </u>		
C	Add lines 4a and 4b			4c	0
5 Dost	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 1 lines 2 and 4c.)	ie 10.)] 0]	15,102,041
	XIII Supplemental Information	O. Da	et III. Irong 1a and 4. F	2a+ IV	lines 1h and 0h;
	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4l				
ınform				•	,
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Schedule D (Fo		Page 🕏
Part XIII	Supplemental Information (continued)	·
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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, line 23.

► Attach to Form 990. ► See separate instructions.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization BLACK HILLS ELECTRIC COOPERATIVE INC

Part I Questions Regarding Compensation Employer identification number

46-0111503

			Yes	No
1a	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 indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
	If you of the house on line to are shoulded did the agreement on follow a sympton policy recording payment			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		•
		<u> </u>		
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 filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
	Point 990 of other organizations Approval by the board of 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		√
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		√
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only and in a FOM/aVO) and FOM/aVA) arranginations must complete lines F. O.			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the revenues of:			
а	The organization?	5a		JJ
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		ļ
b	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III.			اــــــا
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 accrued pursuant to a contract that was subject			-
o	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			1
	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		Ì

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

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

NOTE. THE SULL OF COLUMNS (B)(I) FINE ALL INSTRUCTION OF THE INTERPRETATION OF THE INTRODUCTION OF THE INT	or eac	n listed individual mu	st equal the total am	DUILL OF FORTEL 390, FR	Irt VII, Section A, line I	a, applicable coluril	n (D) and (E) amount	for mat individual.
		(B) Breakdown of W-2	r W-2 and/or 1099-MI	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	(F) Compensation reported as deferred in prior Form 990
	€	161,031	1,366			62,121	224,518	
1 DANIEL HUTT	(E)	111111111111111111111111111111111111111						
	(1)	115724	001			49,852	9/9,631	
2 ALAN MICHALEWICZ	(ii)							
	(1)	137,630	001			55,353	193,083	
3 WALKER WITT	€							
	€							
4	€							
	€							
S	€							
	€							
9	(1)							
	(3)						•	
7	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	€							
8	<u>(ii)</u>							
	(9)							
6	<u>(ii)</u>		999999999999999999999999999999999999999	8 * * * * * * * * * * * * * * * * * * *				
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	Ξ						11 11 11 11 11 11 11 11 11 11 11 11 11	111111111111111111111111111111111111111
16	€							

Schedule J (Form 990) 2012

Page 3

Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

BLACK HILLS ELECTRIC COOPERATIVE INC 46-0111503 FORM 990, PART VI, LINE 2 - RELATIONSIPS AMONG BOARD AND EMPLOYEES **2 BOARD MEMBERS JOINTLY OWN A BULL** FORM 990, PART VI, LINE 7B -GOVERNANCE SUBJECT TO APPROVAL BY MEMBERS CHANGES TO BYLAWS MUST BE APPROVED BY A VOTE OF THE MEMBERS FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 COMPTROLLER PREPARES THE FORM 990. A COPY IS PROVIDED TO THE BOARD OF DIRECTORS AND MANAGEMENT FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFILICTS POLICY WHEN POTENTIAL CONFLICT OF INTEREST COMES UP, GENERAL COUNSEL REVIEWS CONFLICT OF INTEREST POLICY AND THE BOARD INSURES COMPLIANCE. THE POLICY IS REVIEWED ON A YEARLY BASIS. FORM 990, PART VI, LINE 15A & B - COMPENSATION PROCESS A YEARLY COMPENSATION STUDY IS PREPARED AND PRESENTED TO THE BOARD. THE STUDY INCLUDES NATIONAL, REGIONAL, STATE AND LOCAL WAGE COMPARISONS FOR EACH POSITION WITHIN THE COOPERATIVE. IT COMPARES INTERNAL EQUITY BASED ON BENCHMARKING A COMMON POSITION ALONG WITH EVALUATING EXTERNAL COMPETITIVENESS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL DISCLOSURES OF DOCUMENTS REQUIRED BY LAW ARE MADE AVAILABLE TO THE PUBLIC. PRIVATE CORPORATE DOCUMENTS, FINANCIAL STATEMENTS, AND POLICIES MAY BE AVAILABLE TO THE PUBLIC OR MEMBERS PURSUANT TO BOARD POLICY NUMBER 111: MEMBER REQUESTS FOR INFORMATION. UPON WRITTEN REQUEST THE GENERAL MANAGER SCHEDULES A TIME FOR THE REVIEW OF REQUESTED ARTICLES AT THE COOPERATIVE HEADQUARTERS. ALSO AUDITED FINANCIAL STATEMENT IS MAILED YEARLY TO ALL ACTIVE MEMBERS OF THE COOPERTIVE.

chedule O (Form 990 or 990-EZ) (2012)	
ame of the organization	Employer identification number
LACK HILLS ELECTRIC COOPERATIVE INC	46-0111503
、 ORM 990, PART IX, LINE 4 - BENEFITS PAID TO OR FOR MEMBERS	
268,326 CAPITAL CREDITS PAID OUT TO MEMBERS.	
ORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS OF FUND BALANCES	
\$268,326 RETIREMENT OF CAPITAL CREDITS TO MEMBERS	
\$18,883 RETAINED CAPITAL CREDITS (UNCLAIMED & ESTATE DISCOUNT LESS REISSUE	D UNCLAIMED)
\$1,000 SCHOLARSHIP ISSUED FROM CONVERTED MEMBERSHIPS	
-\$250,443 TOTAL CHANGE	
	·····
	······································

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Attach to Forr

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

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m 990.

