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For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

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

Open to Public Inspection

<u>A</u>	For the	2014 cale	ndar year, or t	ax year beg	inning	January	1 , 2	014, and endi			, 20 14				
В	Check if a	pplicable	C Name of organ	ization Moor	ı Lake Elec	tric Assn. In	c	_	□	Employ	yer identificatio	n number			
	Address o	hange	Doing business	s as							87-0154903	3			
	Name cha	ange	Number and st	reet (or PO b	ox if mail is	not delivered to	street address) Room/s	urte E	E Telephone number					
$\bar{\Box}$	Initial retu	-	PO Box 278					1	ľ		435-722-540	Ю			
$\bar{\Box}$		/terminated		tate or provinc	e, country, a	ind ZIP or foreig	gn postal code	•							
	Amended		Roosevelt. UT	84066-027	8				G	G Gross receipts \$ 74,682,933					
\exists			F Name and add				•		H(a) is this a grou	o return for	r subordinates?				
	пррпоато	n pending	Grant Earl, PO			LIT 84066-02	78				es included?	_			
_	Tay ayam	nt status	501(c)(3)				o) 4947(a)(1) or 527	─ ``		a list (see instru				
<u> </u>	Tax-exem Website:				301(c) (12) = (113671716	27 LJ 4547 (a)(1) 01 (1321	H(c) Group ex			N/A			
<u></u>			://www.mleain		Association	Othor	_	L Year of forma			e of legal domici				
					ASSOCIATION	Other >		L Tear or torrita	1936	W Otale	e or legal domici	<u> </u>			
P	art I	Summ					uficant cotu	ution Dotnil	distribution of	olootric	situ to mombo	T OUMOS C			
-	1	Brietly de	escribe the org	janization's	s mission (or most sign	inicant activ	illes. Retail	distribution of	eleculo	city to membe	er Owners.			
Governance	-			••											
Па															
ě	1								of more than 2		rits net asser	ts.			
යි			of voting mem							3		7			
ත් ග			of independer)	4		7			
ĕ			nber of individ	•	-	-				5		117			
Activities &	6	Total nur	nber of volunt	eers (estim	ate if nece	essary) .				6		0			
¥	7a -	Total unr	elated busines	ss revenue	from Part	VIII, column	າ (C), line 12			7a		0			
	b	Net unrel	ated business	taxable inc	come fron	n Form 990-	·T, line 34	<u> </u>	<u>.</u>	7b		0			
									Prior Year	r	Curren	t Year			
ø.	8 (Contribut	tions and gran	its (Part VIII	I, line 1h)					0		0			
Ž	l		service reveni	•						0		0			
Revenue	1	_	nt income (Pa			es 3, 4, and	l 7d)		1	72,145	1	165,282			
ď	1		enue (Part VII					1e) İ	<u> </u>	16,453		20,872,327			
	l		enue-add line	•	•					88,598		21,037,609			
			nd sımilar amo							0	· · · · · ·	0			
			paid to or for i						· - -	0	· · · · · · · · · · · · · · · · · · ·	0			
	l		other compens						1.0	25,476	 				
Ses	l		onal fundraisin	·-	•					, <u>,,,,,,</u> 0	1 ' '	0			
ē	1		draising exper	-							1				
Expenses			penses (Part I)						46.3	107.055		16 142 001			
										/07,055	T	16,143,081			
			enses. Add lir							/32,531	1	17,162,849			
	19 F	revenue	less expenses	s. Subtract	ine rom	om line 12			Beginning of Curr	56,067	+	3,874,760			
Assets or Balances				40)			, ,	8 25 5							
Sset			ets (Part X, lin	•	• • •	• • • •				761,574		117,201,064			
Net A Fund			ilities (Part X,						-	249,754		36,814,482			
_			ts or fund bala	inces Subt	tract line 2	21 from line	20		76,5	<u> 11,820</u>	<u> </u>	80,386,582			
_	irt II		ture Block		·	_			-						
Un	der penalti	es of perju	ry, I declare that I	have examine	ed this return	i, including acc	ompanying sch	nedules and state	ements, and to the er has any knowled	best of	my knowledge	and belief, it is			
	s, correct,	and compi	ete declaration o	preparer (our		er) is based on	animonnation			3/2	11.				
			1	<u> </u>						3/2	<u> </u>				
Sig		Sign	ature of officer	_					Date	,	•				
He	re			General N	/lanager/	CEO									
		Туре	or print name and	d title											
Pa	id	Print/Ty	pe preparer's nam	ne	Prep	arer's signatur	е	[ate	Check	☐ if PTiN				
	eparer	N/A_						_			nployed	N/A			
	e Only		ame ► N/A						Firm's	EIN ▶	N/	/A			
US	e Omy		ddress ► N/A					-	Phone	e no	N//	4			
Ma	the IRS		s this return w	ith the prep	parer show	vn above? (see instruct	ions)	.			Yes No			

