COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight hearing on "Evaporating Prosperity: How Federal Actions Are Driving Up Water and Power Costs, Threatening Jobs and Leaving Arizonans High and Dry"

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Tom Jones
2. Name of Organization(s) You are Representing at the Hearing: Grand Canyon State Electric Cooperative Association, Inc.
3. Business Address: 2210 S. Priest Drive, Tempe, AZ 85282
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: 602-286-6925

Name/Organization Tom Jones / Grand Canyon State Electric Cooperative Association
Title/Date of Hearing "Evaporating Prosperity: How Federal Actions Are Driving Up Water and Power
Costs, Threatening Jobs and Leaving Arizonans High and Dry" / June 4, 2012

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.

Participant in numerous courses, seminars, workshops, conferences related to the electric utility industry over the past 22 years. Possess Management Training Certification from the National Rural Electric Cooperative Association.

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.

None

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.

I have been the Chief Executive Officer of Grand Canyon State Electric Cooperative Association (GCSECA) since 1990. GCSECA is a regional trade association providing government relations, regulatory affairs, employee and director education, safety and job training, communications and consumer affairs, and other services to 27 consumer-owned electric cooperatives, municipal and other public power utilities in the southwest. The association holds a 501(c)(6) non-profit designation from the IRS.

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

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

None

In addition, for witnesses representing organizations:

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

I am the Chief Executive Officer of Grand Canyon State Electric Cooperative Association, Inc.

h. 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

i. 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).

None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. 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)).

Form 990s for 2008, 2009 and 2010 attached. The 2011 form has not been prepared and has an extended due date to August 15, 2012.

EXTENSION GRANTED TO 11/16/09

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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

А	ror the	e 2006 Calendar year, or tax year beginning and end	iiig		
В	Check if applicable	le: Please C Name of organization		D Employer ident	tification number
Г	Addre	use in o	C.		
	Name chang	type. Doing Business As		86-	6056759
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite	E Telephone num	
	Termination	Instructure ILZO NORTH 44TH STREET	0	(60	2) 286-6925
	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,578,085.
	Application pendication	FIOENIX, AZ 05054		H(a) Is this a group	
	portain	F Name and address of principal officer: TOM JONES		for affiliates?	Yes X No
_		SAME AS C ABOVE			included? Yes No
		empt status: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527			a list. (see instructions)
		te: ► WWW . GCSECA . COOP organization: X Corporation Trust Association Other ►	I Vaar	H(c) Group exemp	
	art I	organization: X Corporation Trust Association Other ► Summary	L Year	or formation: 1907	M State of legal domicile; AZ
		Briefly describe the organization's mission or most significant activities: TO PRO	VIDE	EDUCATION	, TRAINING
Activities & Governance	1'	AND INFORMATION TO MEMBER 501 (C)(12) COOP			1, 11///11/11/0
nai	2	Check this box if the organization discontinued its operations or disposed			sets.
Se S	3				3 18
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		-	4 18
es &	5	Total number of employees (Part V, line 2a)			5 8
ΞĘ	6	Total number of volunteers (estimate if necessary)			6 0
Act	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)			'a 0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			'b 0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,464,606	1,566,895.
	9	Program service revenue (Part VIII, line 2g)		11,404,000	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,21	2,700.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,475,823	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,1,3,023	2/3/0/0031
		Benefits paid to or for members (Part IX, column (A), line 4)			
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		815,916	918,461.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
x	. ь	Total fundraising expenses (Part IX, column (D), line 25)			
Ω̈́	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		601,019	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,416,935	
	19	Revenue less expenses. Subtract line 18 from line 12		58,888	-15,308.
Net Assets or	<u> </u>			Beginning of Year	End of Year
Sset	20	Total assets (Part X, line 16)		868,686	
et A	21	Total liabilities (Part X, line 26)		690,607	
	⊇ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		178,079	162,771.
	art II	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements. a	and to the best of my know	ledge and belief, it is true, correct.
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any ki	nowledge.	,	
Sig	n			1	
He		Signature of officer		Date	
		TOM JONES, CEO			
		Type or print name and title			
Dai	id	Preparer's Date		/	parer's identifying number e instructions)
Pai	ia eparer's	signature 11/02/		ployed 🕨 🔲	,
	e Only	yours if BOLINGER, SEGARS, GILBERT & MOSS,	L.L	.P. EIN ►	
030	omiy	self-employed), 8215 NASHVILLE AVENUE			
		ZIP+4 LUBBOCK, TEXAS 79423		Phone no.	(806)747-3806
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Page 2

