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DLN: 93493231004164

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

generally cannot redact the information on the form

Finformation about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	rthe 2	2013 cale	endar year, or tax year beginning	$oldsymbol{g}$ 01-01-2013 $oldsymbol{g}$, 2013, and ending 12-	-31-2013			
B Che	eck if ap	pplicable	C Name of organization MT WHEELER POWER INC			D Employ	er identif	ication number
☐ Add	ress ch	nange	Doing Business As			88-010	06922	
∏ Nar	ne char	nge	Doing business As					
Initi	ıal retur	rn	Number and street (or P O box if m	nail is not delivered to street address) Room/	suite	E Telephor	e number	
Г Теп	mınated	d	PO BOX 151000					
┌ Ame	ended r	return	City or town, state or province, cour	ntry, and ZIP or foreign postal code		(//5)2	89-898	1
Г Арр	lication	n pending	ELY, NV 89315			G Gross re	ceipts \$ 34	,583,165
			F Name and address of prir	ncipal officer	H(a) is t	his a group i		
			RANDY EWELL	·		ordinates?	ccarri ioi	┌ Yes 🗸 No
			PO BOX 151000 ELY,NV 89315		Ц/Ь) л	-11		
			,			all subordın uded?	ates	│ Yes │ No
I Tax	k-exem	npt status	「 501(c)(3)	(insert no) 4947(a)(1) or 527	If"	No," attach a	alıst (se	ee instructions)
J W	ebsite	e: ⊨ WW	W MWPOWER NET		H(c) Gr	oup exemption	an numbe	ar b -
			<u> </u>		1 (-)			
			Corporation Trust Associatio	n Other ►	L Year of	formation 196	3 M Sta	te of legal domicile N\
Га	rt I		mary					
			escribe the organization's mission			O D E D A T I V I		
	<u> </u>	IO PROV	/IDE QUALITY AND RELIABLE	E ELECTRIC SERVICE TO MEMBERS	OF THE CO	OPERATIVE		
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E	-							
eIII	2 0	Check th	ıs box ► if the organization di	scontinued its operations or disposed	of more than	25% of its i	net asset	ts
ýok I	_ `	oneek en	is sex F ₁ in the organization an	yeontimaed its operations or disposed	i or more enam	25 % 01 105 1	4550	
Activities & Governance	3 N	Number	of voting members of the govern	ıng body (Part VI, lıne 1a)		. [3	g
es es	4 N	Number	of independent voting members	of the governing body (Part VI, line 1	b)	[4	8
Ě	5 T	Total nur	nber of individuals employed in	calendar year 2013 (Part V, line 2a)		[5	43
icti	6 ⊺	Total nur	nber of volunteers (estimate if n	ecessary)			6	(
⋖			·	art VIII, column (C), line 12			7a	337,977
				rom Form 990-T, line 34		: :	7b	97,203
			The state of the s			ior Year	1	Current Year
		Control	outions and grants (Dart VIII I	no 1 h)	F1	ioi reai	0	Current rear
<u>o</u>	8			ne 1h)	•	22.752.6		
eni	9			ne 2g)		33,753,6	_	33,995,098
Rayenue	10			(A), lines 3, 4, and 7d)	•	248,3	_	176,386
	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		357,4	49	353,175
	12			(must equal Part VIII, column (A), li	ne	34,359,4	37	34,524,659
	13							
	14		and similar amounts paid (Part				33	16.082
				IX, column (A), lines 1-3)		31,6		
	15		s paid to or for members (Part I	IX, column (A), lines 1-3)				
8	15		s paid to or for members (Part I	IX, column (A), lines 1-3)		31,6	59	733,054
ଖାଞ୍ଚ	15 16a	Salarıe 5–10)	es, other compensation, employe	IX, column (A), lines 1-3)		31,6 2,666,8	59	733,054
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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 厂No

