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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the 2	2013 cal	endar year, or tax year beginning 01-01-2013 , 2013, and ending	j 12-31-2013			
_		plicable	C Name of organization SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC		D Emplo	yer ider	ntification number
_	Iress cha	-	Doing Business As		86-00	59728	3
	ne char	_					
_	ıal retur		Number and street (or P O box if mail is not delivered to street address) Ro 350 N HASKELL	oom/suite	E Telepho	ne num	ber
	mınated				(520)	384-2	221
	ended r		City or town, state or province, country, and ZIP or foreign postal code WILLCOX, AZ 85643				
J App	lication	pending			G Gross r	eceipts \$	110,762,836
			F Name and address of principal officer CREDEN HUBER		this a group	return	
			350 N HASKELL	sı	ibordinates?		Γ Yes Γ No
			WILLCOX,AZ 85643		e all subordi	nates	┌ Yes ┌ No
	x-exem	pt status	501(c)(3)		cluded? "No " attach	a list	(see instructions)
		<u> </u>					
			/W SSVEC ORG	H(c) G	roup exempt	ion nun	nber 🗠
			✓ Corporation Trust Association Other ►	L Year o	f formation 19	38 M	State of legal domicile AZ
Pa	rt I	Sum	mary				
		,	escribe the organization's mission or most significant activities	DEDC OF THE CA	00 DEDATIV	-	
	-	O PRO	VIDE QUALITY AND RELIABLE ELECTRIC SERVICE TO MEME	SERS OF THE CO	JOPERATIV	<u> </u>	
<u>မ</u> ွ	-						
፸							
₹	2 0	Check th	nis box $lacktriangler$ if the organization discontinued its operations or dispo	osed of more tha	n 25% of its	net as	sets
ŝ	l						
2 ර රා			of voting members of the governing body (Part VI, line 1a)			3	12
ĕ			of independent voting members of the governing body (Part VI, lir mber of individuals employed in calendar year 2013 (Part V, line	•		5	12
Activities & Governance			mber of volunteers (estimate if necessary)			6	240
đ			related business revenue from Part VIII, column (C), line 12			7a	282,370
			elated business taxable income from Form 990-T, line 34			7b	212,449
				1	Prior Year	<u> </u>	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)	—		0	0
≘	9		am service revenue (Part VIII, line 2g)		110,816,	193	109,514,136
Revenu	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		336,	509	175,934
æ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,051,8	351	1,011,321
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A	• •	112,204,	= = =	110,701,391
	13		s and similar amounts paid (Part IX, column (A), lines 1–3).	l l	192,6		209,293
	14		ts paid to or for members (Part IX, column (A), line 4)		5,209,		5,373,075
	15		es, other compensation, employee benefits (Part IX, column (A), I		3,203,.	-	3,3,3,0,3
\$		5-10)			10,279,	378	11,227,464
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	· ·		0	0
ਡੌ	Ь		indraising expenses (Part IX, column (D), line 25) \blacktriangleright 0				
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		96,522,		93,891,559
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line		112,204,		110,701,391
. 07	19	Reven	ue less expenses Subtract line 18 from line 12		sing of Coope	0	0
Not Assets or Fund Balances				Begini	ning of Curre Year	nt	End of Year
55 e	20	Total	assets (Part X, line 16)		280,477,6	581	285,519,336
절절	21	Total I	liabilities (Part X, line 26)		196,240,6	521	196,354,857
ž2	22	Net as	ssets or fund balances Subtract line 21 from line 20		84,237,	060	89,164,479
Par	t II	Sign	ature Block				
my kr	nowled	ge and i	perjury, I declare that I have examined this return, including acco belief, it is true, correct, and complete Declaration of preparer (of nowledge				
		****	**		2014-11-06		
Sign	1	I B	ature of officer		Date		
Here			DEN HUBER CEO/GENERAL MANAGER				
		<u> </u>	or print name and title				
_	_		Print/Type preparer's name Preparer's signature Matt R Willis		Check 🔽 ıf self-employed	PTIN P00419	741
Paid	I	F	Firm's name BOLINGER SEGARS GILBERT AND MOSS LLP		Firm's EIN 🕨 7.	L	

Firm's address ► 8215 NASHVILLE AVENUE

LUBBOCK, TX 79423

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

Preparer

Use Only

Phone no (806) 747-3806

✓ Yes ☐ No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	- 1	Yes	 No
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 397		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
la	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)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		N o
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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 7d	7.0		
-	74 Test, indicate the number of forms of 202 med during the year 1 1 1 1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
u b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
c	Enter the amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	j	No
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule 0	14h		

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

see instructions.							
Check if Schedule O contains a response or note to any line in this Part VI							.IZ

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or 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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶AZ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

- Own website Another's website Vupon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CREDEN HUBER 350 N HASKELL AVE WILLCOX, AZ 85643 (520) 384-2221