Pai	Till Statement of Program Service Accomplis			
1	•	EDULE O FOR CONTI		
	AS A NONPROFIT, NONPARTISAN OR			
	STATE ELECTRIC COOPERATIVE ASS	-	-	
	SUPPORT, UNIFY AND REPRESENT M			
	NATIONAL LEVELS. THE ASSOCIATI			
2	Did the organization undertake any significant program servi	ces during the year which were not		
			Yes X N	0
	If "Yes", describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant of	hanges in how it conducts, any pro	ogram services? Yes X N	0
	If "Yes", describe these changes on Schedule O.			
4	Describe the exempt purpose achievements for each of the			
	Section 501(c)(3) and 501(c)(4) organizations and section 49		-	
	allocations to others, the total expenses, and revenue, if any	, for each program service reported	d.	
4a	7 (1	including grants of \$) (Revenue \$)
	EDUCATION, PERSONNEL TRAINING		10 MEMBER 501C(12)	
	ARIZONA AND CALIFORNIA ELECTRI	C COOPERATIVES.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		3 3	,	,
	9			
	-			
44	Other program services (Describe in Schodule O.)			
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$ Total program service expenses ▶ \$	(Must equal Part IX, Line	25. column (R))	
TC	i otai pi ogi aili sei vice expelises 🚩 🤻	(IVIUSI EYUAI FAIL IA, LIIIE	20, coluitii (D).)	

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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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	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	X	
6	Did the organization maintain any donor advised funds or any 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
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		Х
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 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		37	
40	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	40	v	
10	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	Х
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	148		Λ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
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	140		21
13		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	15		-25
.0	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total 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 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		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
24a	†	•		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		Х
b	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 to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? 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 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, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

Form **990** (2008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
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," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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

Form **990** (2008)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

					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	1a		4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			. 1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a		8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		. 2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	. 3a		X
b	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	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	. 4a		X
b	If "Yes," enter the name of the foreign country: ▶			_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts.					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			· -		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			. 5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	-	~			
_	Tax Shelter Transaction?				1	37
	Did the organization solicit any contributions that were not tax deductible?			. 6a		Х
р						
7	were not tax deductible?			. 6b		
7	Organizations that may receive deductible contributions under section 170(c).	a than	Ф 7 ЕО	70		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 10		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?			7c		
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		lal			
•	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		. —		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required					
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0					
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 5	09(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganiza	ation, have			
	excess business holdings at any time during the year?			. 8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?					
b	Did the organization make a distribution to a donor, donor advisor, or related person?			. 9b		
10	Section 501(c)(7) organizations. Enter: N/A	ı	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: N/A	. د ا	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	11b	<u> </u>	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\dots N/A$	1041 12b	r 	12a		
IJ	in ites, enter the amount of tax-exempt interest received of accrued duffing the year	120	1			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,				
	processes, or changes in Schedule O. See instructions.				
1a		18			
b	Enter the number of voting members that are independent	18			
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?	L	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?	L	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	L	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	L	5		X
6	Does the organization have members or stockholders?	L	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	L	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:				
а	The governing body?	L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
	Does the organization have local chapters, branches, or affiliates?		9a		X
b	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?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must				
	describe in Schedule O the process, if any, the organization uses to review the Form 990		10		_X_
11	Is there any officer, director or 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		11		X
Sec	tion B. Policies				
		г		Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	}	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			v	
	to conflicts?	-	12b	Х	
С			.	v	
40	in Schedule O how this is done	⊢	12c	X	
13	Does the organization have a written whistleblower policy?		13	Λ	
14	Does the organization have a written document retention and destruction policy?		14		Λ
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:		45-	X	
a h	, 1 3	⊢	15a	X	
b	Other officers or key employees of the organization?		15b	Λ	
16-	Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
ıva		-	16a		X
h	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		ioa		22
D	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		
Sac	exempt status with respect to such an angements:		100		
17	List the states with which a copy of this Form 990 is required to be filed ►AZ				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	able f	or		
	public inspection. Indicate how you make these available. Check all that apply.	I	٥.		
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	v. and	d fina	ncial	
. •	statements available to the public.	,,	a		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nizatio	on: 🕨	•	
	TOM JONES - (602) 286-6925	ati	J. 11		
	120 NORTH 44TH ST, PHOENIX, AZ 85034				