(Expenses \$ including grants of \$

Total program service expenses ►

) (Revenue \$

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		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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? <i>If "Yes," complete Schedule D, Part I</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	Yes	
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
l 1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, 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	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
L4a	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
L 6	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 "Yes," complete Schedule F, Parts III and IV</i>	16		No
L 7	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
L8	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	Yes	
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		
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? <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	Yes	
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		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <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		Yes] No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 49		162	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		
а	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	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	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	
3	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		N
,	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
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	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	5c 6a		N
	organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions?	Ud		IN
•	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		
ı	If "Yes," indicate the number of Forms 8282 filed during the year			
ł	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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)			
1	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		
	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			
	Enter the amount of reserves on hand	Į Į	ļ	
1	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

36	ction A. Governing body and management			
_			Yes	No
la	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	Yes	
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		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	12 c	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		TOD		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
17 18	List the States with which a copy of this Form 990 is required to be filed. Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	List the States with which a copy of this Form 990 is required to be filed▶			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

►RANDY EWELL 1600 GREAT BASIN BLVD

ELY, NV 89301 (775) 289-8981

Part VIII 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) JERALD ANDERSON	17 40	×		х				12,310	0	0	
PRESIDENT		_ ^		^				12,310	U	0	
(2) DON PHILLIPS	2 20	Ţ						0.210	0		
VICE PRESIDENT		X		Х				8,210	0	0	
(3) WILMA SANFORD	4 20	\ ,		,,				10.000			
SECRETARY		X		×				12,290	0	0	
(4) SANDRA GREEN	5 00									-	
TREASURER		X		X				10,845	0	0	
(5) BOB SWETICH	1 50										
DIRECTOR		X						8,380	0	0	
(6) FRANK LEON	1 40										
DIRECTOR		X						9,060	0	0	
(7) RICK HENDRIX	2 80										
DIRECTOR		Х						8,720	0	0	
(8) JERRY MORRILL	3 80										
DIRECTOR		X						9,060	0	0	
(9) RON MILLER	5 10										
DIRECTOR		х						9,910	0	0	
(10) RANDY EWELL	40 00										
				х				165,593	0	46,623	
GENERAL MANAGER (11) KEVIN ROBISON	50 00										
ASST GENERAL MANAGER				х				113,603	0	40,994	
(12) JESSE MURDOCK	40 00										
ENGINEERING MANAGER						х		106,697	0	42,311	
(13) BILL RICCI	40 00										
OPERATIONS MANAGER	10 00					х		107,957	0	40,573	
(14) JODI PINTAR	45 00	-									
LINEMAN	.5 55					х		104,109	0	36,690	
LINEPION											
										Form 990 (2013)	

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	d
											_		
											_		
1b	Sub-Total		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u></u>					
c	Total from continuation sheet	s to Part VII, S	ection A	۸.			•	Þ					
d	Total (add lines 1b and 1c) .							<u></u> -\	686,744		0		207,191
2	Total number of individuals (in \$100,000 of reportable compe	-					и ароу	e) w	no received more th	all			
										_		Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								4	Yes			
5	Did any person listed on line 1 services rendered to the organ										5		No
Se	ection B. Independent Co	ntractors	_										
1	Complete this table for your five											-av vear	

(A) Name and business address	(B) Description of services	(C) Compensation
ENERGY ERECTORS 31588 PROGRESS ROAD LEESBURG FL 34748	CONTRACTOR SERVICES	1,113,592
SUMMIT LINE CONSTRUCTION 875 SOUTH INDUSTRIAL PARKWAY HEBER CITY UT 84032	CONTRACTOR SERVICES	1,018,204
ELECTRICAL CONSULTANTS INC 3521 GABEL ROAD BILLINGS MT 59102	DESIGNING AND ENGINEERING	627,936
SOLOMON CORPORATION PO BOX 245 SOLOMON KS 67480	FIELD SERVICES	422,824
EPC SERVICES COMPANY 3521 GABEL ROAD BILLINGS MT 59102	PROJECT MANAGEMENT	182,115
Total number of independent contractors (including but not limited to those listed above	\ who recoved more than	

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 F7

Part V	****
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue	2a b c d e f
levenue	g 3 4 5 6a b c d 7a b 8a
Other F	b c 9a b c 10a
	11a b c d e
	12

