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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

| ^_ | For the | 2012 cale | endar year, or tax year beginning January 1 , 2012, and end | i <u>ng</u> Decer | <u>nber 31</u> | , 20 12 | | |
|--------------------|--------------|-----------|---|----------------------------------|----------------|--------------------------------|--|--|
| В | Check if a | pplicable | _ | D Employer identification number | | | | |
| | Address of | hange | Doing Business As | | 81-0228814 | | | |
| | Name cha | ınge | Number and street (or P O box if mail is not delivered to street address) Room/ | suite | E Telepho | ne number | | |
| | Initial retu | m | P O BOX 369 | | | 406-775-8762 | | |
| | Terminate | :d | City, town or post office, state, and ZIP code | | | | | |
| | Amended | return | EKALAKA, MT 59324-0369 | | G Gross re | eceipts \$ 3,498,479 | | |
| | Application | n pending | | SER H(a) Is this a | | for affiliates? Yes V No | | |
| _ | | , | P O BOX 369, EKALAKA, MT 59324-0369 | 1 | • | ncluded? Yes No | | |
| - | Tax-exem | nt status | □ 501(c)(3) | | | list (see instructions) | | |
| j | Website: | | COOP.COM | H(c) Group | exemption | number > | | |
| ĸ | | | ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form | | | of legal domicile MT | | |
| P | art I | Summ | | 1340 | <u> </u> | or regal donnelle [VII | | |
| | | | escribe the organization's mission or most significant activities. MISS | ION STATEME | NT. THO | OLICH DEDICATION | | |
| | 1 | | | | | | | |
| ខ្ន | _ | | ATION, COMMUNITY INVOLVEMENT AND LOCAL CONTROL, WE PROVID | | | | | |
| overnance | 1 | | AND INNOVATIONS FOR THE BETTERMENT OF OUR MEMBERS TO IMPER FUTURE FOR ALL. | COVE THE QUA | LII Y UF | LIFE AND CREATE A | | |
| Ver | | | is box ► if the organization discontinued its operations or disposed | l of more than | 25% of | ite not accote | | |
| ည်း | 1 | | of voting members of the governing body (Part VI, line 1a) | i or more man | 3 | _ | | |
| 1 | | | of voting members of the governing body (Part VI, line 1a) | | | 6 | | |
| Ē, | 1 | | |), | 4 | 6 | | |
| Activities & | 1 | | nber of individuals employed in calendar year 2012 (Part V, line 2a) | | 5 | 12 | | |
| ;=2 | 1 | | nber of volunteers (estimate if necessary) | | 6 | 0 | | |
| > | | | elated business revenue from Part VIII, column (C), line 12 | | 7a | 0 | | |
| \$ | Ь | Net unrel | ated business taxable income from Form 990-T, line 34 | | 7b | 0 | | |
| | | | | Prior Ye | ar | Current Year | | |
| | | | tions and grants (Part VIII, line 1h) | | 0 | 0 | | |
| 麦 | | | service revenue (Part VIII, line 2g) | 3 | ,309,941 | 3,443,823 | | |
| \$ 3 | 10 I | nvestme | nt income (Part VIII, column (A), lines 3, 4, and 7d) | | 25,189 | 35,835 | | |
| $\zeta \zeta$ | 11 (| Other_rev | renue (Part VIII, gelumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -2,583 | 3,413 | | |
| <u>Q</u> | | | enue Land lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3 | ,332,547 | 3,483,071 | | |
| 90 | | | nd similar amounts paid (Raft IX, column (A), lines 1–3) | | 13,124 | 16,339 | | |
| | 14 E | 3enefits | paid to or formembers (Part IX, column (A), line 4) | | 212,066 | 327,580 | | |
| Ø | | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1 | ,156,206 | 1,226,170 | | |
| Expenses | | | nal fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 | | |
| be | ЬТ | otal fund | draisin@expenses (Earl IX, column (D), line 25) ▶ | | | 製造ない。 対するないは | | |
| ũ | | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | ,951,151 | 1,912,982 | | |
| | | | enses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | ,332,547 | 3,483,071 | | |
| | | | less expenses. Subtract line 18 from line 12 | | 0 | 0 | | |
| e o | | | | Beginning of Cu | rent Year | End of Year | | |
| ets (| 20 1 | otal ass | ets (Part X, line 16) | 9 | ,393,849 | 13,028,429 | | |
| Assets d Balanc | 21 7 | | ilities (Part X, line 26) | | ,005,373 | 6,403,868 | | |
| E SE | | | s or fund balances. Subtract line 21 from line 20 | | ,388,476 | | | |
| | art II | | ure Block | | ,380,470 | 6,624,561 | | |
| _ | | | ry, I declare that I have examined this return, including accompanying schedules and stal | tements and to the | no best of n | ny knowledge, and belief it in | | |
| | | | ete. Declaration of preparer (other than officer) is based on all information of which prepar | | | ny knowledge and belief, it is | | |
| | · · · · · | | VALA V. MA | | 4/ | 30/2013 | | |
| Sig | | Signs | ature of officer | Dat | | 30/20/3 | | |
| | | | AREN KREITEL SECRETARY/TREA | | • | | | |
| Не | ' | | SUKEK | | | | | |
| | | | or print name and title | Date | Τ | PTIN | | |
| Pa | id | Ennoty | pe preparer's name Preparer's signature | Ja10 | Check [| _] # { | | |
| Pro | eparer | | | | self-emp | pioyea | | |
| | e Only | Firm's na | ame ► | Firm | 's EIN ▶ | | | |
| | | Firm's a | ddress ▶ | Pho | ne no | | | |
| | <u> </u> | | this return with the preparer shown above? (see instructions) | <u></u> | · <u>·</u> | . Yes No | | |
| For | Paperwo | rk Reduc | ction Act Notice, see the separate instructions. Cat | No 11282Y | | Form 990 (2012) | | |





