# ${\color{blue} COMMITTEE\ ON\ NATURAL\ RESOURCES} \\ {\color{blue} 113^{th}\ Congress\ Disclosure\ Form} \\ As\ required\ by\ and\ provided\ for\ in\ House\ Rule\ XI,\ clause\ 2(g)\ and }$ the Rules of the Committee on Natural Resources

6/26/13 Oversight Hearing on "The Power Marketing Administrations: A Ratepayer Perspective"

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Ted Coombes
2. Name of Organization(s) You are Representing at the Hearing: Southwestern Power Resource Association
3. Business Address: P.O. Box 471827, Tulsa, OK 74147
4. Business Email Address: tcoombes@sbcglobal.net
5. Business Phone Number: 918-622-7800

### For all Witnesses

Name/Organization: <u>Ted Coombes / Southwestern Power Resources Association</u>

Title/Date of Hearing: Power Marketing Administrations: A Ratepayer Perspective / June 26, 2013

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- BA, Magna Cum Laude, University of Central Oklahoma, Edmond, OK.
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Legislative Director in charge of Energy and Water Appropriations Subcommittee issues, the Honorable Wes Watkins, U.S. House of Representatives, 1977 – 1985; investigator, energy and water issues (including PMAs, Corps of Engineers and Bureau of Reclamation), Environment, Energy and Natural Resources Subcommittee, Committee on Government Operations, U.S. House of Representatives, 1985-1988; Director of Government Relations (including PMA/Corps issues), American Public Power Association, 1992 – 1995; Executive Director, Southwestern Power Resources Association, 1995 – present.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

### None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None personally.

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

As Executive Director of Southwestern Power Resources Association, I represent the interests of the federal preference customers (ratepayers) of Southwestern Power Administration in their dealings with the federal government in general, and with the PMAs, DOE and the Corps of Engineers in particular.

### **Witnesses Representing Organizations**

Name/Organization: <u>Ted Coombes / Southwestern Power Resources Association</u>

Title/Date of Hearing: Power Marketing Administrations: A Ratepayer Perspective / June 26, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Executive Director (CEO) of Southwestern Power Resources Association

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

Southwestern Power Resources Association intervened in Case No. 13-1033 before the U.S. Circuit Court of Appeals for the District of Columbia earlier this year. This case involves an appeal by the U.S. Department of Energy and Department of Interior (represented by the Justice Department) against a decision by the Federal Energy Regulatory Commission which found that the North American Energy Reliability Corp. has the authority under provisions of the Energy Policy Act of 2005 to issue monetary penalties against Federal agencies for failure to comply with electric transmission reliability standards. SPRA intervened in support of the position of the Departments of Energy and Interior.

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service For the 2009 calendar year, or tax year beginning and ending D Employer identification number C Name of organization SOUTHWESTERN POWER RESOURCES INC Check if applicable: use IRS Address change Doing Business As 73-0999766 label or print or E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite type. Initial return PO BOX 471827 (918) 622-7800 See Specific Terminated City or town, state or country, and ZIP + 4 Instruc-OK 74147 G Gross receipts \$ 562,198 Amended return tions. Name and address of principal officer: Application pending Yes X No H(a) Is this a group return for affiliates? TED COOMBES 3840 S 103RD EAST AVE, TULSA, OK 74147 H(b) Are all affiliates included? Yes If "No," attach a list, (see instructions) Tax-exempt status: X 501(c) ( 6 ) **◄** (insert no.) 4947(a)(1) or J Website: ▶ H(c) Group exemption number X Corporation K Form of organization: Trust Association Other > L Year of formation: M State of legal domicile: Part I Briefly describe the organization's mission or most significant activities: THE TAXPAYER IS A TRADE ASSOCIATION THAT REPRESENTS THE CUSTOMERS OF SOUTHWESTERN POWER ADMINISTRATION-THE MUNICIPALLY OWNED ELECTRIC Activities & Governance UITILITIES AND RURAL ELECTRIC COOPERATIVES THAT HAVE FIRST RIGHT TO PURCHASE HYDRO POWER GENERATEI AT FEDERAL DAMS THE THREE PRIMARY MISSIONS FOR ITS Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. 4 Number of independent voting members of the governing body (Part VI, line 1b). 4 0 5 5 0 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 0 Net unrelated business taxable income from Form 990-T, line 34 . . . . 7b 0 **Current Year** 0 9 466,260 551.024 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . . 10 8,252 3.076 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . -29,844 8,098 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 444.668 562,198 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 302,933 315,578 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . . 16a

20	Total assets (Part X, line 16)			268,651	405,593
Net Assets Fund Balan 22 22 23 24 25	Total liabilities (Part X, line 26)			1,100	993
호를 22	Net assets or fund balances. Subtract line 21 from	n line 20		267,551	404,600
Part II	Signature Block				
Sign Here	Under penalties of perjury, I declare that I have examined the and belief, it is true, correct, and complete. Declaration of proceedings of proceedings of the second seco			맛이 가게 하는 것 같아.	
	Type or print name and title				
Paid	Preparer's signature BETCSY RIZIK	Date 7/16/2010	Check if self-employed	Preparer's iden (see instructions)	, ,
Preparer's	Firm's name (or yours BR ACCOUNTING AND	CONSULTING SERVICES	LLC EIN	<b>&gt;</b>	

5424 S MINGO ROAD SUITE A, TULSA, OK 74146

Total fundraising expenses (Part IX, column (D), line 25) ▶

Revenue less expenses. Subtract line 18 from line 12.

Total assets (Part X, line 16). . .

if self-employed),

address, and ZIP + 4

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . . .

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). .

No

X Yes

131.844

447,422

114,776

End of Year

137,396

440,329

268.651

Beginning of Current Year

Phone no.

4,339

▶ (918) 624-2601

Use Only

17

18

19

20

1	SOUTHWESTERN POWER RESOURCES INC	73-0999766	Page 2
880	art III Statement of Program Service Accomplishments	12	
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
		,	
2	Did the organization undertake any significant program services during the year which were not listed or	ın.	
	the prior Form 990 or 990-EZ?	· · Yes	X No
	If "Yes," describe these new services on Schedule O.	· · L res	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?		[V]
	If "Yes," describe these changes on Schedule O.	· · L Yes	X No
4	Describe the exempt purpose achievements for each of the organizations three learnest		
	Describe the exempt purpose achievements for each of the organization's three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a	es by expenses.	2
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	mount of grants a	and
	anosations to others, the total expenses, and revenue, if any, for each program service reported.		
	(Onder		
4a	(Code: ) (Expenses \$ 447,422 including grants of \$ 0 ) (Revenue)	e \$ 551	,024)
	FACILITED REVISIONS IN AN EXISTING MEMORANDUM OF AGREEMENT THAT ALLOWS THE		
	CONTINUATION OF CUSTOMER FUNDING OF CORPS OPERATIONS AND MAINTENANCE (O&M)	REPAIRS AT	
	SOUTHWESTERN'S HYDROPOWER PROJECTS. ACTIVELY AND SUCCESSFULLY LOBBIED CON	GRESS FOR	
	APPROPRIATIONS NEEDED TO REHAB THE OZARK, WEBBERS FALLS, WHITNEY, AND DEGRAY	PROJECTS	
4b	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	e \$	0)
4c	(Code:) (Expenses \$0 including grants of \$0 ) (Revenue	2 0	0.)
	/ / / / / / / / / / / / / / / / / / /	5 Ψ	)
	<u></u>		
4.	Other Control of the		
4d	Other program services. (Describe in Schedule O.)		
4 -	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
40	Total program service expenses ► 447,422	The state of the s	

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		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
	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		Χ
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	0		^
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
	complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI,</i>	10		
• •	VII, VIII, IX, or X as applicable	11	Х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI.			
	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "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? If "Yes," complete Schedule D, Part X.			12.00
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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	17		Х
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		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
			000	

19? Note. All Form 990 filers are required to complete Schedule O. . . .

### 73-0999766 Part IV Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . . 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . 22 X 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 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 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 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	-0999766	P	age
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2-	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
<b>L</b>	Statements, filed for the calendar year ending with or within the year covered by this return .			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a				
•	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4-		V
b	If "Yes," enter the name of the foreign country: ▶	4a		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding			
6-	Profibiled Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible?	6a	-	X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
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?	7-		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	, 0		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	Denenit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
8	required?	7h		
Ū	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?	_		
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	0-		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
126	against amounts due or received from them.)			
l2a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
n	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

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

Section A. Governing Body and Management

000	Alon A. Governing Body and Management			
1a	Enter the number of voting manufacture of the		Yes	No
b	I 1a I			
2	Enter the number of voting members that are independent			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ
6	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
7a	Does the organization have members or stockholders?	6		X
/ a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	70		>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.0		_^
	the year by the following:			
а	The governing body?	0_		· · ·
b	Each committee with authority to act on behalf of the governing body?	8a		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b		X
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			V
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	9a		X
Rev	enue Code.)			
0.000			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
10a	Does the organization have local chapters, branches, or affiliates?	40-	Yes	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10a		X
	affiliates, and branches to ensure their operations are consistent with those of the organization?	401		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	10b		X
	form?	44		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	40		.,
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a		X
	rise to conflicts?			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		Χ
	describe in Schedule O how this is done			3993304
13	Does the organization have a written whistleblower policy?	12c		X
14	Does the organization have a written document retention and destruction policy?	13		Χ
15	Did the process for determining compensation of the following persons include a review and approval by	14		Χ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.			
b	Other officers or key employees of the organization .	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b		Χ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
5335788	with a taxable entity during the year?			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
(open)	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?			
Sect	ion C. Disclosure	16b		
7	list the states with which a copy of this Farm cool		-	
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 200 and 1020 T (504) 200			
W.00.	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or available for public inspection. Indicate how you make these available. Check all that apply.	ıly)		
	Own website  Another's website  X Upon request			
9				
_	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interespolicy, and financial statements available to the public.	st		
0	State the name, physical address, and telephone number of the name.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  TED COOMBS  (918) 622-780			
	3840 S 103RD EAST AVE. TULSA, OK 74147 (918) 622-780	00		
	ENDIANT TO THE PROPERTY OF THE			

 000	100001
	(2009)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not comp		ent of	fice	- 22		ctor, o	r tr	ustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Po or director		Officer		Highest compensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
TED COOMBES EXECUTIVE DIRECTOR	40.	Х			x			153,502	0	3,880
ROBERT WILLIAMS PRESIDENT	0.			х				0	0	
ANDREW LACHOWSKY VICE PRESIDENT	0.			Х				0	0	C
BRETT BRADFORD SECRETAY	0.			х				0	0	C
						8				
										¥
									8 %	
	F 1								e e	
		4								
								5		
									= 0	
				4						
										-