***	Statement of	FRevenue le O contains a respoi	ass or note to any lu	no in this Bart VIII			
	Check ii Schedu	ie o contains a respoi	ise of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated camp	paigns 1a					312-314
b	Membership due	es 1b					
c	Fundraising eve	nts 1 c					
d	Related organiza	ations 1d					
e	Government grants	(contributions) 1e					
f	All other contributions	ns, gifts, grants, and 1f					
g	Noncash contributio						
h	1a-1f \$ Total. Add lines	1a-1f					
			Business Code				
2a	ELECTRICITY SALES	5	221000	33,887,413	33,887,413		
b	PATRONAGE DIVIDE	ENDS	221000	107,685	96,054	11,631	
С							
d							
e f	All other progra	m service revenue					
				22.005.000			
<u>g</u> 3		2a-2f		33,995,098			
_	and other sımıla	r amounts)	▶	177,648		53,550	124,098
4 5			proceeds -				
	[(ı) Real	(II) Personal				
6a	Gross rents Less rental	12,953	62,232				
c	expenses Rental income	12,953	62,232				
d	or (loss)	ne or (loss)	ŕ	75,185			75,185
_		(ı) Securities	(II) O ther	·			·
7a	Gross amount from sales of assets other than inventory						
b	Less cost or other basis and		1,262				
c	sales expenses Gain or (loss)		-1,262				
d	Net gain or (loss	s)		-1,262			-1,262
8a	Gross income frevents (not incl	udıng					
	of contributions See Part IV, line	reported on line 1c) e 18 a					
Ь		penses b loss) from fundraising	events				
c 9a	Gross income fr	om gaming activities	CVCIIC3 🏴				
	See Part IV, line						
b	Less direct exp	penses b					
c	Net income or (I	loss) from gamıng actı	vities				
10a	Gross sales of neturns and allo		63,860				
	Less cost of go	· · ·	57,244				
С	Net income or (I	loss) from sales of inv	entory p - Business Code	6,616	5,194	1,422	
11a	INTERNET SER		519100	263,214		263,214	
b	SECURITY SYS		561700	8,160		8,160	
c							
d e	All other revenu Total. Add lines		▶				
12			_	271,374			
14	iotai revenue. S	See Instructions .		34,524,659	33,988,661	337,977	198,021

	Statement of Functional Expenses			.1	
section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				·
Do ==	Check if Schedule O contains a response or note to any line in this		(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	9,315			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	(7(7			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	6,767			
4	Benefits paid to or for members	733,054			
5	Compensation of current officers, directors, trustees, and key employees	455,598			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,557,560			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156,002			
9	Other employee benefits	518,948			
10	Payroll taxes	140,896			
11	Fees for services (non-employees)				
а	Management				
b	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	932,955			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,730,623			
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	25,212,911			
b	DISTRIBUTION EXPENSE	1,004,740			
c	ADMIN & GENERAL EXPENSE	755,602			
d	CUSTOMER SERVICE	456,458			
е	All other expenses	853,230			
25	Total functional expenses. Add lines 1 through 24e	34,524,659			
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

FGI	τχ	Check if Schedule O contains a response or note to any line in	this Pa	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			5,123,662	1	2,652,312
	2	Savings and temporary cash investments				2	600,000
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			844,068	4	729,015
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Paschedule L	art II d	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6		
	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			3,395,055		4,005,054
	9	Prepaid expenses and deferred charges			2,619		87
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	i	68,075,316			<u></u>
	Ь	Less accumulated depreciation	10b	32,500,890	31,600,312	10c	35,574,426
	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		4,888,850	13	4,928,369	
	14	Intangible assets				14	<u></u> _
	15	Other assets See Part IV, line 11			163,977	15	164,953
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			46,018,543	16	48,654,216
	17	Accounts payable and accrued expenses			2,957,135	17	2,448,553
	18	Grants payable				18	_, ,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Scho			480,537	21	521,126
Ilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr		100,000		
Liabiliti		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .		12,950,070	23	15,841,372
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule	9,000,000		4 00 4 550
		D			2,009,889	25	1,924,558
	26	Total liabilities. Add lines 17 through 25			18,397,631	26	20,735,609
Φ S		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and	complete			
Fund Balance	27	Unrestricted net assets				27	
<u>छ</u>	28	Temporarily restricted net assets				28	
<u> </u>	29	Permanently restricted net assets				29	
Ĭ	29	Organizations that do not follow SFAS 117 (ASC 958), check h				29	
		complete lines 30 through 34.	ele F	y and			
ō	30	Capital stock or trust principal, or current funds	_		488,969	30	522,813
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
\$ S	32	Retained earnings, endowment, accumulated income, or other t			27,131,943	32	27,395,794
Net /	33	Total net assets or fund balances			27,620,912	33	27,918,607
ž	34	Total liabilities and net assets/fund balances			46,018,543	34	48,654,216
		rotar habilities and het assets/land balances	<u> </u>	• •	1 +0,010,043	J~+	70,004,210