| rm 990 | (2012) | | | ." Page 2 |
|-------------|--|--------------------------------|--------------------------------|-------------------|
| art l | Statement of Program Service Accompl | ishments | | |
| | Check if Schedule O contains a response | to any question in this Part l | III | 🗆 |
| 1 | Briefly describe the organization's mission | | | |
| | THROUGH DEDICATION, COOPERATION, COMMUNI | TY INVOLVEMENT, AND LOCA | L CONTROL, WE PROVIDE SAFE | , DEPENDABLE, |
| | AFFORDABLE ENERGY AND INNOVATIONS FOR TH | | | |
| | CREATE A BRIGHTER FUTURE | | | |
| | | . | | |
| | Did the organization undertake any significant pro | | | |
| | | | | ☐ Yes ☑ No |
| | If "Yes," describe these new services on Schedule | | | |
| | Did the organization cease conducting, or mak | | | |
| | services? | | | ☐ Yes ☑ No |
| | If "Yes," describe these changes on Schedule O. | | | |
| | Describe the organization's program service acco | | | |
| | expenses. Section 501(c)(3) and 501(c)(4) organiz the total expenses, and revenue, if any, for each p | | the amount of grants and alloc | ations to others, |
| | the total expenses, and revenue, if any, for each p | rogram service reported. | | |
| 4a | (Code.) (Expenses \$ 1,428,264 in | ocluding grants of \$ | n) (Revenue \$ | 60,385) |
| | PURCHASE OF POWER TO DISTRIBUTE TO OUR ME | | , (. 1.5001145 W | 00,303 / |
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| | | | | |
| | (Code: 1,727,367 If | | | 3,422,686) |
| | BUILDING AND MAINTENANCE OF DISTRIBUTION PO | OWER LINES TO SERVE OUR | MEMBERS | |
| | | | | |
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| | | | | • |
| | | | | |
| 4c | Code:) (Expenses \$ ir | ncluding grants of \$ |) (Revenue \$ | 1 |
| | , (Expenses \$ | | | / |
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| • | | | | , |
| | | | | |
| | Other program services (Describe in Schedule O.) | | • | |
| 4 | Expenses \$ including grants of \$ |) (Revenue \$ |) | |
| 4e | Total program service expenses ▶ | 3,155,631 | | |
| | | | | |

| Part | Checklist of Required Schedules | | | Page |
|------|---|------|--------------|------------|
| | Oncomo o nequina concusado | | 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 | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | 1 |
| 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 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | - |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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, VII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | √ | 20 Mg. 14. |
| 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 | | 1 |
| 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? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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. | 11e | | √ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 1 | |
| 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 | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | 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 | 145 | | 1 |
| 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 | | · |
| 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 | - | √ |
| 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 | | <u> </u> |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | 1 |
| ь | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | Forn | 990 | (2012) |

| Part | 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 | √ | |
| 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 | | \ |
| 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 | 00 | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | _ | |
| 270 | \$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 | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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, 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 | | √ |
| 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 | | 1 |
| 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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | √ |
| 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 | | <u> </u> |
| 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 | | · ✓ |
| 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 | | <u>·</u> |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ·/ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | | • |
| | to the term of the control of the co | 90 | * | |