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) KATHRYN THATCHER	10 00	х		Х				11,350	0	0
PRESIDENT	1 00	^		^				11,550		0
(2) LESLIE THOMPSON	11 00	х		Х				11,550	0	0
VICE PRESIDENT	1 00							,-30		
(3) HAROLD HINKLEY	4 20	х		х				9,675	0	0
SECRETARY (4) DANIEL BARRERA	1 00									
TREASURER	6 00	х		х				5,100	0	0
(5) PAT ENGLISH	1 00 5 70									
		Х						13,625	0	0
DIRECTOR (6) JOSEPH FURNO	1 00 6 30									
		Х						10,100	0	0
DIRECTOR (7) DONALD GENE MANRING	1 00 10 50									
		Х						15,275	0	0
DIRECTOR (8) DONALD KYTE	1 00 5 00									
		Х						6,150	0	0
DIRECTOR (9) DAVID LUNA	1 00 10 00									
		Х						13,950	0	0
DIRECTOR (10) CURTIS NOLAN	1 00 7 30									
		х						7,300	0	0
DIRECTOR (11) ARCHIE CMTH	1 00									
(11) ARCHIE SMITH	6 60	х						2,850	0	0
DIRECTOR (1/2013 - 4/2013)	1 00									
(12) SANDRA HUNTINGTON	10 70	х						10,300	0	0
DIRECTOR (5/2013 - 12/2013)	1 00									
(13) EDWARD MOLINA	5 00	х						11,250	0	0
DIRECTOR	1 00							,		
(14) CREDEN HUBER	48 00			х				341,297	0	165,042
CEO/GENERAL MANAGER								,		
(15) KIRBY CHAPMAN	45 00			х				224,401	0	95,611
CFO & ADMIN OFFICER								== 1, 102		
(16) ANSELMO TORRES	50 00				×			193,155	0	-26,988
CHIEF OPERATIONS & ENGINEERING OFFICER					Ĺ			173,133		20,300
(17) JACK BLAIR	45 00				×			177,864	0	40,626

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensati from relate organization	on d ns	(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)	<i>}</i> -	organiz and re organiz	lated
(18)	RON OROZCO	44 00					X		143,80	9	0		53,085
	NEERING MANAGER						ļ		- 10,00				
(19)	ORSON GARNSEY	44 00					x		121,26	1	0		41,307
	NAGER EILEEN BRIEN	42.00				-	1						
. ,		43 00					x		121,16	1	0		12,336
	T GRID PROGRAM MANAGER JAMES GROSS	43 00				1							
. ,	ROLLER						×		116,27	7	0		36,776
	LAINIE KELTNER	44 00				1	+						
CUST	OMER SERVICE MANAGER						X		113,98	3	0		-65,75
						-	-						
						+							
1b	Sub-Total			<u>. </u>			<u> </u>		<u> </u>		\top		
c	Total from continuation sheets to Part	VII, Section A					▶				\top		
d	Total (add lines 1b and 1c)						▶		1,681,686		0		352,044
2	Total number of individuals (including b \$100,000 of reportable compensation				ed a	bov	e) who	rec	eived more than		•		
										_		Yes	No
3	Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>			e, ke [.]	y en	nplo •	yee, o	r hig	ghest compensat	ed employee	3		No
4	For any individual listed on line 1a, is the organization and related organizations of individual									rom the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?									individual for	5		No
Se	ection B. Independent Contracto	ors											
1	Complete this table for your five highes	t compensated											
	compensation from the organization Re	port compensa	tion foi	rthe	cale	enda	ır yeaı	renc	ing with or withir	the organizati	on's	tax year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
POWER ENGINEERS 3940 GLENBROOK DR HAILEY ID 83333	ENGINEERING & CONSULTING SERVICES	601,944
OSG BILLING SERVICE PO BOX 5895 ENGLEWOOD NJ 07631	BILLING SERVICE	458,265
LINCUS INC 8727 S PRIEST DR 103 TEMPE AZ 85285	ENGINEERING SERVICES - DEMAND SIDE MANAG	278,041
JIM'S ELECTRIC PO BOX 4592 BISBEE AZ 85603	ELECTRICIAN SERVICES	258,537
ASPLUNDH PO BOX 827464 PHILADELPHIA PA 19182	TREE TRIMMING SERVICES	252,153

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶14

Form 99		•						Page 9
Part V	/##1	Statement o	of Revenue ule O contains a respon	se or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ £	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	ies 1b					
Ģ Ğ	С	Fundraising eve	ents 1 c					
Giffs, nilar An	d	Related organiz	zations 1d					
°, G ⊞::	e	Government grant	s (contributions) 1e					
io I Si	f		ons, gifts, grants, and 1f					
but	_	similar amounts no	ot included above ons included in lines					
Contributions, Giffs, Grants and Other Similar Amounts	g	1a-1f \$						
<u>ပ</u> မ	h	Total. Add lines	s 1 a - 1 f	· · · · •				
an		5150TD10TD1015		Business Code				
ven	2a b	ELECTRICITY SALE		221000	103,399,949	103,399,949		
2 <u>年</u>	°	PATRONAGE DIVID DISTRIBUTION SER		221000 221000	3,970,744 1,531,472	3,970,685 1,531,472	59	
r we	d	SERVICE FEES	· ·	221000	611,971	611,971		
જુ	e			221000	311,371	311,371		
Program Service Revenue	f	All other progra	am service revenue					
Š	a	Total. Add lines	s 2a-2f		109,514,136			
	3	Investment inc	ome (including dividence	ls, ınterest,	175,934			175,934
	4		ar amounts) stment of tax-exempt bond p	t e e e e e e e e e e e e e e e e e e e	173,534			173,534
	5	Royalties			110			110
			(ı) Real	(II) Personal				
	6a	Gross rents	7,380	721,520				
	Ь	Less rental expenses		721 520				
	c	Rental income or (loss)	7,380	721,520	720,000			720,000
	d	Net rental inco	me or (loss) (i) Securities	(II) O ther	728,900			728,900
	7a	Gross amount	(I) Securities	(II) O thei				
		from sales of assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	d	Gain or (loss)	[
	8a	Gross income f	-	· · · · · · · · · · · · · · · · · · ·				
ΞE		events (not inc \$	luding					
Other Revenue		of contributions	reported on line 1c)					
ά		See Part IV, lin	a a					
the	ь	Less direct ex	penses b					
0	С		(loss) from fundraising e	events 🛌				
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19					
			a					
	b c		penses b (loss) from gaming activ	utios				
		Gross sales of		rities				
		returns and allo	owances .	119,023				
	Ь	less costofa	a oodssold b	61,445				
			(loss) from sales of inve		57,578		57,578	
		Miscellaneous	s Revenue	Business Code				
		INTERNET CO	MMISSIONS	519100	220,475		220,475	
	b	OUTSIDE SER	———— <u> </u>	811000 517000	3,992 		3,992 266	
	d	PHONE CARD All other reven	·	21,000	200		200	
	e	Total. Add lines	L	🕨				
	12		See Instructions		224,733			
]				110,701,391	109,514,077	282,370	904,944