Par	t XI Reconcilliation of Net Assets			<u> </u>	
	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)	1		34,5	524,659
2	Total expenses (must equal Part IX, column (A), line 25)	2		34,5	524,659
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		27,6	520,912
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		2	297,695
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		27,9	18,607
Par	t XII 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				
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 review a separate basis, consolidated basis, or both	wed or	۱		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Э	3a		No
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		3b		

DLN: 93493231004164

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► 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) and its instructions is at www.irs.aov/form990.

Open to Public

riai Reveriue Service	und its instruct	ions is at <u>www.iis.gov/10/iiisso</u> .		Tushection
lame of the organ T WHEELER POWER I			Employer identifica	tion number
	nizations Maintaining Donor Adv zation answered "Yes" to Form 990		88-0106922 Funds or Accounts	. Complete if the
		(a) Donor advised funds	(b) Funds and o	other accounts
Total number a	at end of year			
Aggregate con	tributions to (during year)			
Aggregate gran	nts from (during year)			
Aggregate valu	ue at end of year			
_	zation inform all donors and donor adviso organization's property, subject to the or	-	nor advised	┌ Yes ┌ No
used only for c	zation inform all grantees, donors, and d haritable purposes and not for the benef ermissible private benefit?			┌ Yes
rt III Conse	ervation Easements. Complete if	the organization answered "Yes"	to Form 990, Part IV	', line 7.
Preservation Preservation	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space	or education)	n historically important certified historic struc	ture
	s 2a through 2d if the organization held a he last day of the tax year	qualified conservation contribution in	the form of a conserva	ion
	· · · · · · · · · · · · · · · · · · ·		Held at the	End of the Year
Total number o	of conservation easements		2a	
Total acreage	restricted by conservation easements		2b	
Number of con	servation easements on a certified histo	oric structure included in (a)	2c	
	servation easements included in (c) acquire listed in the National Register	uired after 8/17/06, and not on a	2d	
Number of con	servation easements modified, transferr	ed, released, extinguished, or terminat	ed by the organization	during
the tax year ►	·			
Number of stat	tes where property subject to conservat	on easement is located ▶		
	nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of violations, and	┌ Yes ┌ No
Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments during the year	
A mount of exp	enses incurred in monitoring, inspecting	, and enforcing conservation easement	ts during the year	
		, 5	J ,	
Does each cor	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 170(h)(4)(B)(ı)	┌ Yes ┌ No
balance sheet,	lescribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia		
	nizations Maintaining Collection ete if the organization answered "Y		or Other Similar	Assets.
works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	, or research in furthera	
If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statement and balance	
(i) Revenues i	included in Form 990, Part VIII, line 1		► \$	
(ii) Assets inc	luded in Form 990, Part X		► \$	
If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		for financial gain, provid	
Revenues incli	uded in Form 990, Part VIII, line 1		- \$	
	ed in Form 990, Part X		·	
Wasers Hiciard	ca mironni 220, Fait A		- →	