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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

C	Check this box if the organization did not	compensate ar	ny of	ficer			or, tr	uste	e, or key employee.	i -	1
Nours	• •	(B)			-	-			` '	(E)	(F)
Per Week Fig. Fig. Per Week Fig. Fi	Name and Title	1	١,								
Week Second Week Second Week Wee		I	<u> </u>	heci	k all '	that	app	ly)	•		
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JEFF LARSON											
VICE PRESIDENT		11.00	X		Х				0.	0.	0.
DON ANDERSON TREASURER 2.00 X X 0.											
TREASURER		1.00	X		Х				0.	0.	0.
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		2.00	 ^	\vdash			\vdash		· ·	· ·	
		2.00	x						n .	n .	n .
CHARLES WIESE		2.00	 	\vdash	\vdash	\vdash	\vdash	\vdash		•	<u></u>
DIRECTOR 3.00 x 0. 0.		3.00	$ _{\mathbf{x}}$						0.	٥.	n.

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Page **8**

Part VII Section A. Officers, Directors, Tru	stees, Key E	nple	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)				
(A)	(B)			(0	C)			(D)	(E)		Г	(F)	- d
Name and title	Average hours	(c		Posi kalli		app	olv)	Reportable compensation	Reportable compensation			stimate nount	
	per	_				Τ̈́	m	from	from related			other	
	week	director				- R		the	organization			pensa	
		tee or	nstee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om th anizat	
		al trus	onal tr		oloyee	comp		(** 27 1033 141100)				d relat	
		Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer-				orga	anizat	ions
DAVID PLUMB					_		_						
DIRECTOR	2.00	х						0.		0.			0 .
TOM JONES													
CEO	40.00			Х				186,923.		0.	2	7,7	61.
JOHN WALLACE													
DIR. OF STRATEGIC SVCS	40.00					X		117,552.		0.	2	3,1	71.
-													
						<u> </u>							
1b Total								304,475.		0.	5	0,9	32.
2 Total number of individuals (including those	•												,
compensation from the organization										<u> </u>		Yes	No
3 Did the organization list any former officer,	director or tru	stee	e. ke	v em	מומר	vee.	or l	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for si								grioot componicated of			3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	•				•			•					
the organization? If "Yes," complete Schede	ule J for such	pers	son .								5		X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mnoncotod in	don	ondo	nt o	onti	roote	aro i	that received more than	\$100,000 of oor	nnone	otion t	from	
the organization.	mpensated in	uepe	enae	erit C	OHL	racio	וצוכ	mat received more than	\$100,000 01 001	npens	sation	TOITI	
(A)								(B)			(0		
Name and business	address							Description of s	services		compe	nsatio	n
RURALITE SERVICES, INC. P.O. BOX 558, FOREST GROV	7₽ ∩D (יד ב	114	5				PUBLICATION	CEDVITCEC		16	0,6	60
1.0. DOX 550, FOREST GROV	/E, OR .	, , .					\dashv	IODDICATION	DERVICED			0,0	00.
-													
2 Total number of independent contractors (in from the organization ▶	ncluding those	in	1) wl	ho re	ecei	ved	moi	re than \$100,000 in com	pensation				

Pa	rt VII	Statement of Reven	ue			-		
					(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	b c d e f		1b 1c 1d ons) 1e s, and // e 1f 1a-1f: \$					
Program Service Revenue	2 a	MEMBERSHIP DUES NEWSLETTERS EDUCATION/CONFE REGULATORY SERV	RENCES ICES	Business Code	1,190,787. 208,011. 125,981. 42,116.			
۱ ۵	f g	All other program service reve Total. Add lines 2a-2f			1,566,895.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and roceeds	8,490.			8,490.
	b	Gross Rents	(i) Real 2,700. 2,700.	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other	2,700.			2,700.
enne	d	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$	g events (not of	>				
Other Revenue	С	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	a b raising events					
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a b					
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales	a					
	11 a b c	Miscellaneous Revenu	e	Business Code				
	d e 12	All other revenue Total. Add lines 11a-11d Total Revenue. Add lines 1h 2g 3 4			1.578.085.	1.566.895.	0.	11.190.