| 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> | | | |
| | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 27 | 1 | | F . |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 1 | 東放 | 1 |
| С | Did the organization comply with backup withholding rules for reportable payments | to vendors and | 7.20 | - | 1 |
| | reportable gaming (gambling) winnings to prize winners? | | 1c | 16.833 | <u> </u> |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 0.00 | | 45.3 |
| _ | Statements, filed for the calendar year ending with or within the year covered by this return | [2a] 13 | | AND 19 | हर स्ट |
| b | If at least one is reported on line 2a, did the organization file all required federal employment | | 2b | 機関 | 1 |
| За | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst Did the organization have unrelated business gross income of \$1,000 or more during the yea. | | 3 3 10. | A. S. B. S. | 1 300 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3a 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature of | | 30 | - | - |
| 70 | over, a financial account in a foreign country (such as a bank account, securities account, | | | | 1 |
| | account)? | | 4a | | √ |
| b | If "Yes," enter the name of the foreign country: ▶ | | 17.6 | 型热型 | 4.4 |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance | ial Accounts. | (A | 34 | 1 |
| 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 | r transaction? | 5b | | 1 |
| С | 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 \$100,0 | | İ | |] |
| _ | organization solicit any contributions that were not tax deductible as charitable contributions | | 6a | <u> </u> | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such | contributions or | | | |
| | gifts were not tax deductible? | | 6b | | 100 000 |
| 7_ | Organizations that may receive deductible contributions under section 170(c). | | | | W. |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor? | partly for goods | | | Si Cul |
| | | • • • | 7a | <u> </u> | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property to | | 7b | | |
| · | required to file Form 8282? | or willer it was | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7a | | Mar 8 | Lake Library |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b | | 7e | | £ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | | 7g | | |
| ĥ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file | • | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a) | (3) supporting | 到数 | 学业 | 17 IT. |
| | organizations. Did the supporting organization, or a donor advised fund maintained by | y a sponsoring | * 3 | 7 | 第二 |
| | organization, have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 12.31 | The second | કું. લાં ર |
| а | Did the organization make any taxable distributions under section 4966? | | 9a | | ļ |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | · · · | 9b | - 1 his | 7451 |
| 10 | Section 501(c)(7) organizations. Enter: | 1 | - 60 | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | ri. | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . | [10b] | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 14401 - 055 005 | 7 | 33 | |
| a b | Gross income from members or shareholders | 11a 3,355,895 | | | 1 |
| • | against amounts due or received from them.) | 11b 38,400 | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or | | 12a | | 1.4 |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 1 | 100 | ٠ . نورا |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 人 | 4 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | 2.02.04 | F |
| _ | Note. See the instructions for additional information the organization must report on Schedule | ∋ O. | 19 | SE SE | 127 |
| ь | Enter the amount of reserves the organization is required to maintain by the states in which | • | 11.2 | 35 | 3 |
| | the organization is licensed to issue qualified health plans | 13b | 1 | | 数 |
| C | Enter the amount of reserves on hand | 13c | | 1 | 来 |
| | | | | | |

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

| Form | aan | (2012) | |
|------|-----|--------|--|

Page 6

| 101111 | 30 (2012) | | | Page C |
|---------|--|-------------|----------|------------|
| Part | , o , and a desire the temperature to initial a time agree to | , and | for a | "No" |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O | | struci | tions. |
| Soct | Check if Schedule O contains a response to any question in this Part VI | · · · | • | <u>. ∠</u> |
| Seci | ion A. Governing Body and Management | | Yes | T No. |
| 1a | Enter the number of voting members of the governing body at the end of the tax year . 1a | c (1300) | 103 | No |
| | If there are material differences in voting rights among members of the governing body, or | 9 | 1 | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O | | 7 | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b | 6 | | |
| 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 | | √ |
| 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 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | ✓ |
| 6 7a | Did the organization have members or stockholders? | 6 | ✓ | <u> </u> |
| ıa | 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 | 1 | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | 1 | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 7b | 184 E.C. | 3517 3 |
| _ | the year by the following: | | 411 | 1 |
| а | The governing body? | 8a | ✓ | 11.77.494 |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 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 | | / |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Reve | nue C | ode.) |) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| 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? | 11a | √ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 26.00 | P |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | V | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | <u> </u> |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | 1 | |
| 13 | Did the organization have a written whistleblower policy? | 13 | 1 | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | <u>,</u> | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | MP. |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 4 |
| а | The organization's CEO, Executive Director, or top management official | 15a | ✓ | |
| b | Other officers or key employees of the organization | 15b | √ | ma Cara |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | √ |
| 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 | | 医-14 |
| Secti | on C. Disclosure | וטטו | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ MT | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | n 501(d | c)(3)s | only) |
| | available for public inspection. Indicate how you made these available Check all that apply. | | | |
| 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 or | | | - ا ا ا |
| | and financial statements available to the public during the tax year. | ıı ınter | est p | опсу, |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records | of the | | |
| | organization. ► SOUTHEAST ELECTRIC COOPERATIVE, INC 110 S MAIN, EKALAKA, MT 59324 406-775-8762 | - | | |