Part	••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	<u>eası</u>	<u>ires, or O</u>	<u>the</u>	r Simila	<u>r Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	ieck	any of t	he foll	lowing that a	re a	sıgnıfıcan	t use of	its	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın how	v the	y furthe	er the	organızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit								ıılar	_		_
	assets to be sold to raise funds rather than t										Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						n answered	d "Y	es" to Fo	rm 990), ——	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontribu	itions	or other ass	ets r	not	Γ	Yes	▼ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ving t	able		_					
							_			Amou	ınt	
С	Beginning balance						_	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?							▽	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	anatı	on has	been i	provided in P	art :	XIII			r
Pa	rt V Endowment Funds. Complete											
		(a)Current year		Prior			wo years back)Four y	ears back
1 a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1g	colum	n (a))	held as					
а	Board designated or quasi-endowment F											
ь	Permanent endowment >											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiz	atıon t	that a	are held	d and a	admınıstered	d for	the			
	organization by	_									Yes	No
	(i) unrelated organizations					•				3a(i)		
_	(ii) related organizations							•		3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization							•		3b		<u> </u>
4	Describe in Part XIII the intended uses of the two controls and the two controls and the two controls are the two controls and the two controls are the two					2 2 2 2	wared Wee	! to	Form 000) Dowt	TV/ III	
Pal	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		tile of	ryan	izatioi	i alisi	wered res	ιο	רטוווו פפי	J, Part	10, 111	ie
	Description of property	201			Cost or s (invest		(b) Cost or ot basis (othe		(c) Accumi deprecia		(d) Bo	ok value
1a	_and			\vdash			377	,801		+		377,801
	Buildings						4,774		2 ∩	11,313		2,763,478
_			-	<u></u>			7,774	, , , , ,	2,0	,		_,, ,,,,,,0
c	easehold improvements		_					ı		I		
	Leasehold improvements		•				58 Q7 <u>8</u>	.023	30.4	89.577	າ	8.488 446
d I	Equipment						58,978 3,944		30,4	89,577		8,488,446 3,944,701

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of va	
(1)Financial derivatives		Cost of ella 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. Co	mplete if the organizatior	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	aluation
(a) Description of investment	(b) Book value	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	4,928,369	Dart IV line 11d See	Form 000 Part V June 15
(a) Description		, Fait IV, ille IIu See	(b) Book value
Table (Column (b) more transfer and a constant of the constant	- \		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the orga		Form 990 Part IV	Ine 11e or 11f See
Form 990, Part X, line 25.			110 OI 111. Jee
1 (a) Description of liability	(b) Book value		
Federal income taxes			
CONSUMER DEPOSITS	453,053		
ACCRUED OTHER COMPENSATED ABSENCES	574,126		
OTHER CURRENT AND ACCRUED LIABILITIES	112,457		
DEFERRED CREDITS	784,922		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,924,558		

			rage •
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	34,198,811
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	34,198,811
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b 325,848		
c	Add lines 4a and 4b	4c	325,848
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	34,524,659
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total expenses and losses per audited financial statements	1	33,465,757
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	33,465,757
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	1,058,902
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	34,524,659

Part XIII Supplemental Information

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

ınformatıon	
Return Reference	Explanation
Part IV, Line 2b	PURSUANT TO SECTION 81 507 OF THE NEVADA PROPERTY CODE AND THE COOPERATIVE'S BYLAWS, THE COOPERATIVE CAN RETAIN ANY CAPITAL CREDIT OF A MEMBER, WHO IS RESIDENT OF NEVADA, WHICH REMAINED UNCLAIMED FOR A PERIOD OF ONE YEAR THE COOPERATIVE HAS CHOSEN TO APPLY THESE UNCLAIMED PATRONAGE CAPITAL CREDITS TOWARDS GRANTS, SPONSORSHIPS AND DONATIONS TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA UTAH MEMBER-RESIDENTS' UNCLAIMED CAPITAL CREDITS ARE ALSO HELD BY THE COOPERATIVE TO (A) ASSIST LOW-INCOME PERSONS TO PAY THEIR UTILITY BILLS, AND (B) TO PROVIDE SCHOLARSHIPS TO LOCAL GRADUATING HIGH SCHOOL SENIORS IN THE STATE OF UTAH, PURSUANT TO UTAH'S UNIFORM AGRICULTURAL COOPERATIVE ASSOCIATION ACT (TITLE 3, CHAPTER 1, SECTION 11), THE COOPERATIVE CAN RETAIN CAPITAL CREDITS GIVEN TO ITS MEMBERS THAT REMAIN UNCLAIMED FOR A PERIOD OF THREE YEARS, BUT CAN ONLY APPLY THESE UNCLAIMED CAPITAL CREDITS TO UTILITY BILL ASSISTANCE OF LOW-INCOME PERSONS AND SCHOLARSHIPS FOR HIGH-SCHOOL SENIORS
Part X, Line 2	THE COOPERATIVE HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPERATIVE IS THEIR FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES
Part XI, Line 4b - Other Adjustments	EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 325,848
Part XII, Line 4b - Other Adjustments	EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 325,848 PATRONAGE CAPITAL ASSIGNABLE 733,054
SCHEDULE D Part IX	THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BEEN LEFT BLANK
SCHEDULE D Part XII, Line 4B	Part XII, PATRONAGE CAPITAL ASSIGNABLE - \$733,054 FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE DIVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL STATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPECT OF HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BASIS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS PROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