73-0999766	Pag
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1  Yes N  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		(A)	(B)			(0	C)			(D)	(E)	(F)	
tb Total		Name and title	hours per			_				compensation	compensation	amount of	
Total   Tot			week	dividual trustee r director		fficer	ey employee	ghest compensated mployee	ormer	the organization	organizations	compensation from the organization and relate	on d
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3    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    5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . 5    Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation													
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reportable compensation from the organization    Temporary   Tempo	1b	Total							. ▶	153,502	!	0 3	3,88
employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organization	ion 🕨			1				E		Yes	No
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	employee on line 1a? If "Yes," complete Sci	hedule J for suc	ch ind	livid	ual .						3	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	4	the organization and related organizations of	reater than \$15	50,00	0? <i>l</i> i	"Ye	s," c	omp	lete :	Schedule J for s			
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  Compensation  Compensation	5	Did any person listed on line 1a receive or a	accrue compens	satior	n froi	m an	ıy un	relat	ed o	rganization for			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  Compensation	_		es," complete S	chea	lule	J for	suci	h per	son	· · · · ·		5	X
(A) Name and business address  (B) Description of services  Compensation	1000	Complete this table for your five highest cor	npensated inde	pend	lent	conti	racto	ors th	at re	eceived more that	an \$100,000 of	f	
Total number of independent contractors (including but not limited to those listed above) who received		(A)	address			8		3			vices		
Total number of independent contractors (including but not limited to those listed above) who received		2											
Total number of independent contractors (including but not limited to those listed above) who received		3							-				
Total number of independent contractors (including but not limited to those listed above) who received									-				
2 Total number of independent contractors (including but not limited to those listed above) who received													
	2	Total number of independent contractors (in	cluding but not	limite	ed to	tho	se li	sted	abov	ve) who received	d		

Par	t VIII	Statement of Revenue					, ago
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a					
gra	b	Membership dues	0				
s, g	С	Fundraising events 1c	0				
gifi Iar	d	Related organizations 1d	0				
ributions, gifts, grants other similar amounts	е	Government grants (contributions) 1e					
ior	f		- i				
but		similar amounts not included above 1f	ا				
of fri	q	Noncash contributions included in lines 1a-1f: \$	0				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f		0			
		. Otali / Ida iii Oo Id II	Business Code	0		To the Samuel Co.	
žu	2a	MEMBERSHIP DUES & ASSESSMENTS		FF4 004			
Seve	b		561439 Other	551,024	551,024		
9				0			
Ξ	C			0			
Š	d			0			
Ľа	e	An o		0			
Program Service Revenue	f	All other program service revenue		0	/3		
	g	Total. Add lines 2a–2f		551,024			
	3	Investment income (including dividends, interest, ar		4			
		other similar amounts)		3,076	3,076	61	
	4	Income from investment of tax-exempt bond procee	ds ▶	0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents	7				
	b	Less: rental expenses					
	С	Rental income or (loss)	0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 0					
	b	Less: cost or other basis	0				
			o				
	c	and sales expenses 0 Gain or (loss) 0	0				
	d	Net gain or (loss)	-				
	8a	Gross income from fundraising		0			
ne	ou	events (not including \$0					
en		of contributions reported on line 1c).					
é							
Other Revenue	h	See Part IV, line 18	0				
the		Less: direct expenses b	0				
Ó	٥-	Net income or (loss) from fundraising events	▶	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0				
		Less: direct expenses b	0				
	С	Net income or (loss) from gaming activities	▶	0			
	10a	Gross sales of inventory, less					
		returns and allowances a	0				
		Less: cost of goods sold b	0				
	С	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
		ANNUAL MEETINGS		8,098	8,098		
	b			0		2	
	C			0			
1	d	All other revenue		0	11		9
		<b>Total</b> . Add lines 11a–11d		8,098			
	12	Total revenue. See instructions	▶	562,198	562,198	0	0

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not req	uned to complete	Columns (B), (C),	aria (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		9		
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0		BUILDING NEW	
4	Benefits paid to or for members	0	/ /		
5	Compensation of current officers, directors,		///		
	trustees, and key employees	157,382	157,382		
6	Compensation not included above, to disqualified			7	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	79,309	79,309		
8	Pension plan contributions (include section 401(k)				
- AND 11	and section 403(b) employer contributions)	28,086	28,086		-
9	Other employee benefits	41,642	41,642	12	
10	Payroll taxes	9,159	9,159		
11	Fees for services (non-employees):	5,130	0,100		
а	Management	0			>
b	Legal	5,930	5,930		
С	Accounting	3,425	3,425		
d	Lobbying	0,120	0,120		
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses		4,895		
14	Information technology	0	4,090		
15	Royalties	0			
16	Occupancy	17,620	17,620		
17	Travel	36,813	36,813		
18	Payments of travel or entertainment expenses	30,013	30,013		
10	for any federal, state, or local public officials	0			***
19	Conferences, conventions, and meetings	25,813	25.042		
20		25,613	25,813		
21	Interest				
22		0	0		
23	Depreciation, depletion, and amortization	0	0	0	
24	Insurance	2,194	2,194		
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below.)	7 70-	<b></b>		
a	EQUIPMENT LEASE	7,727	7,727		
b	AUTO	8,250	8,250		
. C	PRINTING & PUBLICATIONS	4,796	4,796		
d	UTILITIES	5,740	5,740		
e	DUES	6,373	6,373		
f 25	All other expenses Postage, Promo, CompRepair	2,268	2,268		
25	Total functional expenses. Add lines 1 through 24f	447,422	447,422	0	
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
		-			

	n 990 (20	OO9) SOUTHWESTERN POWER RESOURCES INC			73-0999766	Page 11
P	art X	Balance Sheet				, ago
	_		(A) Beginning of year		(B) End of y	ear
	1	Cash—non-interest-bearing	39,817	1		-2,677
	2	Savings and temporary cash investments	228,211	2		408,132
	3	Pledges and grants receivable, net	0	3		C
	4	Accounts receivable, net	0	4		(
	5	Receivables from current and former officers, directors, trustees, key			Alternative of the	
		employees, and highest compensated employees. Complete Part II of				
		Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section	HEROMA # 525 701			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete				
"		Part II of Schedule L		6		
Assets	7	Notes and loans receivable, net	0	7		0
Ass	8	Inventories for sale or use		8		
٩	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or 10a 24,164				
	1	other basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation 10b 24,026	623	10c	and the second s	138
	11	Investments—publicly traded securities	0	11		0
	12	Investments—other securities. See Part IV, line 11	0	12		0
	13	Investments—program-related. See Part IV, line 11	0	13		0
	14	Intangible assets	0	14		0
	15	Other assets. See Part IV, line 11	0	15		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	268,651	16		405,593
	17 18	Accounts payable and accrued expenses		17		
	19	Grants payable		18		
	20	Deferred revenue		19		
S	21	Tax-exempt bond liabilities		20		
Liabilities	22	Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key		21		
ig	22	employees, highest compensated employees, and disqualified				
Ë		persons. Complete Part II of Schedule L				
	23	Secured mortgages and notes payable to unrelated third parties		22		
	24	Unsecured notes and loans payable to unrelated third parties	0	23		0
	25	Other liabilities. Complete Part X of Schedule D	0	24		0
	26	Total liabilities Add lines 17 through 25	1,100	25		993
		Total liabilities. Add lines 17 through 25	1,100	26		993
S		Organizations that follow SFAS 117, check here				
nc		complete lines 27 through 29, and lines 33 and 34.				
ala	27	Unrestricted net assets	267,551	27		404,600
B	28	Temporarily restricted net assets		28		
ŭ,	29	Permanently restricted net assets		29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
sts		Capital stock or trust principal, or current funds				
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		30		
ίÀ	32	Retained earnings, endowment, accumulated income, or other funds.	22-	31		
Ne		Total net assets or fund balances	267,551	32		404,600
	34	Total liabilities and net assets/fund balances	267,551	33		404,600
		and not according parameter	268,651	34		405,593 <b>990</b> (2009)

Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a 2a X X 2b If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were X Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a 3a 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.

Form **990** (2009)

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

wame	of the organization	Employer identification number
SOU	THWESTERN POWER RESOURCES INC	73-0999766
Par		nds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal contr	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	
	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?	
Par		to Form 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	10 1 01111 000, 1 dit 1V, iii10 7.
		of an historically invariant land
		of an historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribut	on in the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	. 2b
C	Number of conservation easements on a certified historic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 8/17/06	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or te	rminated by the organization
	during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	ements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes . No
9	In Part XIV, describe how the organization reports conservation easements in its revenue	ue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fire	nancial statements that describes
	the organization's accounting for conservation easements.	
Par		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	atement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or recognized provided in Part XIV the text of the features to the first and the treatment of the features to the features of the features to the features of the fe	esearch in furtherance of public
b	service, provide, in Part XIV, the text of the footnote to its financial statements that describe arganization elected as permitted under SEAS 116, to report in its revenue states	cribes these items.
D	If the organization elected, as permitted under SFAS 116, to report in its revenue stater historical treasures, or other similar assets held for public exhibition, education, or rese	nent and balance sneet works of art,
	service, provide the following amounts relating to these items:	aren in furtherance of public
	(i) Payanues included in Form 000 Part VIII line 4	▶ 0
	(i) Revenues included in Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
_	following amounts required to be reported under SFAS 116 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	💆 💲
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