Form **990** (2014)

Cat No 11282Y

Form 9	990 (2014)			Page 2
Par			ırt III <u> </u>	
1	Briefly describe the organization's mis			<u>- </u>
-		an a ratail basis to the member sumers		
	,			
2	Did the organization undertake any si	ignificant program services during the year	ar which were not listed on the	
	prior Form 990 or 990-EZ?		· · · · · · · · · · · · · · · · · · ·	No
_	If "Yes," describe these new services		A	
3	Did the organization cease conduct services?	ting, or make significant changes in hi	ow it conducts, any program	1 N
	If "Yes," describe these changes on S		· · · · · · · · · · · · · · · · · · ·] NO
4			three largest program services, as measur	ed bv
-	expenses. Section 501(c)(3) and 501(the total expenses, and revenue, if an	c)(4) organizations are required to report	the amount of grants and allocations to o	thers,
		· -		
4 a	(Code: 501(c)(12)) (Expenses \$	17,162,849 including grants of \$	0) (Revenue \$ 21,037,609)	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(a. a) (a. p	mordanig grame er v	,	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)	
				~

4d	Other program services (Describe in S			
4e	(Expenses \$ 0 including	grants of \$ 0) (Revenue \$	0)	

Part	IV Checklist of Required Schedules			_ <u></u> _
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	:. ,	7.1	, ,
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	/	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	→
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	9	14a		1
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			
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	14b		1
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? If "Yes," complete Schedule F, Parts III and IV.	15		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<u>√</u>
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		√ ✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		-
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	IV Checklist of Required Schedules (continued)			,
4			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
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		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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 "Yes," complete Schedule L, Part II	26	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			, ,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		1
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	1	
			200	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			-
`	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		✓
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 117			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	ļ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		1
_	account)?	48		 •
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
- -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			Ť
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	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			
e	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		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Section 501(c)(7) organizations. Enter:	J.		 -
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	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.)			
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	✓
h	If "Voc." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	and ee ins	for a	"No" ions.
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		_	
	If there are material differences in voting rights among members of the governing body, or	1		}
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓_
3	Did the organization delegate control over management duties customanly performed by or under the direct			١.
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	-	
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	1	
_	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 a	_	
Ь	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	· · ·		
•	the year by the following:			
а	The governing body?	8a	1	Ì
b	Each committee with authority to act on behalf of the governing body?	8b		✓
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	/	
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
,_u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
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		1
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓_	
15	Did the process for determining compensation of the following persons include a review and approval by	, a	, ,	ŀ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	۱ ـ `	,	
a	The organization's CEO, Executive Director, or top management official	15a	1	
ь	Other officers or key employees of the organization	15b	∀ e / -++''	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		,	,
.00	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1 . 3 44		
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	食息		
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶		;-;;=:-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501((c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)	oroct	nolia.	,
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	er est	holic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corde	· •	
20	Alan Haslem 800 W Hwy 40 Roosevelt UT 84066 435-722-5400	JU, 43		

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest Compensated	Employees, and
	Independent Contractors				