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

Schedule D (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 88-0106922

Name: MT WHEELER POWER INC

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) PATRONAGE CAPITAL - CFC	760,150	С
(2) PATRONAGE CAPITAL - COOPERATIVE RESPONSE CENTER	3,688	С
(3) PATRONAGE CAPITAL - NISC	17,612	С
(4) PATRONAGE CAPITAL - NRTC	84,879	С
(5) PATRONAGE CAPITAL - FEDERATED	62,500	С
(6) PATRONAGE CAPITAL - DESERET GENERATION & TRANSMISSION	3,192,063	С
(7) CAPITAL TERM CERTIFICATES - CFC	612,839	С
(8) INVESTMENT IN MEMBERSHIPS	12,000	С
(9) ENERGY CONSERVATION LOANS	82,638	С
(10) MEMBER CAPITAL SECURITIES CFC	100,000	C

Schedule I

(Form 990)

Department of the Treasury

MT WHEELER POWER INC

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

DLN: 93493231004164

Open to Public Inspection

Employer identification number

MI WHEELER PO WER INC						88-0106922	
General Information 1 Does the organization maintain	records to substant	ate the amount of the	grants or assistance, the	e grantees' eligibility for	the grants or assist	ance, and	
the selection criteria used to a 2 Describe in Part IV the organiz							□ Yes □
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 gra or assistance
• Full all 1	01(-)(2)		- double los de la la			<u> </u>	
2 Enter total number of section 5			.eu iii tiie iiiie 1 tabie .			· · · • • • • • • • • • • • • • • • • •	

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art 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
(1) CHRISTMAS PRESENTS FOR LOCAL CHILDREN AND FAMILILES IN NEED, 45 FAMILIES SERVED INCLUDING 103 CHILDREN	103	6,767			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Schedule I (Form 990) 2013

DLN: 93493231004164

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 MT WHEELER POWER INC

Employer identification number

88-0106922

Pa	rt I Questions Regarding Compensation		·			
					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\sqcap	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 orga reimbursement or provision of all of the expenses desc			1b		
2	Did the organization require substantiation prior to reindirectors, trustees, officers, including the CEO/Execut			2		
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	appl	y Do not check any boxes for methods			
	Compensation committee	굣	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>\\ \</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymen	nt?	4a		No
b	Participate in, or receive payment from, a supplement	ıl non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, licompensation contingent on the revenues of					
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1 a	, 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, lipayments not described in lines 5 and 6? If "Yes," des			7		
8	Were any amounts reported in Form 990, Part VII, pai	dora	accured pursuant to a contract that was			
	subject to the initial contract exception described in R	egula	itions 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 resection 53 $4958-6(c)$?	ebutt	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)(1)-(111) 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	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)RANDY EWELL GENERAL MANAGER	(i) (ii)	140,464 0	3,000 0	22,129 0	18,720 0	27,903 0	212,216 0	0 0
(2)KEVIN ROBISON ASST GENERAL MANAGER	(i) (ii)	99,093 0	0 0	14,510 0	13,072 0	27,922 0	154,597 0	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

Schedule J (Form 990) 2013

DLN: 93493231004164

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, 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. Name of the organization