Pai	t III Organizations Maintaining Coll	lections of Art, H	istorical	Treasures, or 0	Other Similar As	ssets (co	ontini	ued)
3								
·	Using the organization's acquisition, acceuse of its collection items (check all that a	ssion, and other re	coras, cne	ck any of the foll	owing that are a s	ignificant		
а	Public exhibition		1 .	SE CONTRACTO DE LA CONTRACTO DE				
		d L	Loan	or exchange pro	grams			
b	Scholarly research	e _	Other					
С	Preservation for future generations							
4	Provide a description of the organization's Part XIV.	s collections and ex	plain how	they further the o	organization's exe	mpt purpo	ose in	ğ Ü
5	During the year, did the organization solici assets to be sold to raise funds rather that	it or receive donation	ons of art,	historical treasur	es, or other simila			l
Par	t IV Escrow and Custodial Arrange	ements Complete	e if the or	ganization ansi	wered "Ves" to E	Ye	s	No
	IV, line 9, or reported an amount	t on Form 990, Pa	art X, line	21.	vered res to r	01111 990	, Par	ι
1a	Is the organization an agent, trustee, custo	odian or other inter	mediary fo	r contributions o	other assets not	al and a second		
	included on Form 990, Part X?			. //	<b>.</b>	Ye	s	No
b	If "Yes," explain the arrangement in Part X	(IV and complete th	e following	g table:	*			
						Amount		
С	Beginning balance				1c			
d	Additions during the year		/		1d			
е	Distributions during the year		.//		1e			
f	Ending balance				1f			0
2a	Did the organization include an amount on	Form 990, Part X,	line 21?.			□ Ye	sX	No
b	If "Yes," explain the arrangement in Part X	(IV.				_	3 [/	140
Part	V Endowment Funds. Complete it	f the organization	answere	d "Yes" to Form	990. Part IV. lir	ne 10		
		Current year (b) F	rior year	(c) Two years back			ur years	hack
1a	Beginning of year balance	47				( )	, jour	Buok
b	Contributions		L		. The second of the			
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	<i>→</i> 0	0					
2	Provide the estimated percentage of the year	ear end balance he						
а	Board designated or quasi-endowment	9,						
b	Permanent endowment	%	2					
С	Term endowment ▶ %							
3a	Are there endowment funds not in the poss	session of the orga	nization th	at are held and a	dministered for th	10		
	organization by:			at are field and a	idiffilistered for tr		Yes	No
	(i) unrelated organizations						165	NO
	(ii) related organizations					3a(i) 3a(ii)	$\rightarrow$	
b	If "Yes" to 3a(ii), are the related organization	ons listed as require	ed on Sche	edule R2			-	
4	Describe in Part XIV the intended uses of t	the organization's e	ndowment	funds	* • • • • • • •	3b		
Part	VI Investments—Land, Buildings,	and Equipment	See For	m 990 Part X	line 10			-
	Description of investment	(a) Cost or other basis				405		
	1	(investment)		(other)	depreciation	( <b>d</b> ) Boo	ok value	t
1a	Land	(	)	0				0
b	Buildings	(		0	0			0
С	Leasehold improvements	(	)	0	0			0
d	Equipment	(	)	17,644	17,506		-	138
е	Other	(		6.520	6.520			0
Total	. Add lines 1a through 1e. (Column (d) musi	t equal Form 990, F	Part X, colu	umn (B), line 10(	c).) <b>&gt;</b>			138
				The state of the s			-	

SOUTHWESTERN POWER	RESOURCES INC	73-0999766	
Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securitie	s. See Form 990, Part X	(, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives		0	
Closely-held equity interests		0	
Other		0	
		0	
		0	
		0	
		0	, v
		0	9
		0	
		0	8
		0	
		0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	d. See Form 990. Part	X. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu	
		0	arket value
=		0	
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		0	
Part IX Other Assets. See Form 990, F			
			415
	a) Description		(b) Book value
No.			0
			0
			0
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			0
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Total (Calumn (b) must a sure! Farm 000 Bart V	(D) !: 45)		0
Total. (Column (b) must equal Form 990, Part X,			0
Part X Other Liabilities. See Form 99			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
PAYROLL TAX PAYABLE		993	
		0	
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E		0	
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2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

•

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

0

993

Schedule D (Form 990) 2009 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 562,198 2 Total expenses (Form 990, Part IX, column (A), line 25) . . . . . . . 2 447,422 Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . . . . . . . . . . . . . . 3 3 114,776 4 4 5 Donated services and use of facilities . . . . . . . . . . . . . . . 5 6 6 7 7 8 8 9 9 0 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 114.776 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements . . . . 562,198 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: а 22 b 2b C 2c d 2d 6 2e 3 3 562,198 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b. . . 4a b 4b 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 562,198 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements . . . 1 1 447,422 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 2a b 2b C 2c d 2d е 2e 0 3 3 447,422 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b. . 4a b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . Supplemental Information Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

# SOUTHWESTERN POWER RESOURCES INC 73-0999766 Supplemental Information (continued) Page 5

### 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. OMB No. 1545-0047

Open to Public Inspection

73-0999766

Schedule J (Form 990) 2009

Name of the organization SOUTHWESTERN POWER RESOURCES INC Employer identification number

**Questions Regarding Compensation** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 1a Yes No 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 1b officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . 2 Indicate which, if any, of the following the organization uses to establish the compensation of the 3 organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing 4 organization or a related organization: b 4a 4b If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: a Any related organization? . . . 5a If "Yes" to line 5a or 5b, describe in Part III. 5b For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Any related organization? . . . . . 6a If "Yes" to line 6a or 6b, describe in Part III. 6b For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was 8 7 subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 9 8 Regulations section 53.4958-6(c)? . For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Brookdown			, , , , , , , , , , , , , , , , , , , ,			
		(a) Dieakuowii oi w	v-z and/or 1099-MISC	SC compensation				
( <b>A)</b> Name		(i) 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 reported in prior Form 990 or
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Schedule J (Form 990) 2009

# SOUTHWESTERN POWER RESOURCES INC

Schedule J (Form 990) 2009

73-0999766

SCHEDULE J-1 (Form 990)

Department of the Treasury Internal Revenue Service

vame of the organization

SOUTHWESTERN POWER RESOURCES INC

Part

Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

(i) Base compensation

(A) Name

 $\Xi$ 

 $\Xi$ 

 $\Xi$  $\equiv$  $\equiv$  $\Xi$   $\Xi$ 

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EE

See Instructions for Schedule J (Form 990),

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047 Open to Publi

Inspection

Employer identification number

73-0999766

(F) Compensation reported in prior Form 990 or Form 990-EZ (E) Total of columns (B)(i)–(D) Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II) (D) Nontaxable benefits (C) Retirement and other deferred compensation 0.0 (B) Breakdown of W-2 and/or 1099-MISC compensation compensation (iii) Other reportable (ii) Bonus & incentive compensation

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

 $\Xi$ 

Schedule J-1 (Form 990) 2009

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### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SOUTHWESTERN POWER RESOURCES INC	73-0999766
Form 990 Part III Line 1 ORGANIZATION MISSION THE TAXPAYER IS A TRADE ASSOCIATION FOR TAXPAYER IS A TRADE ASSOCIATION OF TAXPAYER ASSOCIATION OF TAXPAYE	ON THAT REPRESENTS
THE CUSTOMERS OF SOUTHWESTERN POWER ADMINISTRATION THE MUNICIPALLY O	WNED ELECTRIC UTILITIES AND
RURAL ELECTRIC COOPERATIVES THAT HAVE FIRST RIGHT TO PURCHASE HYDRO PO	WER GENERATED AT FEDERAL I
THAT THREE PRIMARY MISSIONS OF ITS MEMBERS:	
Form 990 Part VI Line 10 FORM 990 REVIEW PROCESS- NO REVIEW WAS OR WILL BE CO	ONDUCTED
Form 990 Part VI Line 19 OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE - IN	FORMATION DISTRIBUTED
TO MEMBERSHIP	

### Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service , 20 A For the 2010 calendar year, or tax year beginning , 2010, and ending D Employer identification number C Name of organization B Check if applicable SOUTHWESTERN POWER RESOURCES ASSOCIATION, 73-0999766 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite P.O. BOX 471827 (918) 622-7800 Initial return City or town, state or country, and ZIP + 4 Terminated Amended TULSA, OK 74147 G Gross receipts \$ 516,917. Application H(a) Is this a group return for F Name and address of principal officer: TED COOMBES X No 3840 S. 103RD E. AVE. TULSA, OK 74147 H(b) Are all affiliates included? No X 501(c) (6) 501(c)(3) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) Website: ▶ WWW.SPRAHYDRO.COM H(c) Group exemption number Form of organization: X Corporation Association Other > L Year of formation: 1976 M State of legal domicile: OK Summary Part I Briefly describe the organization's mission or most significant activities: AN ASSOCIATION OF CONSUMER AND MEMBER-OWNED POWER SYSTEMS WHICH Activities & Governance RECEIVE A PREFERENCE IN THE PURCHASE OF FEDERAL POWER FROM THE SOUTHWESTERN POWER ADMINISTRATION. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 12. 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 2. 5 Total number of volunteers (estimate if necessary) 0. 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 . . . . . . **Current Year** Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 551,024 503,332. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 3,076. 10 6,740. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). . . . 8,098 11 6,845. 562,198. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 516,917. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 315,578 350,378. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 131,844 163,089. 447,422. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 513,467. Revenue less expenses. Subtract line 18 from line 12 . . . . . . . 114,776 3,450. or **Beginning of Current Year** End of Year Assets ( Balance 20 Total assets (Part X, line 16) 405,593 419,559. 21 1,469. 993. Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20, 404,600. 418,090. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature Paid employed P01235423 Preparer ▶ HOWERTON, MORRIS, SIMPSON&SMITH, PLLC 57-1147617 Firm's EIN Use Only 918 481-5949 Phone no. Firm's address > 8282 S. MEMORIAL DR., STE. 110 TULSA, OK 74133

For Paperwork Reduction Act Notice, see the separate instructions.

No Form 990 (2010)

X Yes

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

Form	8868 (Re	v. 1-2011)					Page 2
		filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete on	ly Part II and check th	is box	
		complete Part II if you have already been gra					
		filing for an Automatic 3-Month Extension,					
Par	t II	Additional (Not Automatic) 3-Month Ex	xtension o	of Time. Only file	the original (no copi	es needed).	
Туре		Name of exempt organization			Emi	ployer identification	on number
print		SOUTHWESTERN POWER RESOURCES	ASSOCI	ATION, INC		73-099976	6
File by		Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.			
extend due da		P.O. BOX 471827					
filing y	our	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions			
return. instruc		TULSA, OK 74147					
Ente	r the Re	eturn code for the return that this application	is for (file a	a separate applicati	on for each return)		0 1
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<ul><li>If t</li><li>If t</li><li>for th</li><li>list wi</li></ul>	the orga this is fo ne whole ith the r	e No. ▶ 918 622-7800  Anization does not have an office or place of lor a Group Return, enter the organization's for a group, check this box ▶	business ir ur digit Gro f it is for pa n is for.	oup Exemption Number	ber (GEN)	. If t	this is
5	For cal	endar year 2010, or other tax year beginni	ng	, 20	, and ending		, 20 .
6	If the ta	x year entered in line 5 is for less than 12 m hange in accounting period	onths, ched	ck reason: Init	ial return Fir	nal return	
7	State in	detail why you need the extension ADDIT	I LANOI	IME IS NECES	SARY TO GATHER	. THE	
	INFOR	MATION REQUIRED TO FILE THE R	RETURN.				
8a	If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter t	the tentative tax, les	s any	
	nonrefu	indable credits. See instructions.				8a \$	
b	If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any	y refundable credits	and	
	estimat	ed tax payments made. Include any pri	or year c	verpayment allow	ed as a credit and	l any	
	amount	paid previously with Form 8868.				8b \$	
С	Balance	Due. Subtract line 8b from line 8a. Include	your paym	ent with this form,	if required, by using E	FTPS	
	(Electro	nic Federal Tax Payment System). See instru	ctions.			8c \$	
				d Verification			1
		of perjury, I declare that I have examined this form, and complete, and that I am authorized to prepare this for	including acc		nd statements, and to the	best of my knowle	edge and belie
Signatu	ire 🕨	North S. LLD		Title ▶ C	PA	Date > 8/1	5/11
						Form 886	8 (Rev 1-2011)