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) (B) (do not check more than one box, unless person is both an officer and a director/furstee) (D) (e) (e	Check this box if neither the organization no	or any relate	d org	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
Cal Name and Title Name and Title Average Hours per Ho		1									
Name and Title	(A)	(B)	,,,,						(D)	(E)	(F)
Compensation Comp	Name and Title	Average									
Comparison					dad			tee)			******
(1) Steewart E. Olsen			유교	inst	₽	<u>@</u>	emg Hig	ᅙ	the	organizations	compensation
(1) Stewart E. Olsen Board Member (2) Yords Neitsen Board Member (3) Torrery Kent Olsen Board Member (4) Jeff Henderson 1 Board Member (5) Tamara Vincent Board Member (6) Brad J. Casto Board Member (7) Tommy C. Thacker 1 Board Member (8) Grant J. Earl General Manager/CEO (9) Alan Haslem 40 Manager of Engineering 1(1) Michael J Griffiths Manager of Departions 1(12) Robert Uresk Line Superintendent 1(13) Kim Mullins Line Superintendent 1(13) Kim Mullins Line Superintendent 1(13) Kim Mullins Line Superintendent 1(14) Richard C Fisher 1 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,436 16,435 16,435 16,436 1			l rec	를	cer	em	hest	賈			
(1) Stewart E. Olsen Board Member (2) Yords Neitsen Board Member (3) Torrery Kent Olsen Board Member (4) Jeff Henderson 1 Board Member (5) Tamara Vincent Board Member (6) Brad J. Casto Board Member (7) Tommy C. Thacker 1 Board Member (8) Grant J. Earl General Manager/CEO (9) Alan Haslem 40 Manager of Engineering 1(1) Michael J Griffiths Manager of Departions 1(12) Robert Uresk Line Superintendent 1(13) Kim Mullins Line Superintendent 1(13) Kim Mullins Line Superintendent 1(13) Kim Mullins Line Superintendent 1(14) Richard C Fisher 1 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,436 16,435 16,435 16,436 1			학교	onal		β	🛎 💁		(1000 111100)		
(1) Stewart E. Olsen Board Member (2) Yords Neitsen Board Member (3) Torrery Kent Olsen Board Member (4) Jeff Henderson 1 Board Member (5) Tamara Vincent Board Member (6) Brad J. Casto Board Member (7) Tommy C. Thacker 1 Board Member (8) Grant J. Earl General Manager/CEO (9) Alan Haslem 40 Manager of Engineering 1(1) Michael J Griffiths Manager of Departions 1(12) Robert Uresk Line Superintendent 1(13) Kim Mullins Line Superintendent 1(13) Kim Mullins Line Superintendent 1(13) Kim Mullins Line Superintendent 1(14) Richard C Fisher 1 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,436 16,435 16,435 16,436 1		line)	l st	Ę		ee	ថ ្	1			organizations
(1) Stewart E. Olsen Board Member (2) Yords Neitsen Board Member (3) Torrery Kent Olsen Board Member (4) Jeff Henderson 1 Board Member (5) Tamara Vincent Board Member (6) Brad J. Casto Board Member (7) Tommy C. Thacker 1 Board Member (8) Grant J. Earl General Manager/CEO (9) Alan Haslem 40 Manager of Engineering 1(1) Michael J Griffiths Manager of Departions 1(12) Robert Uresk Line Superintendent 1(13) Kim Mullins Line Superintendent 1(13) Kim Mullins Line Superintendent 1(13) Kim Mullins Line Superintendent 1(14) Richard C Fisher 1 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,435 16,436 16,435 16,435 16,436 1			ě	99	ĺ	ĺ	sate				
Board Member		 		_	-		<u>a</u>				
C2 Yordis Natisen 1	(1) Stewart E. Olsen	1									
Board Member			✓	_	<u> </u>	_		├	16,913		
(3) Torrery Kent Cisen 1							1			ŀ	
Board Member		<u> </u>	/					<u> </u>	16,436		
(4) Jeff Henderson 1 Board Member		1 1						ŀ		Í	
Board Member		 	/	_				<u> </u>	16,107		
Sample S	(4) Jeff Henderson	1 1									
Board Member	Board Member		✓	L			<u> </u>	<u> </u>	15,433		
Solid Registry Soli	(5) Tamara Vincenti	1 1	ļ							i i	
Board Member	Board Member		✓						14,538		
Tommy C. Thacker 1	(6) Brad J. Casto	1 1		1	İ				ļ		
Board Member	Board Member		✓					<u> </u>	13,698		
(8) Grant J. Earl 40 General Manager/CEO 7 (9) Alan Haslem 40 Manager of Finance 126,341 (10) Michael J Griffiths 40 Manager of Engineering 7 (11) Paul Betts 40 Manager of Operations 7 (12) Robert Uresk 40 Line Superintendent 7 Lineman 7 (14) Richard C Fisher 40	(7) Tommy C. Thacker	1									
General Manager/CEO ✓ 231,254 (9) Alan Haslem 40 Manager of Finance ✓ 126,341 (10) Michael J Griffiths 40 Manager of Engineering ✓ 120,619 (11) Paul Betts 40 Manager of Operations ✓ 116,781 (12) Robert Uresk 40 Line Superintendent ✓ 113,878 (13) Kim Mullins 40 Lineman ✓ 103,187 (14) Richard C Fisher 40	Board Member		✓						12,362		
(9) Alan Haslem Manager of Finance (10) Michael J Griffiths 40 Manager of Engineering (11) Paul Betts 40 Manager of Operations (12) Robert Uresk 40 Line Superintendent (13) Kim Mullins 40 Lineman (14) Richard C Fisher 40 126,341 120,619 120,619 110,781 111,878	(8) Grant J. Earl	40									
Manager of Finance ✓ 126,341 (10) Michael J Griffiths 40 Manager of Engineering ✓ 120,619 (11) Paul Betts 40 Manager of Operations ✓ 116,781 (12) Robert Uresk 40 Line Superintendent ✓ 113,878 (13) Kim Mullins 40 Lineman ✓ 103,187 (14) Richard C Fisher 40	General Manager/CEO				✓				231,254		
(10) Michael J Griffiths	(9) Alan Haslem	40							ł		
Manager of Engineering ✓ 120,619 (11) Paul Betts 40 Manager of Operations ✓ 116,781 (12) Robert Uresk 40 Line Superintendent ✓ 113,878 (13) Kim Mullins 40 Lineman ✓ 103,187 (14) Richard C Fisher 40	Manager of Finance	_			✓				126,341		
(11) Paul Betts	(10) Michael J Griffiths	40						ĺ			
Manager of Operations ✓ 116,781 (12) Robert Uresk 40 Line Superintendent ✓ 113,878 (13) Kim Mullins 40 Lineman ✓ 103,187 (14) Richard C Fisher 40	Manager of Engineering						✓		120,619		
(12) Robert Uresk	(11) Paul Betts	40									
Line Superintendent ✓ 113,878 (13) Kim Mullins 40 Lineman ✓ 103,187 (14) Richard C Fisher 40	Manager of Operations						✓	<u> </u>	116,781		
Line Superintendent ✓ 113,878 (13) Kim Mullins 40 Lineman ✓ 103,187 (14) Richard C Fisher 40	(12) Robert Uresk	40									
Lineman ✓ 103,187 [14] Richard C Fisher 40 ✓	Line Superintendent						1		113,878		
Lineman ✓ 103,187 [14] Richard C Fisher 40 ✓	(13) Kim Mullins	40									
	Lineman		•				✓		103,187		
	(14) Richard C Fisher	40									
	Technical Services Supervisor						1		102,221		