	770 (2013)				Page 10
	Statement of Functional Expenses	- L		1-4	
sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this		(B)	(c)	. \.\tag{D}
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	209,293			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	5,373,075			
5	Compensation of current officers, directors, trustees, and key employees	1,339,483			
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	6,126,901			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,656,575			
9	Other employee benefits	1,574,225			
10	Payroll taxes	530,280			
11	Fees for services (non-employees)				
а	Management				
ь	Legal				_
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,348,635			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,249,609			
23	Insurance				
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	PURCHASED POWER	62,412,496			
b	DISTRIBUTION EXPENSE	8,304,167			
c	ADMIN & GENERAL EXP	2,491,537			
d	UNRELATED BUS INC TAX	54,062			
е	All other expenses	4,031,053			
25	Total functional expenses. Add lines 1 through 24e	110,701,391			
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

	τχ	Check if Schedule O contains a response or note to any line in	n this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			508,987	1	991,037
	2	Savings and temporary cash investments			881,161	2	321,081
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,444,707	4	8,420,987
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Fischedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons ($4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	ibuting employers		6		
82	7	Notes and loans receivable, net			186,058		192,525
ď	8	Inventories for sale or use			3,598,057	8	2.644.314
	9	Prepaid expenses and deferred charges			2,271,992		1.915.124
	10a	· · · · ·		 I	2,211,992	9	1,915,124
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	330,089,595			0.47 440 000
	b	Less accumulated depreciation	10b		217,856,553		217,412,062
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11		•	41,785,187	13	45,114,956
	14	Intangible assets		• •		14	
	15	Other assets See Part IV, line 11			8,944,979	15	8,507,250
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			280,477,681	16	285,519,336
	17	Accounts payable and accrued expenses			6,576,798	17	5,958,647
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ø	21	Escrow or custodial account liability Complete Part IV of Sci	hedule	D		21	
Liabilitie	22	Loans and other payables to current and former officers, directed employees, highest compensated employees, and disqua		trustees,			
qе		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parti	es .		173,355,617	23	174,016,290
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P	art X	of Schedule			
		D			16,308,206	25	16,379,920
	26	Total liabilities. Add lines 17 through 25			196,240,621	26	196,354,857
S do S		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	⊢ aι	nd complete			
Ē.	27	Unrestricted net assets				27	
<u>8</u>	28	Temporarily restricted net assets				28	
Fund Balance	29	Permanently restricted net assets				29	_
Ē		Organizations that do not follow SFAS 117 (ASC 958), check	here 🕨	⊦ 🔽 and			
<u>~</u>		complete lines 30 through 34.					
Š	30	Capital stock or trust principal, or current funds			191,875	30	191,620
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
AS	32	Retained earnings, endowment, accumulated income, or other	funds		84,045,185	32	88,972,859
Ř	33	Total net assets or fund balances			84,237,060	33	89,164,479
_	34	Total liabilities and net assets/fund balances	<u>.</u> .	<u></u>	280,477,681	34	285,519,336

Par	rt XI Reconcilliation of Net Assets				-9
	Check if Schedule O contains a response or note to any line in this Part XI		•	<u> </u>	·
1	Total revenue (must equal Part VIII, column (A), line 12)	.		110,7	701,391
2	Total expenses (must equal Part IX, column (A), line 25)	2		110,7	701,391
3	Revenue less expenses Subtract line 2 from line 1	. 3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		84,2	237,060
5	Net unrealized gains (losses) on investments	5		<u> </u>	· · · · · · · · · · · · · · · · · · ·
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		4,9	927,419
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			164,479
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				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," explain in Schedule O	<u> </u>			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both	r reviewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on basis, consolidated basis, or both	a separate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for ovaudit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	plaın ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort Single Audit Act and OMB Circular A-133?	h ın the	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	Yes	

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DLN: 93493321057854

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► 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. ▶ Information about Schedule D (Form 990)