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).

				lete columns (B), (C), an	
	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 U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	186,923.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	498,853.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	28,710.			
9	Other employee benefits	159,530.			
0	Payroll taxes	44,445.			
1	Fees for services (non-employees):				
а	Management				
b	Legal	1,144.			
С	Accounting	8,900.			
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses	47,314.			
4	Information technology	-			
15	Royalties				
16	Occupancy	84,971.			
7	Travel	138,542.			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	56,534.			
20	Interest	,			
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	9,275.			
23	Insurance	2,810.			
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.)	·			
а	PUBLICATION COSTS	165,675.			
b	YOUTH TOUR	60,238.			
С	TRAINING & EDUCATION	44,651.			
d	DUES & SUBSCRIPTIONS	22,470.			
e	CAPITAL OUTLAY	17,880.			
f	All other expenses	14,528.			
25	Total functional expenses. Add lines 1 through 24f	1,593,393.			
<u>.5</u> 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				
	educational campaign and fundraising solicitation				

Pa	tΧ	Balance Sheet			•					
					(A) Beginning of year		E	(B) End of		
	1	Cash - non-interest-bearing			657,293.	1		35	4,1	95
	2	Savings and temporary cash investments			107,029.	2		38	5,5	19
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net			60,064.	4		13	9,1	65
	5	Receivables from current and former officers, d								
		employees, or other related parties. Complete F	Part II o	f Schedule L		5				
	6	Receivables from other disqualified persons (as	define	d under section						
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete						
		Part II of Schedule L				6				
ts	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
⋖	9	Prepaid expenses and deferred charges			10,985.	9		1	7,6	28
	10a	Land, buildings, and equipment: cost basis \dots	10a	44,120.						
	b	Less: accumulated depreciation. Complete								
		Part VI of Schedule D		-	24,424.	10c		1	5,1	<u>49</u>
	11	Investments - publicly traded securities				11				
	12	Investments - other securities. See Part IV, line			0.001	12				
	13	Investments - program-related. See Part IV, line		F	8,891.	13			9,1	00
	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11		060 606	15		00	<u> </u>	<u> </u>	
	16	Total assets. Add lines 1 through 15 (must equ		868,686.	16	<u> </u>		0,7		
	17	Accounts payable and accrued expenses	33,004.	17			1,0	20		
	18	Grants payable			606,457.	18		62	6,6	07
	19	Deferred revenue			000,457.	19		0.5	0,0	<u> </u>
	20	Tax-exempt bond liabilities				20				
Liabilities	21 22	Escrow account liability. Complete Part IV of So		_		21				
ΞĘ	22	Payables to current and former officers, director		· · · · · · · · · · · · · · · · · · ·						
<u>Fi</u>		highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22								
	23	Secured mortgages and notes payable to unrel			23					
	24	Unsecured notes and loans payable		24	1					
	25	Other liabilities. Complete Part X of Schedule D		51,146.	25		7	0,2	30	
	26	Total liabilities. Add lines 17 through 25			690,607.	26			7,9	
		Organizations that follow SFAS 117, check h			000,001				. , .	
Ø		lines 27 through 29, and lines 33 and 34.								
nce	27	Unrestricted net assets			178,079.	27		16	2,7	71
ala	28	Temporarily restricted net assets			·	28				
В В	29					29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, o								
卢		complete lines 30 through 34.								
ets	30	Capital stock or trust principal, or current funds				30				
ASS	31	Paid-in or capital surplus, or land, building, or e	quipme	nt fund		31				
et/	32	Retained earnings, endowment, accumulated in	ncome,	or other funds		32				
Z	33	Total net assets or fund balances			178,079.	33			2,7	
	34								0,7	56
Pa	t XI	Financial Statements and Reporting	<u> </u>						.,	
									Yes	No
1		unting method used to prepare the Form 990:		ash X Accrual	Other					
		the organization's financial statements compile						2a		X
		the organization's financial statements audited						2b	X	<u> </u>
С		es" to lines 2a or 2b, does the organization have		·	,		•			
_		w, or compilation of its financial statements and						2c		X
3a		s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
_		and OMB Circular A-133?						3a		X
h	If "Ye	es." did the organization undergo the required au	idit or a	udits?				l3bl		1