T WHEELER POV											06922			
) and sectio							4.0.1	
						0, Part IV, line disqualified								
L (a) Nam	ie of disqual	nea person			and organiz			(c) Desc	ription	ortra	nsaction	" ⊦	(d) Cor	
				person	and organiz								Yes	No
														-
												-		-
														-
														-
														_
														_
														_
Enter the	amount of ta	x incurred b	y organiza	ation ma	anagers or o	disqualified pe	rsons	during t	he year	rundei	rsectio	n		
4958 .			· · · ·								> \$			
Enter the	amount of ta	x, ıf any, on	line 2, abo	ove, rei	mbursed by	the organizat	ion .				► \$			
	ans to ar													
						90-EZ, Part \		38a, or	Form 9	90, Pa	art IV, li	ıne 26,	or if the	
						line 5, 6, or 22		2-1	(- X T		1 (1)		(:))46	
) Name of iterested	(b) Relations	(c) hip Purpos	` '	Loan to rom the		(e)Original principal		Balance due	(g) In		(h) Approv	/ed	(i)Wr	
person	with	loa		nızatıor		amount		duc	delaui		by	, cu	agree	inche.
	organizati	on									board			
											or			
			-			4			<u> </u>	T	commi	1	+	
			То	-	From				Yes	No	Yes	No	Yes	No
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Part IV Business Transactions					
Complete if the organization	<u>on answered "Yes" on I</u>	Form 990, Part IV, lın	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No
(1) DESERET GENERATION & TRANSMISSION COOPERATIVE	THE GENERAL MANAGER AND DIRECTOR ANDERSON SERVE ON DESERET G&T COOP'S BOARD		THE COOPERATIVE PURCHASES ELECTRIC POWER FROM DESERET GENERATION & TRANSMISSION COOPERATIVE		No
(2) KAYSIE EWELL	KAYSIE EWELL HAS A FAMILY RELATIONSHIP WITH THE GENERAL MANAGER	1	KAYSIE IS AN EMPLOYEE OF THE COOPERATIVE		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

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493231004164

OMB No 1545-0047

2013

Open to Public Inspection

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.

Employer identification number Name of the organization MT WHEELER POWER INC 88-0106922

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	ARTICLE I, SECTION 1 05 1, 1 05 7, AND SECTION 1 06 1 OF THE COOPERATIVES BY LAWS WERE AMENDED TO PROVIDE FOR THE INCLUSION OF A "DOMESTIC PARTNERSHIP" AS A JOINT MEMBERSHIP OF THE COOPERATIVE, WITH THE SAME PROVISIONS, RIGHTS, TERMS, CONDITIONS, OBLIGATIONS, RESPONSIBILITIES AND LIABILITIES AS A MARRIED COUPLE A "DOMESTIC PARTNERSHIP" MEANS THE SOCIAL CONTRACT BETWEEN TWO PERSONS AS DESCRIBED IN NEVADA REVISTED STATUTE 122A 100 ARTICLE 5, SECTION 5 11 WAS AMENDED TO PROVIDE FOR THE USE OF AN APPROPRIATE INSURANCE POLICY IN THE PLACE OF BONDING, FOR THE TREASURER OR ANY OTHER OFFICER, AGENT OR EMPLOYEE OF THE COOPERATIVE CHARGED WITH RESPONSIBILITY OF THE COOPERATIVE'S FUNDS OR PROPERTY ARTICLE 8, SECTION 8 17 WAS AMENDED TO DEFINE THE GOVERNING DOCUMENTS AS REFERENCED AS THE "ENTIRE AGREEMENT" BETWEEN THE COOPERATIVE AND ANY MEMBER THE GOVERNING DOCUMENTS ARE TO INCLUDE THE ARTICLES OF INCORPORATION AND ALL AMENDMENTS THERETO, ALL RATE SCHEDULES ADOPTED BY THE COOPERATIVE AS THE SAME MAY BE AMENDED FROM TIME TO TIME, ALL RULES AND REGULATIONS ADOPTED BY THE COOPERATIVE AS THE SAME MAY BE AMENDED FROM TIME TO TIME AND ALL RULES, REGULATIONS AND ACTIONS ADOPTED, TAKEN OR APPROVED BY THE BOARD OF DIRECTORS