Supplemental Financial Statements

Open to Public

and its instruct	tions is at <u>www.irs.gov/form990</u> .		Inspection
initiation		Emp	oloyer identification number
VALLEY ELECTRIC COOPERATIVE INC		86-	0059728
	(a) Donor advised funds		(b) Funds and other accounts
r at end of year			
ontributions to (during year)			
, , ,			
·			
e organization's property, subject to the or	rganization's exclusive legal control?		☐ Yes ☐ No
- · · · · · · · · · · · · · · · · · · ·			
servation Easements. Complete ıf	the organization answered "Yes"	to Forr	n 990, Part IV, line 7.
ntion of land for public use (e g , recreation on of natural habitat ntion of open space nes 2a through 2d if the organization held a	or education) Preservation of a Preservation of a	certifie	d historic structure
Title last day of the tax year			Held at the End of the Year
r of conservation easements		2a	
ge restricted by conservation easements		2b	
onservation easements on a certified histo	oric structure included in (a)	2c	
onservation easements included in (c) acc cture listed in the National Register	quired after 8/17/06, and not on a	2d	
onservation easements modified, transferr	red, released, extinguished, or terminat	ed by th	ne organization during
tates where property subject to conservat	ıon easement ıs located ▶		
ganization have a written policy regarding to the conservation easements it holds?	the periodic monitoring, inspection, har	ıdlıng o	f violations, and Yes No
unteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments (during the year
xpenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year
onservation easement reported on line 2(of 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)
et, and include, if applicable, the text of th	e footnote to the organization's financia		
		or Ot	her Similar Assets.
historical treasures, or other similar asse	ts held for public exhibition, education,	orrese	earch in furtherance of public
zation elected, as permitted under SFAS 1 historical treasures, or other similar asse	.16 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	nent and balance sheet
s included in Form 990, Part VIII, line 1			► \$
ncluded in Form 990, Part X			▶ \$
zation received or held works of art, histor			
cluded in Form 990, Part VIII, line 1			► \$
ided in Form 990, Part X			<u>-</u>
	Inization Maintaining Donor Admization answered "Yes" to Form 990 and at a tend of year contributions to (during year) and at end of year contributions to (during year) and at end of year contributions to (during year) and at end of year contribution inform all donors and donor advisses a organization's property, subject to the organization inform all grantees, donors, and donor charitable purposes and not for the benefit permissible private benefit? Servation Easements. Complete in the focinity of conservation easements held by the organization of land for public use (e.g., recreation on of natural habitat and the last day of the tax year. For conservation easements are restricted by conservation easements are restricted by conservation easements are restricted by conservation easements. The conservation easements modified, transfer the conservation easements modified, transfer the conservation easements modified, transfer the conservation easements included in (c.) according to the conservation easements included in the National Register conservation easements included in the National Register conservation easements included in the National Register conservation easements modified, transfer the conservation easements included in the National Register conservation have a written policy regarding of the conservation easements in tholds? unteer hours devoted to monitoring, inspecting of the conservation easement reported on line 2(170(h)(4)(B)(II)? Adescribe how the organization reports coet, and include, if applicable, the text of the footnote of the conservation easement reported on line 2(170(h)(4)(B)(II)? Adescribe how the organization reports coet, and include, if applicable, the text of the footnote of the conservation easement reported on line 2(II). The conservation easement reported on the footnote of the footn	Inizations Maintaining Donor Advised Funds or Other Similar Finzation answered "Yes" to Form 990. Part IV, line 6. (a) Donor advised funds r at end of year intributions to (during year) ratists from (during year) ratistic inform all donors and donor advisors in writing that the assets held in doi re organization's property, subject to the organization's exclusive legal control? restration from all grantees, donors, and donor advisors in writing that grant funds rechartable purposes and not for the benefit of the donor or donor advisor, or for a repermissible private benefit? of conservation Easements. Complete if the organization answered "Yes" of conservation easements held by the organization (check all that apply) tion of land for public use (e.g., recreation or education) Preservation of a restricted by conservation held a qualified conservation contribution in the last day of the tax year or of conservation easements recreated by conservation easements included in (c) acquired after 8/17/06, and not on a cture listed in the National Register recreated by conservation easements included in (c) acquired after 8/17/06, and not on a cture listed in the National Register recreated by conservation easements in the property subject to conservation easement is located by recreated by the conservation easements in the property subject to conservation, and enforcing conservation easement recreated by the conservation easement in the property of the conservation easement in the property of the conservation easement in the property of the proper	ALLY ELECTRIC COOPERATIVE INC Semizations Maintaining Donor Advised Funds or Other Similar Funds inization answered "Yes" to Form 990, Part IV, line 6. The stand of year

	sing the organization's acquisition, access									
	ollection items (check all that apply)	on, and other records	, check	any	of the fo	llowing that ar	e a	sıgnıfıcant use	of its	
a 🦵	Public exhibition		d [Loa	an or ex	change progra	ms			
ь Г	Scholarly research		е Г	Ot	her					
с Г	Preservation for future generations									
	rovide a description of the organization's co art XIII	ollections and explain	how the	ey fur	ther the	organization's	s ex	empt purpose ı	n	
	uring the year, did the organization solicit								_ Yes	□ No
Part 1	ssets to be sold to raise funds rather than t Escrow and Custodial Arrang	•								1 140
	Part IV, line 9, or reported an an					on answered				
1a Is	s the organization an agent, trustee, custod Icluded on Form 990, Part X?	ıan or other ıntermedı	ary for	contr	ributions	or other asse	ts r		_ Yes	┌ No
b If	"Yes," explain the arrangement in Part XII	I and complete the fo	llowing	table	!					
						H.		Am	ount	
_	eginning balance						Lc Ld			
, ,	dditions during the year					<u> </u>	le			
_	Distributions during the year					_	le Lf			
_	nding balance	awaa 000 Dawb V lina '	112			L-	<u>., </u>		Yes	
	ıd the organization include an amount on Fo							·		I NO
	"Yes," explain the arrangement in Part XII		-			-				<u>'</u>
Part	V Endowment Funds. Complete	(a)Current year	answer (b) Prior						(e)Four y	ears back
1a B	eginning of year balance		. ,	,		,	, ,		, ,	
b C	ontributions									
c N	et investment earnings, gains, and losses									
d G	rants or scholarships									
	ther expenditures for facilities									
	nd programs									
	dministrative expenses									
_	nd of year balance									
	rovide the estimated percentage of the curi	ent year end balance	(line 1	g, col	umn (a)) held as				
	oard designated or quasi-endowment 🕨									
b P	ermanent endowment ►									
	emporarily restricted endowment ►	1000/								
	he percentages in lines 2a, 2b, and 2c sho			-			£	.h.		
	re there endowment funds not in the posse: rganization by	ssion of the organizati	on that	are r	ieia ana	administered	тоr	ine	Yes	No
(i) unrelated organizations							3a(i)	
•	i) related organizations							3a(i	i)	<u> </u>
	"Yes" to 3a(II), are the related organizatio	· · · · · · · · · · · · · · · · · · ·					•	3b		<u> </u>
	escribe in Part XIII the intended uses of th					word West	to.	Form 000 Do	+ T\/	
Part \	Land, Buildings, and Equipme 11a. See Form 990, Part X, line 3		e orga	IIIZat	.1011 a115	wered tes	ιο	roffii 990, Pa	rt 1V, II	iie
	Description of property				or other estment)	(b)Cost or other)		(c) Accumulated depreciation	(d) Bo	ook value
1a Lar	nd					2,296,5	554			2,296,554
b Bui	ldıngs					11,773,5	_	3,819,934		7,953,575
c Lea	asehold improvements									
	uipment						-60			
d Equ	aipinent		· L			305,517,2	69	108,857,599	19	96,659,670
e Oth	ner	· · · · · · · ·				10,502,2	_	108,857,599	 	96,659,670