| | (2012) | |
|--|--------|--|
| | | |

Part VII 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. 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 | atic | n c | ompe | ensa | ited any currer | it officer, director | r, or trustee. |
|---|---|-------------------------|-----------------------|----------------------|--------------------------------------|---|---------------------|---------------------------------------|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for | (do n box, office | ot ch unles | Pos neck ss pe | c) ition more rson irect | e than on the than of the than the than the than the than the | one n an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | related organizations below dotted line) | | Institutional trustee | cer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) DAVE HAYDEN | 8 | | | | | | | | | |
| PRESIDENT | | ✓ | | ✓ | | | | 10,008 | | |
| (2) ERLEND LAIRD | 13 | | | | | | | | | |
| VICE PRESIDENT | | ✓ | | ✓ | | | | 13934 | -0-0 | |
| (3) KAREN KREITEL | 5 | | | ١. | | | | | | |
| SECRETARY/TREASURER | | ✓ | | ✓ | | | <u> </u> | 7,440 | | |
| (4) LEROY JARDEE | 2.5 | 1 | | | | | | 7.024 | | |
| DIRECTOR (5) FRANCIS HAVES | | _ | | | | | - | 7,834 | | |
| (5) FRANCIS HAYES DIRECTOR | 6.5 | 1 | | į | | | | 9,126 | | |
| (6) HERBERT SCHELL | 6 | | | | - | | | 9,120 | | |
| DIRECTOR | † | 1 | | | | | ŀ | 3,130 | | |
| (7) ALBERT PAUL | 5 | _ | | | | | | 0,100 | | |
| DIRECTOR | | ✓ | l | | | | | 2,937 | | |
| (8) JACK E HAMBLIN | 40 | | | | | _ | | | | |
| GENERAL MANAGER | | | | 1 | | | | 112,195 | | 100,429 |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | <u> </u> |
| (11) | | | | | | | | | | |
| (12) | | | | | | - | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Par | VII Section A. Officers, Directors, Trus | tees, Key E | mplo | yees | | | lighe | st C | Compensated E | mployees | continu | ued) |
|--------------|--|--|--------|-----------------------|---------|--------------|---------------------------------|-----------------------|--|--------------------------------------|----------|---|
| | hours per officer and a director/trustee) compensation compensation | | | | | | Reportation compensation | n from | (F) Estimated amount of | | | |
| | | week (list any hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizati (W-2/1099-N | ons | other compensation from the organization and related organizations |
| (15) | | | | | | | | | | | | · |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | _ | | |
| (18) | | | | | _ | - | | | | <u>.</u> | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | - | | | | | | |
| (21) | | | | | | | | - | | · | _ | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | t | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b c d | Sub-total | | | • | | · · | • | > > > | 166,604 | | | 100 420 |
| 2 | Total number of individuals (including but reportable compensation from the organi | | | | | | | ► e) w | | ore than \$1 | 00,000 | 100,429 of |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete 8 | ficer, direc | | | | | | emp | oloyee, or high | est compe | nsated | Yes No 3 ✓ |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | NAME OF STREET |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | ation or inc | lividual | 5 / |
| | on B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five highest of compensation from the organization. Repyear | | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of se | ervices | | (C) Compensation |
| RED R | OCK POWER, INC, P O BOX 725, HAVRE, MT | 59501 | | | | | | PO | OWER LINE CON | STRUCT | | 398,273 |
| | | | | | | | | | | | | |
| 2 | Total number of independent contracto | | | | | | | th | nose listed abo | ove) who | | |
| | received more than \$100,000 of compens | ation from | tne or | gan | ızat | ion | <u> </u> | | 1 | | | |

Form 990 (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (D)
Revenue
excluded from tax
under sections
512, 513, or 514 (C) Unrelated business revenue (B) Related or (A) Total revenue exempt function revenue Federated campaigns . 1a Grants and Other Similar Amounts 1b Membership dues . 0 Fundraising events . 1c 0 Contributions, Gifts, Related organizations . 1d 0 Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f Program Service Revenue **Business Code** 2a ELECTRIC SALES 22100 3,355,895 3,355,895 b **GENERATION & TRANS CAP CREDIT** 22100 60,386 60,386 С OTHER CAPITAL CREDITS 22100 7,963 7,963 d All other program service revenue. 19,579 19,579 Total. Add lines 2a-2f 3,443,823 Investment income (including dividends, interest, 3 and other similar amounts) 35,835 35,835 Income from investment of tax-exempt bond proceeds ▶ 4 0 5 Royalties . . . 0 (i) Real (ii) Personal 6a Gross rents 0 Less: rental expenses 0 b 0 Rental income or (loss) С 0 0 d Net rental income or (loss) ▶ (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 0 Less cost or other basis b and sales expenses . Gain or (loss) . 0 Net gain or (loss) Þ 0 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . Less. direct expenses . . . 0 Net income or (loss) from fundraising events С 0 9a Gross income from gaming activities. See Part IV, line 19 . . . 0 Less: direct expenses b 0 Net income or (loss) from gaming activities . 0 Gross sales of inventory, less 10a returns and allowances . . . 18,821 Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . 3413 3413 **Business Code** Miscellaneous Revenue 11a C d All other revenue . Total. Add lines 11a-11d . Total revenue. See instructions. 3,483,071