For	m 990 (2010	0)		73-0999766	Page <b>2</b>
P	art III	Statement of Program Service Check if Schedule O contains a	Accomplishments response to any question in this Part	· · · · · · · · · · · · · · · · · · ·	
1	Transaction to the same of the	escribe the organization's mission			
2	the prior	organization undertake any sig Form 990 or 990-EZ?	gnificant program services during the	he year which were not listed on	Yes X No
3	Did the o	organization cease conducting,	or make significant changes in how		Yes X No
4	Describe Section 5	describe these changes on Sche the exempt purpose achieveme 501(c)(3) and 501(c)(4) organize	edule O. ents for each of the organization's the	ree largest program services by expense are required to report the amount of gra	es. ants and
4 a	(Code:	) (Expenses \$		) (Revenue \$	)
	ALLOWS PROJEC	THE CONTINUATION OF TS, OPERATIONS, AND I	CUSTOMER FUNDING OF US MAITENANCE (O&M) REPAIRS	ARMY CORP	
		D CONGRESS FOR APPRO	PROJECTS. ACTIVELY AND S PRIATIONS NEEDED TO REHA		
4 b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
		gram services. (Describe in Sch	edule O.)		
	(Expenses	s \$ including gr gram service expenses ►	ants of \$ ) (Rever	nue \$	
	. J.u. p. 0	a cortion expenses	010/401.		

73-0999766

Par	t 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
1025	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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,			v
6	Part III	5		X
0	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Λ
á	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			32233
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		海德	
	VII, 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	X	
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		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
712	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			17
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	40-	Х	
h	complete Schedule D, Parts XI, XII, and XIII	12a	Λ	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
102	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	5500000		
0.0	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a		X
a	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20h	- 1	

Form	990 (2010) 73-0999766			Page 4
Par				5-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	Х	
24 a	and the confidence of the conf			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the year? If "Yea" acrostote Salvatula I. Bart I.	0.5-		
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	250		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			7 4
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			A
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
33	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
• •	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2010)

	990 (2010) /3-0999766			Page
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
-	Check if Schedule O contains a response to any question in this Part V		T	<del>:                                     </del>
4.	Enter the number reported in Box 3 of Form 1096. Enter -0. if not applicable	27/1/20	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	対抗性対象		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1 c	是的数据等的	BUTABLE
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	HAR		11/83
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	HILDANIKOT:
	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		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			PETER!
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		de yeur
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
h	organization solicit any contributions that were not tax deductible?	6a		
b	gifts were not tax deductible?	6 b		į.
7	Organizations that may receive deductible contributions under section 170(c).	UD	01.016	
	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	Same Pro-	Х
b	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?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		U. C. A. S.
8	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		T. Strain	(A)
0	organization, have excess business holdings at any time during the year?	8	US 1876)	2.116.12
9	Sponsoring organizations maintaining donor advised funds.	0.0	121639	234753
b	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30		
	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			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	A-111-111	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	2005		
С	Enter the amount of reserves on hand	Land Control	A PROPERTY.	1500

14a

. . . 14b

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

X

73-0999766 Form 990 (2010)

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

	Check if Schedule O contains a response to any question in this Part VI	٠	• •	X
Sect	tion 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 12	4		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			20
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b	X	
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		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
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?	2.5		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_OK,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	only)		
-40 20953	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20		е		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TED COOMBES 3840 S. 103RD E. AVE. TULSA, OK 74147			
	918-622-7800			

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

Check if Schedule O contains a response to any question 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.

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

(A)	(B)		(	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tru or director	 (chec Officer	a Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) TED COOMBES EXECUTIVE DIRECTOR	40.00	Х		X			157,449.		0.
(2)ANDREW LACHOWSKY PRESIDENT	1.00	Х	Х						
(3)RON BOWEN DIRECTOR	.50	Х							
(4) LES EVANS DIRECTOR	.50	Х							

(5) WHILE KOLAND		1	1 1		- 1		1	
DIRECTOR	.50	X						
(6)LESLIE FALKS								
DIRECTOR	.50	X						
(7) KENNETH STINSON								
DIRECTOR	.50	X						
(8) ROGER CLARK								
SECRETARY & TREASURER	1.00	X		X				
(9)BILL BACH								
DIRECTOR	.50	X						
(10)SCOTT WILLIAMS								
DIRECTOR	.50	X						
(11)WALT ALLEN				T				
DIRECTOR	.50	X						
(12)DAVID NAYLOR								
DIRECTOR	.50	X						
(13)BRUCE MINTZ								
DIRECTOR	.50	X						
(14)BRETT BRADFORD								
VICE PRESIDENT	.50	X		X				
(15)								
(16)								

Form 990 (2010)

(5) NEIL ROLAND

73-0999766

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per				k all	that ap		(D)  Reportable compensation	(E) Reportal compensa		Est	<b>(F)</b> timated ount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizati (W-2/1099-	ited ions	comp fro orga and	other pensation om the anization related nization	on n
(17)													
(18)													
<u>(19)</u>											<del>&gt;====================================</del>		
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
(26)													
(27)													
(28)													7.00=0.0010.00
1b Sub-total							<b>&gt;</b>	157,449.					0.
c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)							<b>&gt;</b>	157,449.					0.
Total number of individuals (including but not reportable compensation from the organization	limited to the	nose	iste						\$100,000 in	1			
			-						***************************************			Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directoule J for suc	or or ch ind	tru <i>ividu</i>	stee ual	e, k •••	кеу е 	emp	loyee, or highest	compensa	ated • •	3		X
4 For any individual listed on line 1a, is the the organization and related organizations	sum of greater th	repor an \$	tabl 150	e c	om 0?	oensa If "Y	atior 'es,"	tion and other compensation from					
<ul><li>individual</li></ul>	accrue cor	 mpen	 satio	 on f	· ·	 n any	 uni	related organization	on or individ	 dual	4	X	
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," comple	te Sci	nedu	ıle J	l for	such	per	rson			5		X
Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	lent	conf	trac	tors that received	d more tha	ın \$10	0,000	of	
(A) Name and business addr	ess						Γ	(B) Description of services			(C) Compensation		
							+						
							+						
						<u> </u>							
2 Total number of independent contractors (ir more than \$100,000 in compensation from the				rited		thos 0	se li	sted above) who	received				

	rt VII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1 a	Federated campaigns 1a				
ra m	b	Membership dues 1b				
s, g	c	Fundraising events 1c				
Contributions, gifts, grants and other similar amounts	d	Related organizations 1d				
ı, is,	e	Government grants (contributions) 1e				
itioi er si	f	All other contributions, gifts, grants,				
ribu the		and similar amounts not included above . 1f				
d o	g	Noncash contributions included in lines 1a-1f: \$				
S E	h	Total. Add lines 1a-1f	0.			
ne		Business Code				
Program Service Revenue	2-	MEMBERSHIPSHIP DUES & ASSESSMENTS	503,332.	503,332.	Mindre State Heart & Colonial Alberta	
Re	2a		3037332.	303/332.		
ice	b	·				
ē	C .					
S	d					
gra	e	An out to the control of the control				
ō	g	All other program service revenue	503,332.			
<del>-</del>			303,332.			
	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 1	6,740.			6 740
			A Section of the Control of the Cont			6,740.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0.		(A. A.) / A. B. A. C. D. S.	
	1000		-			
	6 a	Gross Rents				
	b	Less: rental expenses	-			
	С	Rental income or (loss)				
	d	Net rental income or (loss)	0.			
	7 a	Gross amount from sales of (1) Securities (11) Other	-			
		assets other than inventory	-			
	b	Less: cost or other basis				
		and sales expenses				
	С	Gain or (loss)		· 1000年代書書開		
	d	Net gain or (loss)	0.	FOR BOSINESSA CHISTOSTOCIONESSA		
ne	8 a	Gross income from fundraising				
en		events (not including \$				
é		of contributions reported on line 1c).				
æ		See Part IV, line 18 a				
Other Revenu	b	Less: direct expenses b				
ŏ	С	Net income or (loss) from fundraising events ▶	0.			
	9 a	Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶	0.	11		
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶	0.			
		Miscellaneous Revenue Business Code				
	11a	ANNUAL MEETINGS	6,845.	6,845.		
	b					
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d	6,845.			
	12	Total revenue. See instructions		510,177.		6,740.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	9	0			
	organizations in the U.S. See Part IV, line 21	0.			<del></del>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	157,449.	157,449.		
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.			
7	Other salaries and wages	79,929.	79,929.		
	F	757525.	73,323.		
8	Pension plan contributions (include section 401(k)	0.			
	and section 403(b) employer contributions)	97,413.	97,413.		
9	Other employee benefits				
0	Payroll taxes	15,587.	15,587.		
1	Fees for services (non-employees):				
а	Management	0.			
b	Legal	0.			
С	Accounting	0.			
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	0.			
g	200	142.	142.		
2	Advertising and promotion	0.			
3	Office expenses	4,900.	4,900.		
4	Information technology	0.			The second secon
5	Royalties	0.			
6	Occupancy	15,612.	15,612.		
7	Travel	39,105.	39,105.		
8	4				
0	Payments of travel or entertainment expenses	0.			
•	for any federal, state, or local public officials	27,357.	27,357.		
9	Conferences, conventions, and meetings	0.	21,331.		
0	Interest	0.			
1	Payments to affiliates	139.	120		
2	Depreciation, depletion, and amortization		139.		
3	Insurance	2,291.	2,291.		
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
•	AUTOMOBILE EXPENSE	9,000.	9,000.		
-	COMPUTER SOFTWARE & REPAIR	1,630.	1,630.		
	DUES	3,953.	3,953.		
d	EQUIPMENT LEASE	7,746.	7,746.		
е	PROFESSIONAL SERVICES	27,274.	27,274.		
f	All other expenses	23,940.	23,940.		
	Total functional expenses. Add lines 1 through 24f	513,467.	513,467.		
	Joint Costs. Check here   SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2010) 73-0999766 Page **11** 

Part X **Balance Sheet** (A) Beginning of year End of year -2,677. 110,848. Cash - non-interest-bearing 1 Savings and temporary cash investments ......... 408,132. 308,249. 2 2 3 Pledges and grants receivable, net 3 462. 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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) 6 Assets 7 Notes and loans receivable, net \_\_\_\_\_\_ 8 Prepaid expenses and deferred charges ......... 9 10a Land, buildings, and equipment: cost or 22,187. other basis. Complete Part VI of Schedule D 10a 22,187. 138. 10c 11 11 12 Investments - other securities. See Part IV, line 11........ 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 405,593. 419,559. 16 16 17 Accounts payable and accrued expenses......... 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . 23 24 24 993. 25 25 1,469. Total liabilities. Add lines 17 through 25. . . . . . . 993. 26 26 1,469. Organizations that follow SFAS 117, check here \( \bigvee X \) and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 404,600. 418,090. 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . . . . 32 33 404,600. 33 418,090. Total liabilities and net assets/fund balances......... 34 405,593. 34 419,559.