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Con	ı nplete ıf the organızatıor	ı n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
See Additional Data Table			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization (a) Descrip		, Part IV , line 11d See	Form 990, Part X, line 15 (b) Book value
(2)			(2) 20011 1212
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	ization answered 'Yes' to	o Form 990, Part IV, I	line 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
CONSUMER DEPOSITS	2,760,400		
ACCUMULATED PROVISION - PENSIONS & BENEFITS	2,246,570		
OTHER CURRENT & ACCRUED LIABILITIES	7,615,692		
DEFERRED CREDITS	3,757,258		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	16,379,920		
2 Liability for uncertain tay positions In Part XIII provide t		a arganization's financia	I

Par		Revenue per Audited Financial Statements With Revenue p wered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if
1		er support per audited financial statements	1	
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains on inves	tments		
ь	Donated services and use of	facilities		
c	Recoveries of prior year grant	zs		
d)		
e	Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line 12)	5	
Part		xpenses per Audited Financial Statements With Expenses	per	Return. Complete
		nswered 'Yes' to Form 990, Part IV, line 12a.		<u> </u>
1		er audited financial statements	1	
2		ut not on Form 990, Part IX, line 25		
a		facilities	-	
b	, -		1	
с	Other losses		1	
d	,)	1	
e	J		2e	
3			3	
4		00, Part IX, line 25, but not on line 1:		
a		luded on Form 990, Part VIII, line 7b 4a	-	
b	•)	١.	
_ C			4c	
5 Par	Supplemental In	nd 4c. (This must equal Form 990, Part I, line 18)	5	
Prov Part	ide the descriptions required fo	r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b , lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
Part X	, Line 2	THE COOPERATIVE ADOPTED THE "UNCERTAIN TAX POSITIONS" IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION REVENUE SERVICE, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE SETTLEMENT WITH TAXING AUTHORITIES	STAT STAT RE LIK N BY T	ES OF AMERICA FUS AS A TAX ELY THAN NOT THE INTERNAL
SCHE	DULE D	Part IX THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PAEQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 9916, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUPART IX HAS BEEN LEFT BLANK	0, PA	GE 11, PART X, LINE

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 86-0059728

Name: SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE

INC

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

(a) Description of investment type

(b) Book value

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) PATRONAGE CAPITAL - AEPCO	36,025,031	С
(2) PATRONAGE CAPITAL - CFC	2,294,901	С
(3) PATRONAGE CAPITAL - NISC	35,653	С
(4) PATRONAGE CAPITAL - NRTC	39,984	С
(5) PATRONAGE CAPITAL - FEDERATED	297,566	С
(6) PATRONAGE CAPITAL - CRC	12,846	С
(7) COBANK EQUITY INVESTMENT	202,326	С
(8) ASSOCIATED ORGANIZATIONS - GENERAL FUNDS	2,001,010	С
(9) ASSOCIATED ORGANIZATIONS - GCSECA BLDG	194,855	С
(10) CAPITAL TERM CERTIFICATES-CFC	4,010,784	С

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SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

DLN: 93493321057854

Open to Public Inspection

Employer identification number

86-0059728

	entain researds to subst				1.4., fau tha	niakanaa	
Does the organization mainstrain the selection criteria used	d to award the grants o	rassistance [?]					┌ Yes ┌
2 Describe in Part IV the or	<u> </u>						
					s. Complete if the or plicated if additional		d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SIERRA VISTA CHAMBER OF COMMERCE 21 EAST WILCOX DRIVE SIERRA VISTA, AZ 85635	74-2586694	501(C)(6)	20,144				SPONSORING LOCAL ACTIVITIES HOSTED BY THE CHAMBER OF COMMERCE
(2) BENSON BOBCATS BOOSTER CLUB INC 360 S PATAGONIA STREET BENSON,AZ 85602	86-1038547	501(C)(3)	11,960				SUPPORT OF PRO WRESTLING FUNDRAISER
(3) COCHISE EDUCATION FOUNDATION PO BOX 208 C/O ROBERT BLAKELY BISBEE,AZ 85603	26-3735497	501(C)(3)	5,550				SPONSORSHIP OF TEACHER OF THE YEAR BANQUET
(4) NORTHERN COCHISE COMMUNITY HOSPITAL 901 W REX ALLEN DR WILLCOX,AZ 85643	86-0208451	501(C)(3)	6,000				SPONSOR FUNDRAISING EVENT
(5) REX ALLEN DAYS INC PO BOX 429 WILLCOX,AZ 85644	51-0166786	501(C)(3)	5,941				ANNUAL SPONSORSHIP AND QUEEN'S CROWN SPONSORSHIP
(6) SOUTHEASTERN ARIZONA CONTRACTORS ASSOCIATION PO BOX 1004 SIERRA VISTA, AZ 85636	95-3534340	501(C)(6)	10,000			1	SACA HOME SHOW SPONSOR
(7) THE SALVATION ARMY PO BOX 1838 SIERRA VISTA, AZ 85636	94-1156347	501(C)(3)	6,000				DONATION FOR NEW BUILDING