Far	t VII Section A. Officers, Directors, Trus	tees, Key E	mpio	yees		na r C)	tigne	ST C	ompensated E	imployees (continue	ea)		
	(4)	(6)			•	ution			(D)	/ES			/E\	
	(A) Name and title	(B) Average	•				e than		(D) Reportable	(E) Reportab	اما		(F) Imated	
	Name and the	hours per					ıs botl or/trus		compensation	compensation			ount of	
		week (list any	93131012					<u> </u>	from the	related organization	ne l		ther ensatio	00
		hours for related	Individual trustee or director	stitu	Officer	Key employee	nple	Former	organization	(W-2/1099-N			m the	Uli
		organizations	dual	ğ	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	를	st co] =	(W-2/1099-MISC)				nizatio	
		below dotted	1 7 🧝	al tr		۱ ۱	ğ						related nzation	
		,	tee	Institutional trustee			Highest compensated employee					-		
				œ i			Ē							
(15)														
(16)				-	-	_								
						_							_	
(17)														
(18)													-	
(19)			_		_						-			
			-			<u>_</u>								
(20)														
(21)														
(22)														
											_			
(23)		 												
(24)											_			_
<u> </u>														
(25)														
1b	Sub-total		 	l		<u> </u>			1,019,768					
С	Total from continuation sheets to Part	VII, Section	n A					•						
d		·						<u> </u>	1,019,768					
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	of		
	reportable compensation from the organi	zation > 8			_									T
2	Did the organization list any former of						kov. c	mn	lovos or bigh	ost compo	neated		Yes	No
3	employee on line 1a? If "Yes," complete S											3	1	1
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation from	om the	-		-
•	organization and related organizations											1		
	ındıvidual											4	1	
5	Did any person listed on line 1a receive o									ation or ind	lividual			
	for services rendered to the organization?	of "Yes," c	omple	ete (Sch	edu	ile J f	or s	uch person	<u> </u>	· · ·	5		✓
	on B. Independent Contractors										0100			
1	Complete this table for your five highest of compensation from the organization. Rep													2
	year.	ort comper	isano	11 10	,		aiciia	uı y	car origing with	0	ino orga	mean) i i i	u.
	(A) Name and business add	'ASS		•					(B) Description of s	ervices		(C) ompens	ation	
Anders	son & Wood							Lin	e Contractor					79,682
	ervices Company							-	gineering Servi	ce				16,221
High V	oltage Inc							Lin	e Contractor					59,915
David	K Service							Tre	e Trimming					16,705
	n Telco Inc								e Testing				22	23,685
2	Total number of independent contractor received more than \$100,000 of compens							່ເກ	ose listed abo	wno (evc				
				۰ ن					9					