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

● Section 501(d	c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of organiza	ation			Emp	loyer identification number
	GRAND C	ANYON STATE ELEC	TRIC COOP.,	INC.	86-6056759
Part I-A To	o be completed b	y all organizations exem	pt under section	501(c) and section 5	27 organizations.
Se	ee the instructions for S	Schedule C for details.			
1 Provide a de	escription of the organiz	zation's direct and indirect politic	cal campaign activities	in Part IV.	
					6
Part I-B T	o be completed b	y all organizations exem	pt under section	501(c)(3).	
	ee the instructions for S	•		(-)(-)-	
		incurred by the organization un-	der section 4955	>	\$
		incurred by organization manag			
		on 4955 tax, did it file Form 4720			
		······································			
b If "Yes." des	scribe in Part IV.				
Part I-C To	o be completed b	y all organizations exem	pt under section	501(c), except section	on 501(c)(3).
Se	ee the instructions for S	Schedule C for details.			
1 Enter the an	nount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities	\$
		nization's funds contributed to o			
			-		\$
		function expenditures. Add lines			
	•				\$
		1120-POL for this year?			
		mployer identification number (E			
		e if the amount was paid from the	•		• •
	•	a separate political organization,	• •	•	
If additional	space is needed, provi	de information in Part IV.			
(a	n) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
,-	,	(=): 122: 222	(-,	filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
			_		

LHA

Schedule C (Form 990 or 990-EZ) 2008						
Part II-A To be completed b			•		it filed Form 576	8
(election under sec		` ''		nedule C for details.		
A Check if the filing organiza						
B Check ▶ ☐ if the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		
		oying Expe leans amou	nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (grassroots lobbying)			
b Total lobbying expenditures to infl	uence a le	gislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a an	d 1b)				
d Other exempt purpose expenditur						
e Total exempt purpose expenditure	es (add line	s 1c and 1c	d)(t			
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a)			bying nontaxable am			
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a. Ente	r -0- if line (g is more tha	an line a			
i Subtract line 1f from line 1c. Enter	-0- if line f	is more thai	n line c			
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organia	zations tha		eraging Period Under ection 501(h) election	Section 501(h) n do not have to comp	olete all of the five	
colum	ns below.	See the ins	structions for lines 2a	through 2f of the ins	tructions.)	
	Lobi	ying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) <i>i</i>	2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots non-taxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
	•		1	i l		1

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2008 GRAND CANYON STATE ELECTRIC COOP., INC.86-6056759 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a	a)	(k	o)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	t III-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5)	, or sect	ion
	501(c)(6). See the instructions for Schedule C for details.				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		X
1	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political				
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
			4		
5	expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		····· 		
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-R	line 1i Also	complete	this nart
	ny additional information.	ia i ait ii b,	1110 11.7400	, complete	tino part
101 4	ny additional mormation.				

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

anono. ou 100, 101 on 100, 1 an 11, 1110 o, 1, 0, 0, 10, 11, 0.

GRAND CANYON STATE ELECTRIC COOP.

Employer identification number 86-6056759

Pa	rt I Organizations Maintaining Donor Advis		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(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		ised funds
٠	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor		
Ū	for charitable purposes and not for the benefit of the donor		
Pa	rt II Conservation Easements. Complete if the o		
1	Purpose(s) of conservation easements held by the organiza	<u> </u>	
-	Preservation of land for public use (e.g., recreation or		istorically important land area
	Protection of natural habitat		fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cor	servation contribution in the form of a con	aservation easement on the last day
	of the tax year.		isorvation sassinone on the last day
	of the tax year.		Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic si		
d			
3	Number of conservation easements modified, transferred, r		
_	year >		o organization doming the tandzio
4	Number of states where property subject to conservation e	asement is located ▶	
5	Does the organization have a written policy regarding the po		and
	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIV, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement and I	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	e items.	
b	If the organization elected, as permitted under SFAS 116, to	o report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tr		
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b			

| Cancer | C

a Board designated or quasi-endowment ▶ _______%

b Permanent endowment ▶ _______%

c Term endowment ▶ _______%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (investment)

(b) Cost or other basis (other)

(c) Depreciation

(d) Book value

b Buildings

c Leasehold improvements

d Equipment

e Other

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2008

Yes

3a(i)

3a(ii)