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

П	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemental Info	rmation. Provide the inf	ormation required in Pa	art I, line 2, Part III, col	umn (b), and any other a	dditional information.			
Return Reference Ex	planation							
Schedule I, Part II AL	ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE							

COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE

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DLN: 93493321057854

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC **Employer identification number**

86-0059728

Pai	t I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					_
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec				V	
	directors, trustees, officers, including the GEO/EXC	outive D	meetor, regarding the items effected in fine 14.	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat apply				
	Compensation committee	Г	Written employment contract			
	✓ Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-be	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		
ь	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 compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		
8	Were any amounts reported in Form 990, Part VII, p	oaid or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in	n Regula	ations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)CREDEN HUBER CEO/GENERAL MANAGER	(i) (ii)	293,234 0	355 0	47,708 0	144,207 0	20,835 0	506,339	0
(2)KIRBY CHAPMAN CFO & ADMIN OFFICER	(i) (ii)		16,100 0	50,706 0	81,254 0	14,357 0	320,012	0 0
(3)ANSELMO TORRES CHIEF OPERATIONS & ENGINEERING OFFIC	(i) (ii)	149,229 0	1,100	42,826 0	-46,491 0	19,503	166,167 0 0	0
(4)JACK BLAIR CHIEF MEMBER SERVICES	(i) (ii)		1,100	32,074 0	34,945 0	5,681 0	218,490	0
(5)RON OROZCO ENGINEERING MANAGER	(i) (ii)	140,356 0	940 0	2,513	41,228	11,857 0	196,894	0
(6)ORSON GARNSEY IT MANAGER	(i) (ii)		100	396 0	23,242	18,065	162,571	0
(7)JAMES GROSS CONTROLLER	(i) (ii)		100	385 0	1	4,084	153,053	0

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
FORM 990, PART II, COLUMN C	INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN
	THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS
	IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE IN OTHER
	WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL
	OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTION TO THE PLAN IN LIEU OF THE
	ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS CREDEN HUBER ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN
	\$136,557 401(K) EMPLOYER MATCH 7,650 TOTAL COLUMN C 144,207 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (136,557)
	ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 92,713 TOTAL COOPERATIVE CASH CONTRIBUTION 100,363 KIRBY CHAPMAN
	ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 76,392 401(K) EMPLOYER MATCH 4,862 TOTAL COLUMN C 81,254 LESS ACTUARIAL
	INCREASE IN DEFINED BENEFIT PLAN (76,392) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 52,462 TOTAL COOPERATIVE
	CASH CONTRIBUTION 57,324 ANSELMO TORRES ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$(51,341) 401(K) EMPLOYER MATCH
	4,850 TOTAL COLUMN C (46,491) LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN 51,341 ADD CASH CONTRIBUTION TO DEFINED
	BENEFIT PLAN 52,578 TOTAL COOPERATIVE CASH CONTRIBUTION 57,428 JACK BLAIR ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$
	30,601 401(K) EMPLOYER MATCH 4,344 TOTAL COLUMN C 34,945 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (30,601) ADD
	CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 44,436 TOTAL COOPERATIVE CASH CONTRIBUTION 48,780 RON OROZCO ACTUARIAL
	INCREASE IN DEFINED BENEFIT PLAN \$36,958 401(K) EMPLOYER MATCH 4,270 TOTAL COLUMN C 41,228 LESS ACTUARIAL INCREASE IN
	DEFINED BENEFIT PLAN (36,958) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 41,607 TOTAL COOPERATIVE CASH
	CONTRIBUTION 45,877 ORSON GARNSEY ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$23,242 TOTAL COLUMN C 23,242 LESS
	ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (23,242) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 36,307 TOTAL
	COOPERATIVE CASH CONTRIBUTION 36,307 JAMES GROSS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$29,215 401(K) EMPLOYER
	MATCH 3,477 TOTAL COLUMN C 32,692 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (29,215) ADD CASH CONTRIBUTION TO
	DEFINED BENEFIT PLAN 33,799 TOTAL COOPERATIVE CASH CONTRIBUTION 37,276

Schedule J (Form 990) 2013

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DLN: 93493321057854

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schedule L

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	Name of the organization SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC						Employer identification number					
Part I Exc	oss Ponofit	Transactio	ne (coctu	on E01/c)/3	3) and section	2 E01/c)/4			59728	\		
					0, Part IV, line						40b	
	e of disqualifie		b) Relation:	shıp betweer	n disqualified		scription				(d) Corr	ected?
			perso	n and organi:	zation						Yes	No
2 Entartha	amount of tax	incurred by or	annization n		disqualified per	raana durina	the yes	runda	raastia	 -		
4958 .			yanızatıdırı	ilaliageis oi	disqualified per		the yea	. unaei	> \$			
3 Enterthe	amount of tax.	ıf anv. on line	2. above. re	eimbursed by	y the organizati	on			▶ \$			
									'			
	ans to and											
					990-EZ, Part V		r Form 9	90, Pa	art IV , I	ine 26,	or if the	
(a) Name of	(b)	(c)	(d) Loan		(e)Original	(f)Balance	(g) In		(h)		(i)Wrı	tten
interested	Relationship		1 ' '		principal	due	defaul		Approv	/ed	agreen	
person	with	loan	organizatio	n?	amount				by			
	organizatior	1							board or			
									commi	ttee?		
			То	From			Yes	No	Yes	No	Yes	No
											_	
											_	
								<u> </u>		-	_	
					+					+	_	
		+			+						_	
 Гotal		> s									٦	
	ants or Ass	- т	nefittina	Intereste	d Persons							
					Form 990, Pa	art IV, line	27.					
(a) Name of I		(b) Relationsh			nt of assistanc		pe of ass	istanc	e (e) Purpo	se of ass	ıstance
perso	n i	nterested per										
		organiza	ation									
				+								