Part IX Statement of Functional Expenses

| Sectio | on 501(c)(3) and 501(c)(4) organizations must cor | mplete all columns A | II other organizatio | ns must complete co | lumn (A). |
|----------|--|-----------------------|------------------------------------|---|--------------------------------|
| | Check if Schedule O contains a respor | | | | |
| | ot include amounts reported on lines 6b, 7b, o, 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 | 11,745 | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 4,594 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 0 | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 327,580 | | | À. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 224,199 | | | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 611,263 | | | |
| 9 | Other employee benefits | 172,688 | | | |
| 10 | Payroll taxes | 52,423 | | | |
| 11 | Fees for services (non-employees). | | | | |
| а | Management | 0 | | | |
| b | Legal | 140 | | | |
| C | Accounting | 5,162 | | | |
| ď | Lobbying | 429 | alapatani alabah kabba saba | | |
| e f | Professional fundraising services. See Part IV, line 17 Investment management fees | 0 1 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 1,170 | | | |
| 12 | Advertising and promotion | 4,098 | | | |
| 13 | Office expenses | 28,104 | | | |
| 14 | Information technology | 32,996 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 67,527 | | | |
| 17 | Travel | 113,260 | | | <u></u> |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings . | 8,735 | | | |
| 20 | Interest | 130,647 | | | |
| 21 22 | Payments to affiliates | 36,056 303,991 | | | |
| 23 | Insurance | 41,686 | v | | |
| 24 | Other expenses. Itemize expenses not covered | 41,080 | | | |
| | 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 | COST OF POWER | 1,428,264 | | <u> </u> | |
| b | TRANSMISSION & DISTRIBUTION EXPENSE | 25,918 | | | |
| c | LABOR-DEFERRED CREDITS | -103,885 | | | |
| d | LABOR - CAPITALIZED | -215,226 | | | |
| е | All other expenses ACCRUED VACATION | 3,910 | | | _ |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,483,071 | | | |
| 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 following SOP 98-2 (ASC 958-720) | | | | |

| | | Check if Schedule O contains a response to any question in this Part | x | | |
|-----------------------------|----------|---|--------------------------|-----|------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 94,164 | 1 | 282,836 |
| | 2 | Savings and temporary cash investments | 1,252,729 | 2 | 4,025,409 |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | -4,838 | 4 | 52,757 |
| | 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 |
| ķ | 6 | 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 | 0 | 6 | |
| Assets | 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| As | 8 | Inventories for sale or use | 134,352 | 8 | 140,236 |
| | 9 | Prepaid expenses and deferred charges | 2,676 | 9 | 5,520 |
| | 10a | Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 11,753,858 | | | |
| | b | Less: accumulated depreciation 10b 5,749,564 | 5,433,160 | 10c | 6,004,294 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | | 0 |
| | 14 | Intangible assets | 2,466,205 | | 2,512,776 |
| | 15 | Other assets. See Part IV, line 11 | 15,401 | 15 | 4,601 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 9,393,849 | _ | 13,028,429 |
| | 17 | Accounts payable and accrued expenses | 447,225 | | 3,139,622 |
| | 18 | Grants payable | 0 | _ | 0 |
| | 19 | Deferred revenue | 0 | 19 | 0 |
| | 20 21 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| " | | Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, | 0 | | O |
| Liabilities | 22 | trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | 2,503,148 | | 1,770,995 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 55,000 | | 1,493,251 |
| | 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 D | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | 3,005,373 | 26 | 6,403,868 |
| ses | | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. | | | |
| a a | 27 | Unrestricted net assets | 0 | 27 | 0 |
| Ba | 28 | Temporarily restricted net assets | 0 | 28 | 0 |
| þ | 29 | Permanently restricted net assets | 0 | 29 | 0 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. | 40 | | |
| ş | 30 | Capital stock or trust principal, or current funds | 6,388,476 | 30 | 6,624,561 |
| SSe | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | 31 | 0 |
| t A | 32 | Retained earnings, endowment, accumulated income, or other funds . | 0 | 32 | 0 |
| Se | 33 | Total net assets or fund balances | 6,388,476 | | 6,624,561 |
| | 34 | Total liabilities and net assets/fund balances | 9,393,849 | 34 | 13,028,429 |
| | | | | | Form 990 (2012) |

| Form 9 | 90 (2012) | | ' Page 1 2 |
|--------|--|-------------|-------------------|
| Par | t XI Reconciliation of Net Assets | | |
| | 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 | 3,483,07 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,483,07 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,388,47 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | (|
| 7 | Investment expenses | 7 | (|
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 236,08 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | |
| | 33, column (B)) | 10 | 6,624,561 |
| 1 | Check if Schedule O contains a response to any question in this Part XII | | Yes No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | 2a ✓ |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: | ed on a | 2b ✓ |
| С | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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 | ıntant? | 2c ✓ |
| | If the organization changed either its oversight process or selection process during the tax year, ex- | ınlain ın | |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form **990** (2012)

Schedule O.