Open to Public 2012

OMB No 1545-0047

Inspection Employer identification number 46-0111503 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) BLACK HILLS ELECTRIC COOPERATIVE, INC Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(a) End-of-year assets	(f) Direct controlling entity
(1)					!
(2)					
(6)					
(4)					
(5)			*		1.5
(9)					
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	omplete if the organization sax year.)	nswered "Yes" to	Form 990, Par	1 IV, line 34 beca	use it had
(a) Name, address, and EIN of related organization Prim.	(b) (c) (c) Primary activity or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	s Direct controlling entity	(9) Section 512(b)(13) controlled entity?
					Yes No
(1)					
(2)					
(6)					
(4)					
(5)					
(9)					
(1)					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat	Cat No 50135Y		Schedule	Schedule R (Form 990) 2012

בים מפתמסם	הפרמומפין וומס סוום מין וויסופין פומופט טואמיויל מין היים היים מין היים היים היים היים היים היים היים הי	Olgal IIZatioi is	ileated as a partifership duffilly the tax year.			e tak year.					. -	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	. <u> </u>	Predominant S income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	(g) Share of end-of- year assets	Oispropor allocat	(i) Code V—IJBI amount in box 20 of Schedule K-1 (Form 1065)	Genera Manaç partn		(k) Percentage ownership
								Yes No	0	Yes	2 2	
(1)												
(2)												
(E)	:											
(4)												
(5)											1	
(9)											<u> </u>	
(<u>)</u>												
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Related Organize	r tions Taxable related organiz	as a Corpora	ation or	Trust (Comporation or	plete if the trust durin	organizations of the tax y	on answe	red "Yes" to F	orm 990,	Part IV	
(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	(: Legal d (state or fore	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)) rentity Sr rp, or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	12(b)(1: olled ty?
		:									Yes	å
(1) BLACK HILLS ENGINEERING & DEVELOPMENT PO BOX 792, CUSTER SD 57730 46-0391683	PMENT	NOT ACTIVE	SD			၁						>
(2) BLACK HILLS TELECOMMUNICATION COOPERA PO BOX 792, CUSTER SD 57730 46-0400873	OOPERA	NOT ACTIVE	SD			ပ						>
(6)												
(4)												
(5)												
(9)												
ω												

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Schedule R (Form 990) 2012

Part V Transacti

			type (a-s)	
t involved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction	(a) Name of other organization
sholds.	nships and transaction thre	luding covered relatio	omplete this line, inc	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
>	18			Other transfer of cash or property from related organization(s)
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11			Other transfer of cash or property to related organization(s)
\				Reimbursement paid by related organization(s) for expenses
>	- 1p			Reimbursement paid to related organization(s) for expenses
>				Sharing of paid employees with related organization(s)
>				Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
>				Performance of services or membership or fundraising solicitations by related organization(s)
>	=			Performance of services or membership or fundraising solicitations for related organization(s)
>	*			Lease of facilities, equipment, or other assets from related organization(s)
<i>></i>				Lease of facilities, equipment, or other assets to related organization(s)
>	· · · · · · · · · · · · · · · · · · ·			Exchange of assets with related organization(s)
>				Purchase of assets from related organization(s)
>				Sale of assets to related organization(s)
>				Dividends from related organization(s)
		•	• • •	
\ <u>\</u>	9			Loans or loan quarantees by related organization(s)
>				Loans or loan guarantees to or for related organization(s)
>				Gift, grant, or capital contribution from related organization(s)
>	1b			Gift, grant, or capital contribution to related organization(s)
>				Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
	ts II-IV?	ınizations listed in Par	or more related orga	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ganization. See	INSTRUCTIONS RE	garding exclusion	on ior certal	n investment pa	rriersnips.				,
(a) Name address and FIN of entity	(b)	(c)	(d) Predominant	(e) Are all nartners	Share of	(g) Share of	(h) Disproportion	(i)	General or	(K) Percentage
לאונים לי מנוס לי מו מין מין מין מין מין מין מין מין מין מין		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	total income	_	allocations?	8 0		ownership
			from tax under section 512-514)	Ves No			Yes		Yes	
(1)	· · ·									
(2)	-									
(2)	-									:
(4)										
(5)										
(9)										
(<i>u</i>)										
(8)										
(6)									_	
(10)										
(11)									-	
(12)										
(13)	•									
(14)										
(15)										
(16)										

Schedule R (Form 990) 2012

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