Par	t VIII	Statement of Reve	enue				5 11411		
		Check if Schedule C) contains	a resp	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	s	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues .		1b	0				
۾ ٽي آھي	С			1c	0				
ifts	ď	Related organizations	3	1d	0	}			
S, G	е	Government grants (cor		1e	0				
ΘŠ	f	All other contributions, g				1			
E E		and similar amounts not inc	luded above	1f	0				
E O	g	Noncash contributions inclu-	ded in lines 1a	-1f \$	0				
a Co	h	Total. Add lines 1a-1	f		>	0			
					Business Code				,,
Ven	2a								
Program Service Revenue	ь								
	С				_				
Sen	d								
Ē	е								
g	f	All other program ser	vice revenu	е.				·	
<u>-</u>	g	Total. Add lines 2a-2	f		<u> ▶ </u>	0			
	3	Investment income							
		and other similar amo			,	172,051	172,051	0	172,051
	4	Income from investmen		-		0			
	5	Royalties	(ı) Real		(ii) Personal	0			
	_								
	6a	Gross rents	3	9,420	0				
	b	Less rental expenses		0	0				
	°.	Rental income or (loss)		0	0				
	d	Net rental income or	(IOSS) . (i) Securiti	 	► (ii) Other	39,420	39,420	0	39,420
	7a	Gross amount from sales of assets other than inventory	(i) Securiti						
		Less: cost or other basis		0	(6,769)				
	b	and sales expenses .				}			
	_	Gain or (loss)		0	(6,769)				
	d	Net gain or (loss)	· · ·			(6,769)	(6,769)	0	(6,769)
		Net gain or (ioss) .			🟲	(0,703)	(0,703)		(0,703)
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18	ed on line 1		o				
5	b	Less direct expenses			0	j		'	
	С	Net income or (loss) f			events . ►	0			
	9a	Gross income from ga See Part IV, line 19 .			o				
	b	Less: direct expenses			0	ŀ			
	С	Net income or (loss) f	rom gamını	gacti	/ities ▶	0			
	10a	Gross sales of in returns and allowance		ess a	73,566,451				
	b	Less: cost of goods s	old	b	53,645,324	l		<u> </u> 	
	С	Net income or (loss) f				19,921,127	19,921,127	0	19,921,127
- 1		Miscellaneous R	evenue		Business Code				
	11a	Patronage Dividends				911,780	911,780	0	911,780
	b			- 1					
	C			I					
	d	All other revenue .							
	е	Total. Add lines 11a-			▶	911,780			
	12	Total revenue. See in	structions		<u> ▶</u>	21,037,609	21,037,609		21,037,609
									Form 990 (2014)

Part IX	Statement of Functional Expenses	
---------	----------------------------------	--

Sèction	on 501(c)(3) and 501(c)(4) organizations must com			s must complete colu	ımn (A).
	Check if Schedule O contains a respon				<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o	o		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,019,768	0	1,019,768	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0		0	0
7	Other salaries and wages	0		0	0
8	Pension plan accruals and contributions (include		;		
	section 401(k) and 403(b) employer contributions)	0		0	0
9	Other employee benefits	O	0		0
10	Payroll taxes	0	6	0	0
11	Fees for services (non-employees).				
a	Management	0	0	0	<u>_</u> 0
b	Legal	0	0	0	0
c d	Lobbying	0		0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	G	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ŭ	(A) amount, list line 11g expenses on Schedule O.)	O	o	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	0	0	0	0
14	Information technology [0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses		_j		_
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	686,862	686,862 0	0	0
21 22	Depreciation, depletion, and amortization	3,841,667	3,841,667	0	0
23	Insurance	3,041,007	0	0	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	j			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Sch II	11,614,552	9,375,820	2,238,732	0
b					<u> </u>
С					
d					
е	All other expenses		45 4		
25_	Total functional expenses. Add lines 1 through 24e	17,162,849	13,904,349	3,258,500	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and			į	
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	0	0	О	n
					Form 990 (2014)