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

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

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

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

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

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

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

Return Reference	Explanation
Form 990, Part VII, Column F	TO PROVIDE DETAIL REGARDING OFFICER'S OTHER COMPENSATION 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 12% OF A PARTICIPATING EMPLOYEE'S SALARY EMPLOYER CONTRIBUTIONS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER IS COMPRISED OF THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THE BENEFIT OF THE OFFICER

Return Reference	Explanation
Form 990, Part VIII, Line 2	PATRONAGE DIVIDENDS 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	ACCOUNTING SYSTEM 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	RECONCILIATION OF WAGES PER RETURN TO TOTAL WAGES ACCRUED AND/OR PAID 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 \$2,013,158 LESS DIRECTORS FEES REPORTED ON 1099-MISC (88,785) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (87,617) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGIN 43,723 PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 1,019,825 TOTAL WAGES ACCRUED AND/OR PAID \$2,900,304

Return Reference	Explanation
IX, Line 24	BREAKDOWN OF EXPENSES INCLUDED IN ADMINISTRATIVE AND GENERAL THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS ADMINISTRATIVE AND GENERAL EXPENSE ON FORM 990, PART IX, LINE 24 OUTSIDE SERVICES EMPLOYED \$222,119 INSURANCE 96,282 MAINTENANCE OF GENERAL PLANT 278,064 REGULATORY COMMISSION EXPENSE 1,037 MISCELLANEOUS GENERAL EXPENSE 158,100 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$755,602

Return Reference	Explanation
IX, Line 24e	TO PROVIDE DETAIL REGARDING OTHER EXPENSES THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS OTHER EXPENSES ON FORM 990, PART IX, LINE 24E INTERNET EXPENSE 180,036 TELEPHONE COMMUNICATIONS EXPENSE 58 SECURITY SYSTEM EXPENSE 6,130 SALES EXPENSE 56,233 TAX EXPENSE - OTHER 430,958 TRANSMISSION EXPENSE 179,815 TOTAL OTHER EXPENSES PER FORM 990, LINE 24E \$853,230

Return Reference	Explanation
Form 990, Part IX, Line 4	BENEFITS PAID TO MEMBERS THE FORM 990 INSTRUCTIONS SPECIFICALLY STATE THAT THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MINDERS SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENOS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR FAID, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS MEMBERS. THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS MEMBERS. THE COOPERATIVE STAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY OT IS MEMBERS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES." OPERATING ON A COOPERATIVE BASIS" AS SUBRORINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATING ON THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS MEMBERS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS MEMBERS PATRONAGE DIVIDENDS AND CONSIDERED PAID IF THE TRANSACTIONS DONEWITH OR FOR MEMBERS, AND (3) NA FAIR AND EQUITABLE BASIS ON THE BASIS OF PATRONAGE (I E PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS FOULD BE MEMBERS PORTAGE. PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS FOULD BE MEMBERS FOR A TRUE PATRONAGE DIVIDENDS FOR PATRONAGE DIVIDENDS FOR A TRUE PATRONAGE DIVIDEND IS RECOVERATIVES YEAR-BND OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS RECOVERATIVES YEAR-BND OF DECEMBER 31 EACH ONE OF THE COOPERATIVES BY LAWS AND IS SUMMARIZED AS FOLLOWS (A) IN ORDER TO INDUCE PATRONAGE AND TO ASSUME THAT THE COOPERATIVE SITUADS PROPERATING COSTS AND EXPENSES PROPERLY CHARGEABLE AGAINST SUCH SERVICES (IE LEARNING) FROM THE PROVISION OF ELECTRIC ENERGY) (B) THE MARGINS FROM THE PROVISION OF ELECTRIC ENERGY IN EXCESS OF OPERATING COSTS AND EXPENSES PROPERLY CHARGEABLE ROADST SUCH SERVICES (IE LE MARGINS FROM THE PROVISION OF ELECTRIC ENERGY) (B) THE MARGINS FROM THE PROVISION OF ELECTRIC ENERGY IN EXCESS PAID TO THE UNDERSTANDING THAT

Return Reference	Explanation
Form 990, Part XI, line 9	NET CHANGE IN MEMBERSHIPS 33,844 RETIREMENT OF PATRONAGE CAPITAL -469,203 PATRONAGE CAPITAL ASSIGNABLE 733,054

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