SCHEDULE D

Supplemental Financial Statements

200

Employer identification number

Open to Public Inspection

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.

SOUTHEAST ELECTRIC COOPERATIVE, INC 81-0228814 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . Aggregate contributions to (during year). 2 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or 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 organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements . . 2a ь Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) R ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: . ▶ \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

| | • |
|------------------|---|
| | Page 2 |
| Pari 3 | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply). |
| a b c 4 | □ Public exhibition □ Scholarly research □ Preservation for future generations □ Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par |
| 5 | XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No |
| Part | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. |
| 1a | Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? |
| b | If "Yes," explain the arrangement in Part XIII and complete the following table: Amount |
| c d e f | Beginning balance |
| 2a | Did the organization include an amount on Form 990, Part X, line 21? |
| rai | (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back |
| 1a b c | Beginning of year balance |
| | Grants or scholarships |
| f g 2 | Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: |
| | Board designated or quasi-endowment ► % Permanent endowment ► % Temporarily restricted endowment ► % The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the |
| b 4 | organization by: (i) unrelated organizations |

| Par | t VI Land, Buildings, and Equipmen | t. See Form 990, P | art X, line 10. | | |
|--------|---|--------------------------------------|------------------------------------|------------------------------|----------------|
| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a | Land | 0 | 68,225 | | 68,225 |
| b | Buildings | 0 | 277,219 | 160,210 | 117,009 |
| С | Leasehold improvements | 0 | 0 | 0 | . 0 |
| d | Equipment | 0 | 11,293,398 | 5,552,952 | 5,740,446 |
| е | Other | 0 | 115,016 | 36,402 | 78,614 |
| Total. | Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, column (B), line 10 | D(c).) ▶ | 6,004,294 |

| Part VII | Investments - Other Securities | s. See Form 990, Part X | , line 12. | |
|--------------------|---|--------------------------|--------------|---|
| (a) | Description of security or category (including name of security) | (b) Book value | | of valuation year market value |
| (1) Financial of | derivatives | | | |
| | eld equity interests | | | |
| (3) Other | | ·- | | |
| (A) | | | | |
| (B) | ···· | | | |
| (C) (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | ···· | | |
| (H) | | | | |
| (I) | | | | |
| Total. (Column (b) |) must equal Form 990, Part X, col. (B) line 12) | <u> </u> | | 建筑,是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一 |
| Part VIII | Investments-Program Relate | ed. See Form 990, Part > | K, line 13. | |
| (a | Description of investment type | (b) Book value | | l of valuation year market value |
| (1) | | | | |
| (2) | | _ | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | | |
| (4) | | | | |
| (5) (6) | | | | |
| (7) | | | | |
| (8) | | | | ······································ |
| (9) | | | | |
| (10) | | | | |
| | must equal Form 990, Part X, col. (B) line 13) | | | |
| Part IX | Other Assets. See Form 990, F | | | |
| | | (a) Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (4) | | | | |
| (5) | | | | |
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| (7) | | | | |
| (8) | | | | |
| (9) | | _ | | |
| (10) | an (h) must agual Farm 000. Part V | and (D) line 15) | | |
| | on (b) must equal Form 990, Part X, Other Liabilities. See Form 990 | | <u> </u> | |
| 1. | (a) Description of liability | (b) Book value | | 是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 |
| (1) Federal in | | (-, | | |
| (2) | | | | |
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| (4) | | | | |
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| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | - | | | The second second |
| | | | | |
| (11) | must equal Form 990, Part X, col. (B) line 25.) | | | |