art X				
	Check if Schedule O contains a response or note to any line in this Par		· · · ·	
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	7,521,153	_1	7,313,822
2	Savings and temporary cash investments	8,033,194	+	16,095,858
3	Pledges and grants receivable, net	0		0
4	Accounts receivable, net	9,735,198	4	8,376,192
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	1,080	5	6,856
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
7	Notes and loans receivable, net	54,477	7	52,907
8	Inventories for sale or use	3,947,018	8	3,884,882
9	Prepaid expenses and deferred charges	129,777	9	127,590
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 139,022,001			
ь	Less accumulated depreciation 10b 60,943,857	70,227,388	10c	78,078,144
11	Investments – publicly traded securities	0	11	0
12		0	12	0
13	Investments – program-related. See Part IV, line 11	3,112,289	13	3,264,814
14	Intangible assets	0	14	0
15		0	15	0
16	·	102,761,574	16	117,201,064
17	Accounts payable and accrued expenses	12,582,510	17	21,932,147
18	Grants payable	0	18	0
19	Deferred revenue	0	19	0
20	Tax-exempt bond liabilities	0	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule I		22	
	· · · · · · · · · · · · · · · · · · ·			10,337,227
			_	10,337,227
24 25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
	-		\vdash	4,545,108
26		26,249,734	20	36,814,482
	complete lines 27 through 29, and lines 33 and 34.			
27			_	
28	· · ·			
29	Permanently restricted net assets		29	
30	· · · · · · · · · · · · · · · · · · ·	0	30	0
	·			76,511,822
32				3,874,760
33	Total net assets or fund balances	76,511,821		80,386,582
\sim			34	
	1 2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	Check if Schedule O contains a response or note to any line in this Par Cash—non-interest-bearing Savings and temporary cash investments	Check if Schedule O contains a response or note to any line in this Part X A Beginning of year	Check if Schedule O contains a response or note to any line in this Part X Reginning of year

Page	1	2

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	90 (2014)				ige 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	• •	· · · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			37 <u>,609</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,16	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	3		3,87	74 <u>,760</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		76,51	1,821
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		80,38	36,582
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in		7	-
	Schedule O.			•	,-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled or		, ,	
	reviewed on a separate basis, consolidated basis, or both:			-	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a		-	· .
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	[
_	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex				5
	Schedule O.				70
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth in	[
-	the Single Audit Act and OMB Circular A-133?		3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			ļ _
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits.	3b		
		<u> </u>	For	n 99 0	(2014)
					,/

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number Name of the organization Moon Lake Electric Assn. Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X

Par	t III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	ner Similar As	ssets (continued)
•3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	e follow	ring that are a s	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	ams	
b	☐ Scholarly research		е	Other				
С	☐ Preservation for future generation:	s						
4	Provide a description of the organiza XIII							
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donatior ained as i	is of art, part of the	historical tre e organization	easures on's co	s, or other simil llection?	ar 🔲 Yes 🗌 No
Par	Escrow and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.	answered "Yes	" to For	n 990, P	Part IV, line	9, or r	eported an am	nount on Form
1a	included on Form 990, Part X?							
Ь	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing to	able:			
							A	mount
C	Beginning balance					1c	+	
d	Additions during the year					1 <u>d</u>		
е	Distributions during the year					1e		
f	Ending balance					1f		√2 □ Voc □ No
2a	Did the organization include an amount "Yes," explain the arrangement in P	nt on Form 990, P	an X, line	21, for e	n has been	provide	account nability	y: Tes NO
Par		art XIII. Check her	e ii the e	храпацо	ITHAS DEET	provide	U III r art Aiii .	···-
rai	Complete if the organization	answered "Yes	" to For	n 990. F	Part IV. line	10.		
	Complete ii the organization	(a) Current year		or year	(c) Two years		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance		† 	-				
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs						_	
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	j, column (a))) held a	as:	
а	Board designated or quasi-endowment	nt 🟲	%					
b	Permanent endowment >							
С	Temporarily restricted endowment ▶	%						
•	The percentages in lines 2a, 2b, and 2				at are bold :	and ad	munictored for t	ho
3a	Are there endowment funds not in the organization by:	e possession of the	ne organi	zation the	at are nelu i	anu au	illinistered for t	Yes No
								3a(i)
	(i) unrelated organizations (ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi							3b
4	Describe in Part XIII the intended uses							
Part			" to For	000 [)t IV / line	110	San Form 000	Port V. line 10
	Complete if the organization				or other basis		Accumulated	(d) Book value
	Description of property	(a) Cost or of			other)		epreciation	(u) Book value
1 a	Land		0		1,731,577	, .,		1,731,577
b	Buildings	·	0	<u> </u>	12,521,776		2,919,458	9,602,318
C	Leasehold improvements	•	0		0		7 700 440	0
d	Equipment	·	0		11,347,857		7,702,410	3,645,447
e_ Total	Add lines 1a through 1e. (Column (d) n	oust equal Form 9	<u> </u>		113,420,790)c.) .	50,321,989 ►	63,098,802 78,078,144