Form 990 (2010)

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	5	16,	917.
2	Total expenses (must equal Part IX, column (A), line 25)	5	13,	467.
3	Revenue less expenses. Subtract line 2 from line 1		3,	450.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	04,	600.
5	Other changes in net assets or fund balances (explain in Schedule O)		10,0	040.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
•	column (B))	4	18,	090.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			14
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b		2b	X	Steen Get Lie
С				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	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?	3 a		X
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.	3 b		

Form **990** (2010)

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

SOU	JTHWESTERN POWER RESOURCES ASSOCIATION, INC		73-0999766
Pa	Organizations Maintaining Donor Advised Funds organization answered "Yes" to Form 990, Part IV,		Accounts. Complete if the
-		Donor advised funds	(b) Funds and other accounts
1			
	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	_	
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor adv		
	used only for charitable purposes and not for the benefit of the		
	purpose conferring impermissible private benefit?		Yes No
	Conservation Easements. Complete if the organiz		rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or educ		an historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in t	the form of a conservation
	easement on the last day of the tax year.		
		<u> </u>	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2 b
С	Number of conservation easements on a certified historic struc		2 c
d	Number of conservation easements included in (c) acquired aft		
	historic structure listed in the National Register		2 d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminat	ted by the organization during the
	tax year ▶		
4	Number of states where property subject to conservation easer	nent is located ▶	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, han	dling of
	violations, and enforcement of the conservation easements it ho	lds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an	d enforcing conservation ease	ments during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enf	orcing conservation easement	s during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	(i) and 170(h)(4)(B)(ii)?		Yes No
9	in Part Aiv, describe now the organization reports conservation	easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financia	I statements that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of Art, Hist		Similar Assets.
	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (AS works of art, historical treasures, or other similar assets hel	C 958), not to report in its re	evenue statement and balance sheet
	public service, provide, in Part XIV, the text of the footnote to its	d for public exhibition, education and statements that described the control of t	ation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (A		
<b></b>	works of art, historical treasures, or other similar assets hel		
	public service, provide the following amounts relating to these it	ems:	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical		
	following amounts required to be reported under SFAS 116 (AS		
а	Revenues included in Form 990, Part VIII, line 1		▶\$
_b_	Assets included in Form 990, Part X		▶ \$
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.	-	Schedule D (Form 990) 2010

Pa	rt     Organizations Maintaini	ing Collectior	ns of Art, Hist	orical Treasur	es, or C	Other Similar A	ssets (	continued)
3	Using the organization's acquisition collection items (check all that app	on, accession, ly):	and other reco	ords, check any	of the f	following that a	ire a sig	nificant use of its
а	Public exhibition		d	Loan or	exchange	e programs		
b	Scholarly research		е	Other				
С	Preservation for future ge	enerations						
4	Provide a description of the organ		ctions and exp	lain how they t	urther th	he organization'	s exemn	t nurnose in Part
	XIV.					io organization.	o	t parpood iii i ait
5	During the year, did the organization	on solicit or rec	eive donations	of art historical	treasure	e or other simil	or	
_	assets to be sold to raise funds rath							Yes No
Pai	rt IV Escrow and Custodial A							
	line 9, or reported an an	nount on Forr	n 990, Part X,	line 21.	JII alisw	vered res to		90, Part IV,
1a	Is the organization an agent, truste	e. custodian or	other intermed	liary for contribu	itions or	other assets no	t	
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in							
	, ,			me ming talone.		Α	mount	
С	Beginning balance				10		mount	
d	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am							IV   II.
	If "Yes," explain the arrangement in	Dort VIV	990, Part A, line	217		* * * * * * * * * *	[	Yes No
Par						00 D - (     (     )	40	
rai	tV Endowment Funds. Com	(a) Current yea						Γ
1a	Beginning of year balance	(a) Current yea	r (b) Prior y	ear (C) Two	years back	(d) Three yea	ars back	(e) Four years back
12						1.000 AFT		
b	Contributions							
С	Net investment earnings, gains,							
	and losses							-5 9
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 the year end	balance held as	s:				L
а	Board designated or quasi-endown	nent ▶	%					
b	Permanent endowment ▶	%						
C	Term endowment ▶	%						
3a	Are there endowment funds not in	the possession	of the organiz	ation that are he	eld and a	administered for	the	
	organization by:	320	o o				30.5	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations						12 13 15/1 15	3a(ii)
b	If "Yes" to 3a(ii), are the related org	anizations liste	d as required or	Schedule R?				3 b
4	Describe in Part XIV the intended u	ses of the orga	nization's endo	wment funds				
Par								
	Description of investment	(a) C	ost or other basis (investment)	(b) Cost or other (other)	basis (	c) Accumulated depreciation	(0	i) Book value
1a	Land					energy Consequence (ACC) C.A.C		
b	Buildings		21					
c	Leasehold improvements							
d	Equipment			22	107	22 107		
	Other	S SE SEE TO WELL !		22,	10/	22,187.		
			Form 000 D /	V ==/: (D) /		1		
· Ota	I. Add lines 1a through 1e. (Column	(u) must equal	гонн ээо, Рап	л, соштп (в), I	ne TU(C)	.) ▶		

Schedule D (Form 990) 2010

(c) Method of valuation:

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category

(1) Financial derivatives		(including name of security)		Cost or end-or-year ma	arket value
(2) Closely-held equity interests (3) Other (A) (8) (8) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1) Financia	l derivatives			
(3) Other (4) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(2) Closely-	held equity interests			
(A) (B) (C) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.)  (a) Description of investment type  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (77) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)  (a) Description  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (f) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)  (a) Description  (b) Book value  (c) Book value  (d) (d) (e) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)  (e) Equal Form 990, Part X, line 15.  (f) (g) (g) (g) (g) (g) (g) (g) (g) (h) (h) Book value  (l) Book value  (l) Faderal income taxes (l) Faderal i					
(B) (C) (C) (D) (E) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(G) (G) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(F)	(C)				
(F) (G) (P) (I) (I) (I) (II) (II) (III) (					
(§) (P) (I) (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related. See Form 990, Part X, line 13.  (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (8) (9) (10)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value  (b) Book value (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (d) (e) (f) (f) (g) (g) (h) Book value (h)					
(H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related. See Form 990, Part X, line 13.					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)   Part X   Other Assets. See Form 990, Part X, line 13.   (e) Method of valuation: Cost or end-of-year market value					
Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.)   ■					
Investments - Program Related. See Form 990, Part X, line 13.		(h)(D)			
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10			arma 000 David V Iiva	- 12	
Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, line 15.  (5) (6) (7) (8) (9) (10) (10) (10) (2) (3) (4) (4) (5) (6) (77) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities, See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (4) (5) (6) (7) (8) (9) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (16) (17) (18) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (16) (16) (17) (18) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII				
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)  (2) (3) (4) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (20) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Description of investment type	(b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.)  (2) (3) (4) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (20) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1)				
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book valid (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.) ▶  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (1) 469. (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (11) (12) (14) (15) (15) (16) (17) (16) (17) (17) (18) (18) (19)					
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X Other Assets. See Form 990, Part X, line 15.  (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9) (9)					
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)   Part IX Other Assets. See Form 990, Part X, line 15.  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.].  Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description (b) Amount (l) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9) (9) (10)	(4)				
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book val.  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9) (10)	(5)				
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book valid (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Labilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9) (10)					
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book val.  (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9) (10)					
(9) (10) Total. (Column (b) must equal Form 990, Part X, coi. (B) line 13.) ▶    Part IX					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)					
Company   Comp		(h) must squal Form 990, Part V, col. (P) line 12.)			
(a) Description (b) Book value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE 1, 469.  (4)  (5)  (6)  (7)  (8)  (9)			20.15		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (3) 401 (K) PAYABLE (5) (6) (7) (8) (9)					(In Dealers)
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9)	(1)	(a)	Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9)					
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9)					
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(6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9)					
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9)					
(9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (5) (6) (7) (8) (9)					
(10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount  (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount  (1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9)					
Part X         Other Liabilities. See Form 990, Part X, line 25.           1.         (a) Description of liability         (b) Amount           (1) Federal income taxes         (2) PAYROLL TAXES PAYABLE         1,469.           (3) 401 (K) PAYABLE         1,469.           (4)         (5)           (6)         (7)           (8)         (9)				· · · · · · · · · · · · · · · · · · ·	
1.       (a) Description of liability       (b) Amount         (1) Federal income taxes       (2) PAYROLL TAXES PAYABLE       1,469.         (3) 401 (K) PAYABLE       1,469.         (4)       (5)         (6)       (7)         (8)       (9)				<u> </u>	•
(1) Federal income taxes (2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE (4) (5) (6) (7) (8) (9)					
(2) PAYROLL TAXES PAYABLE (3) 401 (K) PAYABLE 1,469. (4) (5) (6) (7) (8) (9)			(b) Amount		
(3) 401 (K) PAYABLE 1,469. (4) (5) (6) (7) (8) (9)					
(4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9)		) PAYABLE	1,4	169.	
(6) (7) (8) (9)	(4)				
(7) (8) (9)	_(5)				
(8) (9)	(6)			(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
(8) (9)	(7)				
(9)	(8)				
	(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		(b) must equal Form 990. Part X. col. (B) line 25.)	1.4	69.	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the					nto that your it. It

(b) Book value

Schedu	ile D (Form 990) 2010 73-0999766		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	516,917
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	513,467
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,450
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10		10	3,450
Part			37130
1	Total revenue, gains, and other support per audited financial statements	1	526,322
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		320,322
a		3.	
b	Donated services and use of facilities2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. 2e	9,405
3	Subtract line 2e from line 1	. 3	516,917
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	516,917
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn	
1	Total expenses and losses per audited financial statements	1	501,137
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 2b -12,330	5.	
С	Other losses 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	-12,330
3	Subtract line 2e from line 1	3	513,467
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		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 4c	E12 167
	XIV Supplemental Information	. 5	513,467
Comp Part V,	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple Iditional information.	te this par	rt to provide
. — — — -			

# **SCHEDULE J** (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHWESTERN POWER RESOURCES ASSOCIATION, INC

Employer identification number

73-0999766

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			- 15
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No." complete Part III to	- 10		
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
٠	organization's CEO/Executive Director. Check all that apply.		-	
	Compensation committee Written employment contract Independent compensation consultant Compensation survey or study	-5		
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4.		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		$\frac{X}{X}$
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 b		$\frac{X}{X}$
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	production and approach amounts for each norm in fair in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	if tes to line 5a of 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
_	in test to line da or ob, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
_	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
•	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

# 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC comparation	Compensation				
		monuncia (a)	0 10 10 10 10 10 10 10 10 10 10 10 10 10	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
1 TED COOMBES	€ €	157,449.	0	0	0	0	157,449.	153,502.
2								
	€ €							
4	€ €							
5	€ €							
9	€ €							
2	€ €							
8	€ €		1					
6	€ €							
10	€ €		1					
11								
12								
13	© (E)							
14	(E)							
15	E E							
16	€ €			1				

Schedule J (Form 990) 2010

# **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization			Employer identification n	number
SOUTHWESTERN POWER RESOURCES ASSOCIAT:	ION, INC		73-0999766	
FORM 990, PART VIII - INVESTMENT INCO	ME_		ATTACHMENT 1	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDEND INCOME	6,74	0.		6,740.
TOTALS	6,74	0.		6,740.

# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A F	or th	e 201	1 calendar year, or tax year beginning , 2011	, and ending	1			,	20	
_			C Name of organization		D E	mployer id	entifica	tion n	umber	
B c	neck if ap	plicable:	SOUTHWESTERN POWER RESOURCES ASSOCIATION,	INC		73-099	9766			
	Addre		Doing Business As							
	-	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	ET	elephone n	umber			
	-	return	P.O. BOX 471827		(9)	18) 62	2-78	00		
	Termi		City or town, state or country, and ZIP + 4							
-	Amen	90. 300	TULSA, OK 74147		G o	Pross receip	nts S		405	,174.
	return Applic		F Name and address of principal officer: TED COOMBES			Is this a gro		for [	Yes	X No
	pendi	ng	3840 S. 103RD E. AVE. TULSA, OK 74147			affiliates?		-	Yes	No
_	Taylor	empt sta		507	—— <sup>п(b)</sup>	Are all affilia				NO
	ALL COUNTY CONTRACTOR		atus:   501(c)(3)   X   501(c) ( 6 ) ◀ (insert no.)   4947(a)(1) WWW.SPRAHYDRO.COM	or 527						
				Т		Group exem				OK
			ization: X Corporation Trust Association Other	L Year of f	formation:	19/0 M	State of	flegal	domicile	OK
Pa	rt I		nmary							
	1		describe the organization's mission or most significant activities:			-,				
ė			ASSOCIATION OF CONSUMER AND MEMBER-OWNED POW							
au			CIVE A PREFERENCE IN THE PURCHASE OF FEDERAL	POWER FI	ROM THE	<u>.</u> 				
ctivities & Governance			THWESTERN POWER ADMINISTRATION.							
30			this box 🕨 if the organization discontinued its operations or dispose							
∞	3	Numb	er of voting members of the governing body (Part VI, line 1a)				3			16.
ties	4	Numb	er of independent voting members of the governing body (Part VI, line 1b) .				4			16.
2	5	Total i	number of individuals employed in calendar year 2011 (Part V, line 2a)				5			2.
Act	6	Total i	number of volunteers (estimate if necessary)				6			
	7a	Total	unrelated business revenue from Part VIII, column (C), line 12				7a			C
			nrelated business taxable income from Form 990-T, line 34							C
						or Year		С	urrent Y	'ear
ø	8	Contri	butions and grants (Part VIII, line 1h)		W-12-02-III		0			
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			503,3	32.		395	,053.
eve	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)			6,7	40.		5	,414.
œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,8	45.			,707.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			516,9				,174.
			s and similar amounts paid (Part IX, column (A), lines 1-3)				0			· (
			its paid to or for members (Part IX, column (A), line 4)				0			
	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).			350,3	78.	-	349	,091.
ses	162	Drofes	ssional fundraising fees (Part IX, column (A), line 11e)				0			,
Expenses	h	Total								
Ä						163,0	89.		150	,909.
	10	Total	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			513,4				,000.
						3,4				,826.
- S	19	Rever	ue less expenses. Subtract line 18 from line 12		Beginning of				nd of Ye	
Net Assets or Fund Balances	00	T. ( . )		-	beginning (	419,5	20000000			,211.
Sala	20	Total	assets (Part X, line 16)			1,4				,437.
ind A	21		iabilities (Part X, line 26)			418,0				,774.
	THE PERSON NAMED IN		sets or fund balances. Subtract line 21 from line 20,	<u> </u>		410,0	90.		313	, //4.
-	rt II		gnature Block f perjury, I declare that I have examined this return, including accompanying schedules						1 10 - 10 - 6 - 14	
cor	rect, ar	nd comp	perjury, relectate that rhave examined this return, including accompanying schedules plete. Declaration of preparer (other than officer) is based on all information of which pr	eparer has any k	nowledge.	best of my i	(Howled)	ge and	i bellel, it	is true,
Sig	n		Signature of officer	CHICAGO CONTRACTOR CON		Date				
He						5410				
			Type or print name and title							
			Type or print name and title  Type preparer's name  Preparer's signature	Date	Т		ie PT	1N		
Paid	l			Julio	1	Check self-employ	] "		11225	122
	parer		TIN G. HOWERTON MORDIS SIMPSONS SMITH DILC						1235	143
Use	Only		name HOWERTON, MORRIS, SIMPSON&SMITH, PLLC			s EIN 🕨	57-1	100 february 100 mg	-5949	<u> </u>
N4 -	the		address 8282 S. MEMORIAL DR., STE. 110 TULSA, OK 74133			ne no.				
way	tne I	K2 dis	cuss this return with the preparer shown above? (see instructions)					A	Yes	No

# Form **8868**

(Rev. January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you are</li></ul>	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Pa	art II (on page 2 of this form).	
Do not comp	<b>blete Part II unless</b> you have already been gran	nted an au	tomatic 3-month extens	sion on a previously filed Form 8868	3.
a corporatio 8868 to req Return for	ling (e-file). You can electronically file Form to n required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona . For more details on the electronic filing of the	nal (not au forms liste I Benefit	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus	nsion of time. You can electronicall with the exception of Form 8870, I t be sent to the IRS in paper fo	ly file Form Information ormat (see
Part I Au	tomatic 3-Month Extension of Time. On	ıly submit	original (no copies no	eeded).	
Part I only . All other cor	n required to file Form 990-T and requesting porations (including 1120-C filers), partnersh to tax returns.				
	Name of exempt organization or other filer, see in	structions.		Employer identification number	
Type or print File by the due date for filing your	SOUTHWESTERN POWER RESOURCES  Number, street, and room or suite no. If a P.O. box  P.O. BOX 471827		ACCORDANGE CONTRACTOR AND ACCORDANGE CONTRACTOR ACCORDANGE ACCORDANGE CONTRACTOR ACCORDANGE ACCORDANGE ACCORDA	X 73-0999766  Social security number (SSN)	
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
instructions.	TULSA, OK 74147				
Enter the Re	eturn code for the return that this application	is for (file a	a separate application fo	or each return)	. 0 1
Application		Return	Application		Return
ls For		Code	Is For		Code
Form 990		01	Form 990-T (corpora	tion)	07
Form 990-B		02	Form 1041-A		08
Form 990-E		01	Form 4720		09
Form 990-PI	Water Company of the	04	Form 5227		10
	(sec. 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870		12
<u>FOIIII 990-1</u>	(trust other than above)	00	Form 6670		12
	s are in the care of  TED COOMBES				
Telephon	e No. ▶918 622-7800		FAX No. ▶		
	anization does not have an office or place of				▶ 🔲
	or a Group Return, enter the organization's fo				
	e group, check this box		art of the group, check	this box ▶ 🔛 and att	ach
	e names and EINs of all members the extens				
	est an automatic 3-month (6 months for a cor				
until		exempt or	ganization return for the	e organization named above. The e	xtension is
	organization's return for: calendar year 2011 or				
X	tax year beginning	20	and ending	20	
	tax year beginning	, 20	, and criding	, 20	
	ax year entered in line 1 is for less than 12 m Change in accounting period	onths, che	ck reason: Initial I	return Final return	
nonref	application is for Form 990-BL, 990-PF, 99 (undable credits. See instructions.			3a \$	
	application is for Form 990-PF, 990-T,				
estima	ated tax payments made. Include any prior yea	ar overpayr	ment allowed as a credi	it. 3b \$	
	ce due. Subtract line 3b from line 3a. Include		nent with this form, if re	l I	
(Electr	onic Federal Tax Payment System). See instru	ictions.	= =====	3c \$	070 50 6
	you are going to make an electronic fund	withdrawa	I with this Form 8868	, see Form 8453-EO and Form 8	8/9-EU for
payment ins	structions.				