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Schedu | e D (Form 990) 2012 | | | | Page 4 |
|---------|---|---------|----------------------------|---------------|---------------|
| Part | XI Reconciliation of Revenue per Audited Financial Stateme | ents | With Revenue per | Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,508,364 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | 2a | 0 | | |
| b | Donated services and use of facilities | 2b | 0 | | |
| С | Recoveries of prior year grants | 2c | 0 | | |
| d | Other (Describe in Part XIII) | 2d | 685,272 | | |
| е | Add lines 2a through 2d | | | 2e | 685,272 |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,823,092 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . | 4a | o | | |
| b | Other (Describe in Part XIII) | 4b | 659,979 | | |
| С | Add lines 4a and 4b | | | 4c | 659,979 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | | 5 | 3,483,071 |
| Part | XII Reconciliation of Expenses per Audited Financial Statem | nents | With Expenses pe | r Return | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,114,910 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facilities | 2a | 0 | | |
| b | Prior year adjustments | 2b | 0 | | |
| C | Other losses | 2c | 0 | | |
| d | Other (Describe in Part XIII) | 2d | 499,494 | | |
| е | Add lines 2a through 2d | | | 2e | 499,494 |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,615,416 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 | | |
| b | Other (Describe in Part XIII) | 4b | 867,655 | | |
| С | Add lines 4a and 4b | | | 4c | 867,655 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | e 18.) | | 5 | 3,483,071 |
| Part | | | | | |
| Comp | ete this part to provide the descriptions required for Part II, lines 3, 5, and | 9; Pa | rt III, lines 1a and 4; Pa | art IV, lines | s 1b and 2b; |
| Part V | line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b | . Also | complete this part to | provide a | ny additional |
| ınform | ation | | | | |
| XI 2D - | NOVEMBER AND DECEMBER, 2011, INTEREST, ELECTRIC REVENUE, PLUS C | CAPIT | AL CREDITS ALLOCAT | ED TO US. | |
| | | | | | |
| XI 4B - | NOVEMBER AND DECEMBER, 2012 INTEREST, PLUS ELECTRIC REVENUE AI | ND CA | PITAL CREDITS ALLO | CATED TO | US |
| | | | | | |
| XII 2D | NOVEMBER & DECEMBER, 2011 EXPENSES PLUS CAPITAL CREDITS ALLOC | CATE | TO MEMBERS. | | |
| | | | | | |
| XII 4B | NOVEMBER AND DECEMBER, 2012 EXPENSES PLUS CAPITAL CREDITS ALL | LOCA. | TED TO MEMBERS. | | |
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| Schedule D (Foi | rm 990) 2012 | Page 5 |
|-----------------|---|---|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

tne United States rm 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2012

Open to Public Inspection

| SOUTHEAST ELECTRIC COOPERATIVE INC | TIVE INC | | | | | | |
|---|--|--|---|---------------------------------------|--|--|---|
| Part General Information on Grants and Assi | on Grants and | Assistance | | | | _ | 91-0228814 |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orters used to award the grants or assistance? | ntain records to subsite or award the grants | stantiate the amount | ınt of the grants or | assistance, the g | rantees' eligibility | for the grants or assistanc | ; |
| Desc | anization's procedur | es for monitoring | the use of grant fur | nds in the United | States. | | · · · · · · · · · · · · · · · · · · · |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | Assistance to Go | vernments and received more th | Organizations i nan \$5,000. Part | in the United St Il can be duplica | ates. Complete | If the organization answ space is needed. | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. |
| 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) ENERGY SHARE OF MONTANA HELENA, MT | | | 9,657 | 0 | 0 N/A | N/A | ASSIST WITH I OW INCOME |
| (2) | • | | | | | | |
| (2) | - | | | | | | |
| (4) | - | | | | | | |
| (5) | ŗ | | | | | | |
| (9) | - | | | | | | |
| (ع) | | | | | | | |
| (8) | | | | | | | |
| (6) | - | | | | | | |
| (10) | - | | | | | | |
| (11) | • | | | | | | |
| (12) | | | | | | | |
| Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table | on 501(c)(3) and governous listed | ernment organizaring in the line 1 table | tions listed in the li | ne 1 table | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | , see the Instructions | for Form 990. | | Ca | Cat No 50055P | | Schedule I (Form 990) (2012) |

| י מון ווו סמוו ו | Part III can be duplicated it additional space is need | I space is needed. | | Part III can be duplicated if additional space is needed. | | |
|---|---|--------------------------------------|--------------------------------------|---|---|--|
| (a) Type of gra | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| - | | | | | | ~ |
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| 4 | | | | | | |
| 5 | | | | | | |
| 9 | | | | | | |
| 7 Part IV Supplement information. | tal Information. Complet | te this part to prov | vide the information | on required in Part I, | lne 2, Part III, column (b) | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. |
| KGY SHARE OF MONT, | ENEKGY SHARE OF MONTANA IS THE RECEIPIENT OF FUNDS TO BE US SUBMIT AN APPLICATION TO ACTION FOR EASTERN MONTANA TO SEE | FUNDS TO BE USED ONTANA TO SEE IF | BY OUR QUALIFYIN THEY QUALIFY FOR | G MEMBERS FOR ASSI THE LIEAP ASSISTANC | STANCE WITH ELECTRIC BII E. AFTER REVIEW OF THE A | IED BY OUR QUALIFYING MEMBERS FOR ASSISTANCE WITH ELECTRIC BILLS. OUR LOW INCOME MEMBERS IF THEY QUALIFY FOR THE LIEAP ASSISTANCE. AFTER REVIEW OF THE APPLICATION BY ACTION FOR |
| STERN MONTANA, FUNC |)S ARE RELEASED BY ENER | GY SHARE OF MONT | TANA AND A CHECK | IS ISSUED TO SOUTHE | AST ELECTRIC COOPERATI | EASTERN MONTANA, FUNDS ARE RELEASED BY ENERGY SHARE OF MONTANA AND A CHECK IS ISSUED TO SOUTHEAST ELECTRIC COOPERATIVE, INC. TO BE APPLIED TO EACH |
| QUALIFYIED INDIVIDUAL'S ACCOUNT. | ACCOUNT. | | | | | |
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| | | | | | | 3. |