Part VII	Investments – Other Securities Complete if the organization ans		rm 990. P	art IV. line	11b	See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)			ok value		(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives						
• •	neld equity interests						
(A)			—				
(B)	***************************************		· 				
(C)							
(D)			 				
(E)							
(F)							<u></u>
(G)							
(H)							
	b) must equal Form 990, Part X, col (B) line 12) ▶					····	
Part VIII	Investments—Program Related	4	ــــــــــــــــــــــــــــــــــــــ		<u> </u>		
raitviii	Complete if the organization ans		rm aan D	art IV line	110	See Form	990 Part Y line 13
	(a) Description of investment	Wered Tes (OTO)		ok value	, 110		thod of valuation
	(a) Description of Investment		(0) 50				of-year market value
(1) NRUCF	C - Capital Term Certificates			1,439,957	Cost		
	Patronage			553,619			
(3) WUES P	atronage		<u> </u>	1,271,239	Cost		
(4)							
_(5)							
_(6)			<u> </u>				
_(7)							
(8)							
(9)		_			<u></u>		
	n) must equal Form 990, Part X, col. (B) line 13.) ▶			3,264,815			····-
Part IX	Other Assets.						
	Complete if the organization answ		m 990, P	art IV, line	11d.	See Form	
	(a) Description					(b) Book value
(1)							
(2)							<u> </u>
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colum	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<u> </u>	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities.						
	Complete if the organization answ	vered "Yes" to For	m 990, P	art IV, line	11e	or 11f. See	Form 990, Part X,
	line 25.						
1.	(a) Description of liability	(b) Book value					
(1) Federal inc	come taxes						
(2) Consum	er deposits	3	47,533				
(3) Post Ret	irement benefits	2,5	48,100				
(4) Miscellar	neous deferred credits	1,6	49,476				
(5)							
(6)							
(7)							
(8)							
(9)							
	must equal Form 990, Part X, col (B) line 25) ▶		45,108				
	uncertain tax positions. In Part XIII, provid			rganization	's finar	ncial stateme	nts that reports the
	liability for uncertain tax positions under						

Page	4
raue	•

Schedule	: D (Form	1990) 2014	

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	21,037,609
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		21,037,009
a	Net unrealized gains (losses) on investments	1 1	
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	-	
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
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.)	_	
	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	21,037,609
Part		per Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	17,162,849
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		
С	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
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.)	i _i	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	17,162,849
	e 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, lir	ne 4; Part X, line
; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	l information.	
; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additionation	l information.	
; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additionation	l information.	
; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additionation	l information.	
; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additionation	l information.	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additionation	l information.	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additionation	l information.	

Schedule D (Fo	orn 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
•		
		
		•
		

SCHEDULE J (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Employer identification number Name of the organization

Moon	Lake Electric Assn. Inc.		87-01549	03		
Part						
					Yes	No
1a	Check the appropriate box(es) if the organization possible Part VII, Section A, line 1a. Complete Part III to	rovided any of the following to or for a provide any relevant information regardii	person listed in Forming these items.			-
	☐ First-class or charter travel	☐ Housing allowance or residence t	or personal use	1 : 3	5	
	✓ Travel for companions	Payments for business use of per	rsonal residence			Ι.
	☐ Tax indemnification and gross-up payments	Health or social club dues or initia				
	☐ Discretionary spending account	Personal services (e.g., maid, cha	auffeur, chef)			
	_ = terrement, spenning account		,	- 1	ر د موت	
b	If any of the boxes on line 1a are checked, did to or reimbursement or provision of all of the ex	the organization follow a written police penses described above? If "No,"	ey regarding payment complete Part III to	(<i>F</i> ()	
	explain			1b		
2	Did the organization require substantiation prid directors, trustees, and officers, including the CE 1a?			2	✓	
				5.7		
3	Indicate which, if any, of the following the filing org	ganization used to establish the compe	ensation of the	3	, Feeling	- ,}
	organization's CEO/Executive Director. Check all t			4	1	
	related organization to establish compensation of	the CEO/Executive Director, but expla	in in Part III.		3.49	
	☐ Compensation committee	✓ Written employment contract		8.1	1	
	Independent compensation consultant	✓ Compensation survey or study				E
	☐ Form 990 of other organizations	Approval by the board or comper	nsation committee			
		E Approval by the board of compet			1	1
4	During the year, did any person listed in Form 990,	Part VII Section A line 1a with response	ect to the filing	12.0		47
•	organization or a related organization:	, rait in, coolon, i, in o ra, marrosp				
_		-l		7,50	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
a	Receive a severance payment or change-of-control	• •		4a		V
Ь	Participate in, or receive payment from, a supplem			4b		V
C	Participate in, or receive payment from, an equity-			4c	47.5. 3	√
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for eac	h item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of For persons listed in Form 990, Part VII, Section A. compensation contingent on the revenues of:					1
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes" to line 5a or 5b, describe in Part III.			7.2		- 34
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of:	line 1a, did the organization pay or a	ccrue any			·
а	The organization?			6a		<u> </u>
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 payments not described in lines 5 and 6? If "Yes,"			7	, T. 1927	. 41
8	Were any amounts reported in Form 990, Part VII,			\vdash		
•	to the initial contract exception described in	Regulations section 53 4958-4/a)(2)	If "Yes" describe			ĺ
	in Part III					
				8	وزوني مانياه	- VI-1
•	If the same and th		الدخالة معالمه			
9	If "Yes" to line 8, did the organization also followers section 53 4958-6(c)?	low the reduttable presumption pro	cedure described in	_	1	İ