Form 8868 (Rev. 1-2012)

Form 886	8 (Rev. 1-2012)					Page 2
• If you	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box					
Note. O	lote. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.					
• If you	are filing for an Automatic 3-Month Extension, of	complete c	only Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Ex	ctension c	of Time. Only file the orig	inal (	no copies needed).	
			Er		ler's identifying number, see	
	Name of exempt organization or other filer, see in	structions.			Employer identification numb	er (EIN) or
Type of	r		o vonenza agrazza			
print	SOUTHWESTERN POWER RESOURCES			X	73-0999766	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.		Social security number (SSN)	
due date fo	P.O. BOX 4/182/					
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
instruction						
	e Return code for the return that this application	888 8		ach re	turn)	1950 00
Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99		01				
Form 99		02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870			11
Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.						12
The books are in the care of TED COOMBES						
Telephone No. ▶ 918 622-7800 FAX No. ▶						
If the organization does not have an office or place of business in the United States, check this box						
	is for a Group Return, enter the organization's for					is is
	whole group, check this box					
	the names and EINs of all members the extension		int of the group, check the			
	quest an additional 3-month extension of time ur		1	1/1	5 , 20 12 .	
	r calendar year 2011 , or other tax year beginni					20 .
	ne tax year entered in line 5 is for less than 12 m			turn	Final return	- 3
	Change in accounting period					
7 Sta	te in detail why you need the extension ADDIT	IONAL T	IME IS NECESSARY	ro G	ATHER THE	
IN	FORMATION SUFFICIENT TO FILE AN A	ACCURAT	E RETURN.			
					<del>, , , , , , , , , , , , , , , , , , , </del>	
	his application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	tative	A 400 March 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	nrefundable credits. See instructions.				8a \$	
	this application is for Form 990-PF, 990-T,					
	imated tax payments made. Include any pri	or year o	verpayment allowed as	a cre		
	ount paid previously with Form 8868.		1 10 0 1 5 cm 15 m 15		8b \$	
	ance Due. Subtract line 8b from line 8a. Include		ent with this form, if requir	ea, b		
(Ele	ectronic Federal Tax Payment System). See instru		-4 be semulated for D		8c \$	
	Signature and Verifica		<u>.</u>		. Will.	
	alties of perjury, I declare that I have examined this form, prect, and complete, and that I am authorized to prepare this fo		ompanying schedules and statem	nents, a	and to the best of my knowled	ge and belief,
t is tide, co	and complete, and that I am authorized to prepare this lot					)
Signature <b>I</b>	Max 2 2/8		Title   CPA		Date ▶ 8/14//	12
signature	, van		THE P		5 2000	/D / AA

Form 8868 (Rev. 1-2012)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶

500,000

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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
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		Х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
13.7	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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	X	
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		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			100-00-0
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			900000
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	00.500		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

### Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . . . . . . . . . . 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 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 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 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? 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . 28c X 29 29 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 30 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 34 X 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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, Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38

Form	990 (2011)			Page 5
Par				
	Check if Schedule O contains a response to any question in this Part V			$\perp$
1000			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	200		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	ESCHOOL STATE	Marie I	
•	reportable gaming (gambling) winnings to prize winners?	1 c		145-160
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		3666	14.75
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	MARKET STATE	Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
1000	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	1570.50	10000
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	7.		X
<b>L</b>	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
C	required to file Form 8282?	7 c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	SOLD INVEST	Х
f		7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	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 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		
9	Sponsoring organizations maintaining donor advised funds.		in wa	
	Did the organization make any taxable distributions under section 4966?	9 a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	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	-		
11	Septimental and the septiment of the sep			
	Gross income from members or shareholders			
b	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ESPANIE ACTOR	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
55.	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

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

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 16			
	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 1b			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
<i>1</i> a	one or more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.5		
8				
	the year by the following:	0.	Х	X.31 F1
a	The governing body?	8a	X	
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			Х
Cast	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	Λ
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	·) Yes	No
			168	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	411		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			E.S.
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			- 8-2
	with a taxable entity during the year?	16a		X
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		
Sect	ion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ▶_OK,			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01/01/	3100	nlv)
18	available for public inspection. Indicate how you made these available. Check all that apply.	)(U)(	U 6(U	'' '' 'y <i>'</i>
	Own website Another's website X Upon request			
		£ }	en e t	o alles
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	inte	est p	oolicy,
	and financial statements available to the public during the tax year.	L		
20	State the name, physical address, and telephone number of the person who possesses the books and records of torganization: ► TED COOMBES 3840 S. 103RD E. AVE. TULSA, OK 74147 918-622-7800	Ю		
	Organia 4500 F 180 COCHES 3010 6, 10300 E. NVE. 1080N, ON 14141			

# Part VII

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . . X

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

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) Name and Title	(B) Average hours per	(do i	not cl	Pos		e than o	ne	( <b>D)</b> Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of	
	week (describe hours for	box,	unles	ss pe	rson	is both or/trust	an	from the organization	related organizations (W-2/1099-MISC)	other compensation from the	
ATTACHMENT 1	related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	_
(1) ANDREW LACHOWSKY PRESIDENT	0	v		v				0	0		0
(2) RON BOWEN	0	X		X			_	0	0		
DIRECTOR	0	Х						0	0		0
(3) LES EVANS DIRECTOR	0	Х						0	0		0
(4) NEIL ROLAND DIRECTOR	0	Х						a	0		0
(5) LESLIE FALKS DIRECTOR	0	Х						o	0		0
(6) KENNETH STENSON DIRECTOR	0	Х						0	0		0
(7)_ROGER_CLARK 	0	Х						C	0		0
	0	Х						О	0		0
(9) SCOTT_WILLIAMS SECRETARY / TREASURER	0	Х		Х				С	0		0
(10) DAVID NAYLOR DIRECTOR	0	Х						С	0		0
(11) BRUCE MINTZ DIRECTOR	0	Х						C	0		0
(12) BRETT BRADFORD VICE PRESIDENT	0	Х		Х				C	0		0
(13) DRAKE RICE DIRECTOR	0	Х						C	0		0
(14) BOB WILLIAMS											_

Form 990 (2011)

1E1041 1.000

PAST PRESIDENT

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	yee	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontinued	)	
(A) Name and title	(B) Average hours per week (describe	box,	not ch unles er and	s pei	ition more rson irect	ore than or on is both a ector/truste		(D) Reportable compensation from the	(E) Reportal compensatio related organizati	n from I ons	Estir amo ot compe	mated unt of her ensation	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	organ and r	n the nization related izations	
15) LARRY JONES													
DIRECTOR	0	X						0		0			0
16) RICK HENLEY DIRECTOR	0	Х								0			0
17) TED COOMBES	0							0					
EXECUTIVE DIRECTOR	40.00				Х			160,174.		0			0
1b Sub-total continuation sheets to Part VII, S	ection A .						<b>&gt;</b>	160,174. 160,174.		0			0
d Total (add lines 1b and 1c)	limited to t	hose	liste				o re		\$100,000 c				
Toportubio componenti in the organization											,	Yes I	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and the scheduler of the sche	er, directoule Sule J for suc	or, or ch ind	tru <i>ividu</i>	stee ıal	e, I •••	key 6	emp	oloyee, or highes	t compens	ated • •	3		X
4 For any individual listed on line 1a, is the organization and related organizations greater	eater than	\$15	0,00	00?	lf.	"Yes	3, "	complete Schedu	le J for s	such			
<ul><li>individual</li></ul>											4	X	
for services rendered to the organization? If "Yo											5	PRESERVED RE	X
Section B. Independent Contractors  1 Complete this table for your five highest com	nensated i	nden	ando	nt o	con	tracto	re t	hat received more	than \$100	000 0	f		
compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompensa	ation	
										2.020.00		Transaction .	
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	d to	thos	se I	isted above) who	received				

Pa	rt VIII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns				
5000 3000	h	Total. Add lines 1a-1f	0			
Program Service Revenue	2a b	MEMBERSHIPSHIP DUES & ASSESSMENTS  Business Code	395,053.	395,053.		
ogram Ser	d e f	All other program service revenue				
Pro	g	Total. Add lines 2a-2f	395,053.			
	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2	5,414. 0		15	5,414.
	5 6a b	Royalties	0			
	d 7a b	Net rental income or (loss)	0			
	d	Gain or (loss)	0		Assilve to a constant of the c	
Other Revenue	10000	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses				
ō	9a	Net income or (loss) from fundraising events ▶  Gross income from gaming activities.  See Part IV, line 19	0			
	b c	Less: direct expenses	0			
	10a	Gross sales of inventory, less returns and allowances				
	b b	Less: cost of goods sold	0			
	11a	ANNUAL MEETINGS	4,707.	4,707.	The second secon	
	b c	All other revenue				
	d	Total. Add lines 11a-11d	4,707.			
	12	Total revenue. See instructions	405,174.	399,760.		5,414.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21.	0									
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0									
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
20	United States. See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors,	160,174.	160,174.								
c	trustees, and key employees	100/1/11	100/1/11								
6	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	o									
7	Other salaries and wages	82,312.	82,312.								
8	Pension plan accruals and contributions (include section	angus i 🐔 Agustas an Sili									
100	401(k) and 403(b) employer contributions)	0									
9	Other employee benefits	93,102.	93,102.		and the second second						
10	Payroll taxes	13,503.	13,503.								
11	Fees for services (non-employees):										
а	Management	0									
b	Legal	0									
C	Accounting	24,294.	24,294.								
d	Lobbying	0		7.	4						
	Professional fundraising services. See Part IV, line 17	0									
f	Investment management fees	0	,								
g		0									
12	Advertising and promotion	13,592.	13,592.		· · · · · · · · · · · · · · · · · · ·						
13	Office expenses	0	13/332.								
14 15	Information technology	0									
16	Occupancy	17,501.	17,501.								
17	Travel	39,257.	39,257.								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	29,658.	29,658.								
20	Interest	0									
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	0 27.6	0.000								
23	Insurance	2,376.	2,376.								
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.)										
_	ALITO	9,000.	9,000.								
	BANK CHARGES	94.	94.								
-	LEASE	7,336.	7,336.								
35.5	PRINTING AND POSTAGE	1,921.	1,921.								
0.000	All other expenses	5,880.	5,880.								
	Total functional expenses. Add lines 1 through 24e	500,000.	500,000.	0							
	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) if	0			5 <b>990</b> (2044)						

JSA 1E1052 1.000

Par	t Y	Balance Sheet				Page II
L CI	· A	Butunior Officer		(A) Beginning of year		(B) End of year
8	1	Cash - non-interest-bearing		192,626.	1	152,895.
	2	Savings and temporary cash investments		226,471.	2	168,316.
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, director	rs, trustees, key			
		employees, and highest compensated employees. Com				
	6	Schedule L Receivables from other disqualified persons (as define 4958(f)(1)), persons described in section 4958(c)(3)(B), employers and sponsoring organizations of section 50 employees' beneficiary organizations (see instructions)	d under section and contributing 1(c)(9) voluntary	0	6	0
ets	7	Notes and loans receivable, net		0	7	0
Assets	8	Inventories for sale or use	0	8	0	
1	9	Prepaid expenses and deferred charges		0	9	0
18		Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D   10a	22,187.			
i	b	other basis. Complete Part VI of Schedule D  Less: accumulated depreciation	22,187.	C	10c	0
×		Investments - publicly traded securities	0	11	0	
8	12	Investments - other securities. See Part IV, line 11		C	12	0
9	13	Investments - program-related. See Part IV, line 11		0	13	0
(3)	14	Intangible assets		C	14	0
a	15	Other assets. See Part IV, line 11		462.	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		419,559.	16	321,211.
	17	Accounts payable and accrued expenses	1,469.		1,437.	
	18	Grants payable		C	18	0
	19	Deferred revenue	C	19	0	
	20	Tax-exempt bond liabilities	C	20	0	
100	21	Escrow or custodial account liability. Complete Part IV	of Schedule D	C	21	0
w	22	Payables to current and former officers, directors				
ig		employees, highest compensated employees, and disq				
Ë.		Complete Part II of Schedule L		C	22	0
li i	23	Secured mortgages and notes payable to unrelated third pa	arties	C	23	0
	24	Unsecured notes and loans payable to unrelated third parti		C	24	0
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). C				
		of Schedule D	10	C	25	0
	26	Total liabilities. Add lines 17 through 25		1,469.	26	1,437.
es		Organizations that follow SFAS 117, check here ► X lines 27 through 29, and lines 33 and 34.	and complete			
anc	27	Unrestricted net assets		418,090.	27	319,774.
3al	28	Temporarily restricted net assets		C	28	0
DE	29	Permanently restricted net assets		C	29	0
or Fund Balances		Organizations that do not follow SFAS 117, check here complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
sse	31	Paid-in or capital surplus, or land, building, or equipment fu	ınd		31	
Ä	32	Retained earnings, endowment, accumulated income, or o	other funds		32	
-				410 000		210 774
-	33	Total net assets or fund balances		418,090.	33	319,774.