Part IV Business Transactions I					
Complete if the organization	<u>n answered "Yes" on F</u>	<u>form 990, Part IV, lın</u>	<u>e 28a, 28b, or 28c.</u>		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's
				Yes	No
(1) FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE	THE COOPERATIVE'S CEO/GM, CREDEN HUBER, SERVES ON FEDERATED'S BOARD	, ,	THE COOPERATIVE OBTAINED INSURANCE THROUGH FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE AND PAYS INSURANCE PREMIUMS TO FEDERATED RURAL ELECRIC INSURANCE		No
-					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2013

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SCHEDULE O

As Filed Data -

DLN: 93493321057854

OMB No 1545-0047

2013

Open to Public
Inspection

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC

86-0059728

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

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

Return Reference	Explanation
Section A, line 7b	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE, 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION, 3 THE DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS, AND 4 CHANGES TO THE BY LAWS OR ARTICLES OF INCORPORATION

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY, AND IMMEDIATELY ADDRESS ANY QUESTIONS OR CONCERNS IF THEY ARISE. THE BOARD OF DIRECTORS AND OFFICERS ARE ALSO REQUIRED TO DISCLOSE ANY ACTION OR SITUATION THAT MIGHT VIOLATE THE POLICY TO THE FULL BOARD OF DIRECTORS AS SOON AS POSSIBLE.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE BOARD OF DIRECTORS USE THE EXPERTISE OF AN INDEPENDENT COMPENSATION CONSULTANT WHEN DETERMINING THE COMPENSATION OF THE GENERAL MANAGER THE BOARD AND THE GENERAL MANAGER USE THE EXPERTISE OF AN INDEPENDENT COMPENSATION CONSULTANT WHEN DETERMINING THE COMPENSATION OF THE COOPERATIVE'S OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEES, IF ANY

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE COOPERATIVE ANNUALLY MAILS A SUMMARIZED COPY OF THE AUDITED FINANCIAL STATEMENTS TO THE MEMBERS OF THE COOPERATIVE. THE COOPERATIVE ALSO PROVIDES COPIES OF THEIR CURRENT AND PAST ANNUAL REPORTS AND GOVERNING DOCUMENTS ON THEIR WEBSITE. THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, OR GOVERNING DOCUMENTS TO ANY MEMBER WHO REQUESTS A COPY

Return Reference	Explanation
Form 990, Part VII, Column F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO 3% OF A PARTICIPATING EMPLOYEES SALARY ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER OR KEY EMPLOYEE IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED
	BENEFIT PLAN FOR THE OFFICER OR KEY EMPLOYEE, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THE BENEFIT OF THE OFFICER OR KEY EMPLOYEE. IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED

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

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

Return Reference	Explanation
Form 990, Part IX, Lines 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE. IN AN EFFORT TO EXPLAIN WHY THE AMOUNTS REPORTED ON LINES 5-7 DO NOT AGREE TO THE TOTAL WAGES ACCRUED AND/OR PAID THE FOLLOWING RECONCILIATION IS PROVIDED. TOTAL PER LINES 5-7 \$7,466,384 LESS DIRECTORS FEES REPORTED ON 1099-MISC (128,475) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (260,653) LESS KEY EMPLOYEE BENEFITS INCLUDED IN LINE 5 (13,638) PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 7,365,449 PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGINS 15,510 TOTAL WAGES ACCRUED AND/OR PAID \$14,444,577

Return Reference	Explanation
Form 990, Part IX, Line 24	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS ADMINISTRATIVE AND GENERAL EXPENSE ON FORM 990, PART IX, LINE 24 OFFICE SUPPLIES AND EXPENSE \$335,194 OUTSIDE SERVICES EMPLOYED 924,613 INSURANCE - INJURIES AND DAMAGES 241,817 DUES PAID ASSOCIATED ORGANIZATIONS 187,698 FORT HUACHUCA EXPENSES 79,572 SAFETY 9,767 DIRECTORS EXPENSES 115,545 EMPLOYEE ACTIVITIES 54,062 MAINTENANCE OF GENERAL PLANT 95,363 CAPITAL CREDITS 13,686 MISCELLANEOUS GENERAL EXPENSE 184,742 ADMINISTRATIVE & GENERAL EXPENSE -OTHER 249,478 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$2,491,537

Return Reference	Explanation
IX, Line 24e	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS OTHER EXPENSES ON FORM 990, PART IX, LINE 24E. TAX - OTHER \$1,203,561 CONSUMER ACCOUNT AND SERVICE 1,975,976 SALES EXPENSE 225,848 TRANSMISSION EXPENSE 514,198 INTERNET EXPENSES 40,045 PHONE CARD EXPENSES 161 OUTSIDE SERVICES EXPENSE 3,017 OTHER DEDUCTIONS 68,247 TOTAL OTHER EXPENSES PER FORM 990 LINE 24E \$4,031,053