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

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

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

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	and/or 1099-MISC compensation	a, applicable colulli	I (U) and (E) amount	o lor that individual.
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)+(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Grant Fort	€	207.316	Į.	17.415	56.580	15.167	302 978	
1 General Manager/CEO	€		} 					
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16	E							
							Sci	Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Moon Lake Electric Assn. Inc.	87-0154903
PART V, LINE 3a	
Moon Lake Electric Association, Inc., did not have unrelated business gross income that exceeded \$1	.000.00 in 2014.
PART VI, LINE 6, 7a, 7b	
LINE 6 - Moon Lake Electric Association, Inc., was organized in 1938 as a rural electric cooperative by	residents of Northeastern Utah and still
operates as a member-owned cooperative in Northeastern Utah and Western Colorado.	
LINE 7a - All Board of Directors are elected by members of their district and serve three-year terms.	
LINE 7b - Members are given a chance to visit with board members at the annual meetings and prior to	o monthly meetings via our webpage,
email, and phone calls.	
PART VI, LINE 8a	
Minutes of meetings are kept by the board of Moon Lake Electric.	
PART VI, LINE 11b	•
Moon Lake Electric Association, Inc., staff present a copy of the Form 990 to each of the governing bo	ard members on April 8, 2015, prior to
filing the form with the IRS. A motion was made to accept the Form 990 as presented. The 990 form wa	s then mailed to the IRS.
PART VI, LINE 15	
Moon Lake Electric board members evaluate the compensation of the CEO and key employees.	
PART VI, LINE 19	
Audited financial statements are included in the annual report and distributed to the members at the a	nnual meeting.
Moon Lake Electric Association, Inc , makes their governing documents, conflict of interest policy (Bo	ard Policy 400), and CPA audited
financial statements available upon request to the public at their annual meeting that was held on Jun	e 5, 2014. All members of Moon Lake
Electric Association, Inc., that were in attendance were given a copy of the audited financial statement	ts at the annual meeting held on
June 5, 2014.	

Schedule-O (Form 990 or 990-EZ) (2014) Name of the organization	Page 2
	Employer identification number
Moon Lake Electric Assn. Inc.	87-0154903
PART XI, LINE 9	
Patronage refund to members in the amount of: \$0	
Increase in gains: \$0	
LINE 9 Total: \$0	
SCHEDIUS I DADT II (D)Già. Other contable companyies	
SCHEDULE J, PART II (B)(iii): Other reportable compensation	
Consists primarily of sold accumulated Personal Leave Time.	

	COUED! " E !!		
	SCHEDULE I		
•			
	MOON LAKE ELECTRIC A		
	Identification No. 87-01549	03	
	Form 990		
PART IX, Line 24	Column A	Column B	Column C
Transmission Expense	\$513,736	\$513,736	
Distribution Expense Oper.			
Distribution Expense Maint		2,180,921	
Consumer A/C'S Expense	\$1,331,973	1,331,973	
Customer Service and Info	\$50,149		50,14
Sales Expense	\$24,689		24,68
Administrative and Genera	\$2,163,893		2,163,89
Property Taxes	\$570,114	570,114	
Other Taxes	\$1,090	1,090	
Misc. Expenses	\$52,621	52,621	
Total	\$11,614,552	\$9,375,820	\$2,238,73
	========	=======================================	========

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