Form **990** (2011)

For	m 990 (2011)		Pa	ge <b>12</b>
Pá	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		X	
1	Total revenue (must equal Part VIII, column (A), line 12)			174.
2	Total expenses (must equal Part IX, column (A), line 25)	500,000		
3	Revenue less expenses. Subtract line 2 from line 1	-94,826.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			090.
5	Other changes in net assets or fund balances (explain in Schedule O)		-3,	190.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
500	column (B))	3	19,7	774.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b		2b	X	
С				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis			
3a	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?	3 a		X
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	3 b		

Form **990** (2011)

# 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. ► See separate instructions.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SOU	THWESTERN POWER RESOURCES ASSOCIATION, I	NC		73-0999766
Pai	Organizations Maintaining Donor Advised Fun organization answered "Yes" to Form 990, Part		Funds or Ac	counts. Complete if the
-		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the asse	ate held in do	or advised
5	funds are the organization's property, subject to the organization	557		
6	Did the organization inform all grantees, donors, and donor a			
·	only for charitable purposes and not for the benefit of the de		355	
	conferring impermissible private benefit?			
Pai		nization answered "	Ves" to Form	990 Part IV line 7
1	Purpose(s) of conservation easements held by the organizat			1 330, 1 art 14, mic 7.
•	Preservation of land for public use (e.g., recreation or e			n historically important land area
	Protection of natural habitat	ANS 1		certified historic structure
		L FIES	servation of a	certified historic structure
•	Preservation of open space	ified concentration cont	tuibutian in tha	form of a concernation
2	Complete lines 2a through 2d if the organization held a qual easement on the last day of the tax year.	med conservation cont	inbution in the	e form of a conservation
	casement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2 2	
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic st		1 1000000	
d	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired		S of the second of the second	
u	historic structure listed in the National Register		-81000000000000000000000000000000000000	41
3	Number of conservation easements modified, transferred, r			
3		eleaseu, extiliguisileu,	or terminated	by the organization during the
4	tax year ▶ Number of states where property subject to conservation ea	soment is located		
4 5	Does the organization have a written policy regarding the pe			
5	violations, and enforcement of the conservation easements i			
c	Staff and volunteer hours devoted to monitoring, inspecting,			
6		and emorcing conserv	vation easem	ents during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation	n easements	during the year
•	> ====================================	emorcing conservation	n casements	during the year
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirem	nents of section	n 170(h)(4)(R)
·				
9	(i) and section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conserva	tion assaments in its re	evenue and ev	nense statement and
9	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.	note to the organization	on o mandare	Action to that decombes the
Pa	Organizations Maintaining Collections of Art, H	Historical Treasures	, or Other Si	milar Assets.
	Complete if the organization answered "Yes" to	Form 990, Part IV, Ii	ine 8.	
1a	If the organization elected, as permitted under SFAS 116	(ASC 958), not to rep	ort in its reve	enue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 works of art, historical treasures, or other similar assets public service, provide, in Part XIV, the text of the footnote to	held for public exhib	ition, educati	on, or research in furtherance of
10				
b	If the organization elected, as permitted under SFAS 116 works of art, historical treasures, or other similar assets			
	public service, provide the following amounts relating to the		Adon, Gudoati	on, or research in furniciance of
	(i) Revenues included in Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historic			
-	following amounts required to be reported under SFAS 116			tion in manager gain, provide the
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
b	Assets included in Form 990, Part X			

	Page	2
)		

Par	Organizations Maintaining Coll	ections of A	Art, His	storical	Treasures	s, or	Other	Similar As	ssets (c	ontinue	<u>d)</u>
3	Using the organization's acquisition, accessorated collection items (check all that apply):	ssion, and o	ther re	cords, c	heck any o	f the	follow	ing that are	e a sign	iificant u	se of its
а	Public exhibition		d		Loan or ex	chan	ge prog	rams			
b	Scholarly research		е		Other						
C	Preservation for future generations	S									
4	Provide a description of the organization's	collections	and ex	xplain h	ow they fur	ther	the org	anization's	exempt	purpose	e in Part
	XIV.										
5	During the year, did the organization solicit	or receive do	onation	s of art,	historical tr	easur	es, or c	ther simila	r		
	assets to be sold to raise funds rather than	to be mainta	ined as	part of	the organiza	ation's	s collec	tion? · · ·	[	Yes	No
Par	line 9, or reported an amount of	<b>nents</b> . Com n Form 990	plete , Part )	if the or X, line 2	rganizatior 21.	ans	wered	"Yes" to F	orm 99	0, Part I	V,
	Is the organization an agent, trustee, custod included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV									Yes	No No
								An	nount		
С	Beginning balance					_					
d	Additions during the year					_					
е	Distributions during the year										
f	Ending balance						V			т.,	<del></del>
2 a	Did the organization include an amount on		'art X, II	ine 21?					L	Yes	No
Contract of the last	If "Yes," explain the arrangement in Part XI\							D = +1 1 / 1	: · 10		
Par		r the organi			c) Tw			(d) Three ye		(a) Faur	years back
1a	Beginning of year balance	arrent year	(a)	Prior year	(C) TW	o year	S DACK	(u) Three ye	ars back	(e) Four	years back
b	Contributions										
	Net investment earnings, gains,										
C	and losses										
4	Grants or scholarships										
	Other expenditures for facilities .										
C	and programs										
f	Administrative expenses										
q	End of year balance				_	4-11					
2	Provide the estimated percentage of the cu	rrent year or	ad bala	noo (line	1a column	(2))	hold as:				
a	Board designated or quasi-endowment	ment year er	%	nce (iine	rg, coluini	(a))	ileiu as.				
b	Permanent endowment > %		- 70								
	Temporarily restricted endowment ►	%									
U	The percentages in lines 2a, 2b, and 2c sho		nn%								
3a	Are there endowment funds not in the poss			nization	that are hel	d and	l admin	istered for t	he		
• •	organization by:	30331011 01 111	c organ	iization	inat are nei	a and	admin	istored for t		1	res No
	(i) unrelated organizations					01 0 101	D 107 2 107	2 100 2 100 2 100	0 101 0 101	3a(i)	100 110
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(ii), are the related organization									3 b	
4	Describe in Part XIV the intended uses of the		38								
Par	t VI Land, Buildings, and Equipment										COLUMN TO THE PARTY OF THE PART
	Description of property	(a) Cost or o	other basi	T	Cost or other ba	asis		umulated eciation	(c	i) Book valu	ne
1a	Land										
b	Buildings										
C	Leasehold improvements			_							
d	Equipment				22,1	87.		22,187.			
e	Other				•						
	I. Add lines 1a through 1e. (Column (d) mus	st equal Form	990. P	art X. co	lumn (B). lir	ne 100	(c).)	▶			
	(0) ///		,	.,, 50	(-),		,,		Schod	ule D (For	m 990) 2011

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	9
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other_				
<u>(A)</u>				
(B)		<del></del>		
<u>(C)</u>				
(D) 				
(E) (F)				
<u>\</u> '-/ (G)				
<u>\</u> (H)				
<u>`</u> (l)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990, Part X, lin	ie 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	9
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
	(a)	Description	(b	) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		▶	
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book valu	le	
	ral income taxes			
(2)				
<u>(3)</u> (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XIV Supplemental Information (continued)

# **SCHEDULE J** (Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

SOUTHWESTERN POWER RESOURCES ASSOCIATION, INC

Employer identification number 73-0999766

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	_		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			5-5
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee  Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	5	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		BAST!	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		The second	
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5 b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			- 1111
а	The organization?	6a		
b	Any related organization?	6b	-	-
_	If "Yes" to line 6a or 6b, describe in Part III.	1		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	-	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	8		
0	in Part III	-	-	-
9	Regulations section 53.4958-6(c)?	9		
	Regulations section of the section o			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

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.

individual.								
		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	3 compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(3)		0		0	0	160,174.	
1 TED COOMBES	€			0				
	€							1 1 1 1 1 1 1 1 1 1
2	<b>(E)</b>							
	Θ				1		               	 
m	(ii)							
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15	€							
4	€ €							
							Sch	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to 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.

Schedule J (Form 990) 2011

### **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHWESTERN POWER RESOURCES ASSOCIATION, INC

Employer identification number 73-0999766

ATTACHMENT 1

# FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED	FOR	RELATED	ORGANIZATION
ANDREW LACHOWSKY				
PRESIDENT	1.00	)		
RON BOWEN				
DIRECTOR	.50	)		
LES EVANS				
DIRECTOR	.50	)		
NEIL ROLAND				
DIRECTOR	.50	)		
LESLIE FALKS				
DIRECTOR	.50	)		
KENNETH STENSON				
DIRECTOR	.50	)		
ROGER CLARK				
DIRECTOR	.50	)		
BILL BACH				
DIRECTOR	.50	)		
SCOTT WILLIAMS				
SECRETARY / TREASURER	1.00	)		
DAVID NAYLOR				
DIRECTOR	.50	)		
BRUCE MINTZ				
DIRECTOR	.50	)		
BRETT BRADFORD				
VICE PRESIDENT	. 50	)		
DRAKE RICE				
DIRECTOR	.50	)		
BOB WILLIAMS				
PAST PRESIDENT	.50	)		
LARRY JONES				
DIRECTOR	. 50	)		
RICK HENLEY				
DIRECTOR	.50	)		

5,414.

TOTALS

5,414.

# SOUTHWESTERN POWER RESOURCES ASSOCIATION

# Instructions for Filing Form 990 Federal Return of Organization Exempt From Income Tax For the year ended December 31, 2011

Signature...

The original return should be signed and dated on page six by an authorized officer of the organization.

Payment of tax...

Tax due is NONE.

Filing...

File your signed return by November 15, 2012 with:

Internal Revenue Service Center Ogden, UT 84201-0027

Mailing...

To document the timely filing of your tax returns, we suggest that you obtain proof of mailing. You can accomplish proof of mailing by sending your tax returns certified mail.