SCHEDULE J. (Form 990)

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

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

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number SOUTHEAST ELECTRIC COOPERATIVE, INC
Part I Questions Regarding Compensation 81-0228814

| | | | Yes | No |
|---------|--|------|----------|---------------------------|
| 1a b | 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 | を記ると | | |
| | explain | 1b | *124 | F F mg br |
| 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 | en e | \$ 150 T 10 B |
| 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 Approval 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 | Capt. | 1 |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | 7 |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | 1 |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 1.00 | | 强聚为 |
| 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 compensation contingent on the revenues of: | | | |
| а | The organization? | 5a | | |
| b | Any related organization? | 5b | WE 25 15 | 7 7-3 |
| 6 | If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| а | The organization? | 6a | | |
| b | Any related organization? | 6b | | • • |
| 7 | If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III | 7 | | ر 1 پيروبري¥ا اد د کښا |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | | | |
| 9 | In Part III | 8 | | |
| 3 | 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 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.

| (B) Breakdown of W-2 and/or 1099-MISC commensation | | (B) Breakdown o | f W-2 and/or 1099-MIS | SC compensation | 2011 (10112) (III) | מי מאלום מים מים מים מים מים מים מים מים מים מי | יין (בי) מיים (בי) מיים | יים הימי ווימי ווימים |
|--|------------|---|---|---|---|---|-------------------------|---|
| | | | | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Companyation |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)+(D) | reported as deferred in prior Form 990 |
| | Θ | 112,195 | 500 | 867 | 71,820 | 20,714 | 204.729 | |
| 1 JACK HAMBLIN, GEN MANAGER | | | | | 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | |
| | € | 13,934 | 0 | 0 | 0 | 0 | 13,934 | |
| 2 ERLEND LAIRD, VICE PRES/DIR | (E) | | | | 1 | | | |
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SCHEDULE 0 ' (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| SOUTHEAST ELECTRIC COOPERATIVE, INC | 81-0228814 |
|--|----------------------------------|
| PART VI SECTION A 6 - SOUTHEAST ELECTRIC COOPERATIVE, INC. HAS ONE CLASS OF MEMBERS | HIP WHICH IS EFFECTIVE UPON |
| RECEIPT OF ELECTRIC SERVICE. | |
| SECTION A 7A - ALL MEMBERS ARE ELIGIBLE TO VOTE FOR OR ELECT MEMBERS FOR THE BOARD | OF DIRECTORS. |
| SECTION A 7B- ALL MEMBERS HAVE A RIGHT TO VOTE ON AND APPROVE CHANGES PROPOSED T | O THE BY-LAWS MEMBERS ALSO |
| ELECT THE BOARD OF DIRECTORS. | |
| PART VI SECTION B 11B - THE COMPLETED FORM 990 WAS PRESENTED TO THE BOARD OF DIRECT | ORS AT THEIR REGULAR MONTHLY |
| MEETING AFTER REVIEW BY THE BOARD, THE SECRETARY SIGNED FORM 990. | |
| SECTION B 12C- THE CONFLICT OF INTEREST POLICY IS REVIEWED ON AN ANNUAL BASIS. EACH | BOARD MEMBER IS REQUESTED TO |
| COMPLETE AND SIGN THE CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE. | |
| SECTION B 15 A&B - THE GENERAL MANAGER GETS THE MONTANA ELECTRIC COOPERATIVE ASS | OCIATION'S DATA ON SALARIES FOR |
| STATE COOPERATIVES A SUMMARY IS THEN PRESENTED TO THE BOARD WITH THE FULL SCHED | ULE AVAILABLE TO THE BOARD OF |
| DIRECTORS. THE BOARD OF DIRECTORS THEN ACTS ON THE COMPENSATION FOR ALL EMPLOYE | ES INCLUDING THE GENERAL MGR |
| PART VI SECTION C 19- ALL GOVERNING DOCUMENTS, BY-LAWS, CONFLICT OF INTEREST POLICY, | TAX DOCUMENTS AND FINANCIAL |
| STATEMENTS ARE KEPT AT THE OFFICE OF SOUTHEAST ELECTRIC COOPERATIVE, INC, 110 S MAI | N ST, EKALAKA, MT 59324, AND ARE |
| AVAILABLE UPON REQUEST. | |
| PART XI 9-CHANGES IN NET ASSESTS INCLUDES: MEMBER PATRONAGE \$327,440; MINUS GENERAL | L RETIREMENTS \$59,060; MINUS |
| ESTATE RETIREMENTS \$32,220; MINUS REFUNDED MEMBERSHIPS \$75. | · |
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