Return Reference	Explanation
Form 990, Part IX, Line 4	THE FORM 990 INSTRUCTIONS SPECIFICALLY STATE THAT THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS SHOULD BE REPORTED ON PART IX, LINE 4 THE PHPRASE "PATRONAGE DIVIDENDS PAID" REPERS TO THE PROCESS, SUBSEQUENT TO YEAR PEDI, BY WHICH THE COOPERATIVE STAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS MEMBERS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATING ON A COOPERATIVE BASIS" AS SUBGROINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS MEMBERS PATRONAGE DIVIDENDED BY ADDIS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS MEMBERS PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS MEMBERS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR MEMBERS, AND (3) IN A FAIR AND EQUITABLE BASIS ON THE BASIS OF PATRONAGE (I E PURCHASES). ADDITIONALLY, THE COOPERATIVES YEAR-BND OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND SHOULD BE MADE WITHIN A REAS ONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVES YEAR-BND OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVES BY LAWS AND IS SUMMARIZED AS FOLLOWS (A) IN ORDER TO INDUCE PATRONAGE AND TO ASSURE THAT THE COOPERATIVE WILL OPERATE ON A NON-PROFIT DEPARTON ARTICLE OF THE COOPERATIVE WILL OPERATE ON A NON-PROFIT BASIS, THE COOPERATIVE IS OBLIGATED TO ACCOUNT ON A PATRONAGE BASIS TO ALL ITS MEMBERS FOR ALL AMOUNTS RECOIVED AND RECEIVED AND RECEIVED AND RECEIVED AND RECEIVED AND RECEIVED ON THE PROVISION OF ELECTRIC ENERGY IN EXCESS OF OPERATING COSTS AND EXPRESSES PROPERLY CHARGEABLE AGAINST SUCH SERVICES (IE MARGINS FROM THE UNDERSTANDING THAT THEY ARE PURPOSED OF A LEGAL OBLIGATION TO DO SO AND THE PROVISION

Return Reference	Explanation
Form 990, Part XI, line 9	NET CHANGE IN MEMBERSHIPS -255 PATRONAGE CAPITAL CREDIT RETIREMENTS -301,371 PATRONAGE CAPITAL ASSIGNABLE 5,373,075 GAIN ON RETIREMENT OF ESTATE CAPITAL CREDITS -144,030

Return Reference	Explanation
Form 990, Part XII, Line 2	AUDITED FINANCIAL STATEMENTS WERE PREPARED BY AN INDEPENDENT ACCOUNTANT FOR THE COOPERATIVE'S FISCAL YEAR END OF JUNE 30TH ADDITIONALLY, AS A RESULT OF A FEDERAL AWARD, THE ORGANIZATION WAS REQUIRED AND UNDERWENT AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 FOR THE FISCAL YEAR END OF JUNE 30TH THE TAX RETURN HAS BEEN AND CONTINUES TO BE PREPARED BASED ON A CALENDAR YEAR END OF DECEMBER 31 THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO OVERSEE THE FINANCIAL STATEMENT AUDITOR

DLN: 93493321057854

2013

OMB No 1545-0047

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Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of	f the org	anızat	ion		
SULPHUR	SPRINGS	VALLEY	ELECTRIC	COOPERATIVE	INC

Employer identification number

				86-00597	28		
Part I Identification of Disregarded Entities Compl	ete if the organization	answered "Yes" o	n Form 990, Par	t IV, line 33.			
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		<u>l</u> he organization al	nswered "Yes" o	n Form 990, Pa	ert IV, line 34 because it l	had on	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)		Section (13) co	
						Yes	No
(1) SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE FOUNDATION 350 N HASKELL	FUND EDUCATIONAL YOUTH ACTIVIES AND QUALIFIED PROGRAMS	AZ	501(c)(3)	PF	SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC	Yes	
WILLCOX, AZ 85643 86-0488826							
(2) SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE CHARITABLE TRUST	ASSISTANCE TO NATURAL DISASTER VICTIMS AND	AZ	501(c)(3)	Line 7	SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE	Yes	
350 N HASKELL	FAMILIES AND				INC		
WILLCOX, AZ 85643 86-0993649						igspace	
	i	I	I		ı	1	I

(a) Name, address, and EIN of related organization	me, address, and EIN of		tivity (c) Legal domicile (state or foreign country)	r entity	unrelated, excluded from tax under sections 512-	(f) Share of total income		(h) Dispropitiona allocations?				j) eral or aging ener?	(k) Percentag ownersh
					514)			Yes	No		Yes	No	
]
Identification of Related Org line 34 because it had one or m								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreig country)	n	(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end -year ssets		(h) ercentage wnership	Section (b) cont	i) on 512 (13) rolled tity?	2
		I		<u> </u>	1	<u> </u>			_		Yes		No
									+				+

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
• Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	ivolved	
1) SULPHUR SPRINGS VALLEY ELECTRIC COOP FOUNDATION - NA LESS THAN 50000	Q		CASH			
d Loans or loan guarantees to or for related organization(s) d Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) g Nurchase of assets threlated organization(s) g Nurchase of assets threlated organization(s) g Loase of facilities, equipment, or other assets from related organization(s) g Loase of facilities, equipment, or other assets from related organization(s) g Nurchase of assets with related organization(s) g Loase of facilities, equipment, or other assets from related organization(s) g Nurchase of assets with related organization(s) g Nurchase of facilities, equipment, or other assets from related organization(s) g Nurchase of facilities, equipment, or other assets from related organization(s) g Nurchase of facilities, equipment, or other assets from related organization(s) g Nurchase of facilities, equipment, or other assets from related organization(s) g Nurchase of facilities, equipment, or other assets from related organization(s) g Nurchase of facilities, equipment, or other assets from related organization(s) g Nurchase of facilities, equipment, or other assets from related organization(s) g Nurchase of facilities, equipment, mailing lists, or other assets with related organization(s) g Nurchase of facilities, equipment, mailing lists, or other assets with related organization(s) g Nurchase of facilities, equipment, mailing lists, or other assets with related organization(s) g Nurchase of facilities, equipment, mailing lists, or other assets with related organization(s) g Nurchase of facilities, equipment, mailing lists, or other assets with related organization(s) g Nurchase of facilities, equipment, mailing lists, or other assets with related organization(s) g Nurchase of facilities, equipment, mailing lists, or other assets with related organization(s) g Nurchase of facilities, equipment, mailing lists, or other assets with related organization(s) g Nurchase of facilities, equipment, ma						

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013