No

Part VII	Investments - Other Securities. See	e Form 990, Part X, line 1	2.		
	(including name of security)	(b) Book value	(c)	Method of valuat r end-of-year mark	
Financial d	erivatives and other financial products				
	d equity interests				
Other					
Total (Col.(b) should equal Form 990, Part X, col (B) line 12.)				
	I Investments - Program Related. Se	ee Form 990 Part Y line	<u> </u> 12		
i dit vii				Method of valuat	ion:
	(a) Description of investment type	(b) Book value		r end-of-year mark	
	b) should equal Form 990, Part X, col (B) line 13.)				
Part IX	Other Assets. See Form 990, Part X, line	Description			(b) Book value
	(a)	Description			(b) Book value
	umn (b) should equal Form 990, Part X, col (B) lir			>	
Part X	Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	(b) Amount		
	<u> </u>		(b) Amount		
Federal inc			70 220		
ACCRUI	ED VACATION		70,230.		
Total. (Colu	umn (b) should equal Form 990, Part X, col (B) lir	ne 25.)	70,230.		

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.

	edule D (Form 990) 2008 GRAND CANYON STATE ELECTRIC				5056759	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Financi	al Statemen	ts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,578	<u>,085</u> ,
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,593	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-15	,308
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 4-8					0 .
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9					,308.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue pe	er Return		
1	Total revenue, gains, and other support per audited financial statements			1	1,578	<u>,085</u> ,
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments					
b	Donated services and use of facilities					
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				_
е	Add lines 2a through 2d			2e		0 .
3	Subtract line 2e from line 1			3	1,578	,085,
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)	4b				
С	Add lines 4a and 4b					0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				1,578	<u>,085 </u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem					
1	Total expenses and losses per audited financial statements			1	1,593	, 393
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	, , , , , , , , , , , , , , , , , , , ,					
С	, , , ,					
d	, , , , , , , , , , , , , , , , , , , ,	2d				_
е	Add lines 2a through 2d			- t		0.
3	Subtract line 2e from line 1			3	1,593	<u>, 393 </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				_
	Add lines 4a and 4b			4c		0.
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	1,593	<u>, 393 .</u>
Pa	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1a	and 4; Part IV, lin	es 1b and 2	2b; Part V, line	4; Part
X; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.					

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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GRAND CANYON STATE ELECTRIC COOP., INC.

Employer identification number 86-6056759

Pá	art I Questions Regarding Compensation			
			Yes	No
1 a	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)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			37
•	of all of the expenses described above? If "No," complete Part III to explain	1 b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			37
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		X
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
3				
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract 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:			
	Receive a severance payment or change of control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
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		
	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, 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		
	If "Yes" to line 6a or 6b, 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 Regs. section 53.4958-4(a)(3)? If "Yes." describe in Part III	8		1

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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 of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
(i)	166,924.	0.	19,999.	9,349.	18,412.	214,684.	0.
TOM JONES (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
PART I, LINE 1A: SPOUSAL TRAVEL IS PROVIDED TO TOM JONES AT \$1,000 PER YEAR.
PART I, LINE 1B: THE COOPERATIVE HAS A WRITTEN TRAVEL REIMBURSEMENT POLICY
IN PLACE, BUT THE POLICY DOES NOT ADDRESS SPOUSAL TRAVEL.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

GRAND CANYON STATE ELECTRIC COOP., INC.

Employer identification number 86-6056759

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC WELL-BEING OF MEMBER ORGANIZATIONS BY; PROVIDING LEADERSHIP,

INFORMATION AND TECHNICAL ASSISTANCE; DELIVERING COMPETITIVE,

HIGH-QUALITY SERVICES; FACILITATING ISSUE DISCUSSION AND PROBLEM

SOLVING; AND PROJECTING A POSITIVE, PROACTIVE IMAGE OF ELECTRIC

COOPERATIVES.

FORM 990, PART VI, SECTION A, LINE 6: FULL MEMBERSHIP SHALL BE LIMITED TO

NONPROFIT ELECTRIC COOPERATIVES ENGAGED IN THE GENERATION, TRANSMISSION,

DISTRIBUTION OR SALE OF ELECTRICITY. THERE SHALL BE TWO CLASSES OF FULL

MEMBERSHIP. CLASS A FULL MEMBERS SHALL BE NONPROFIT ELECTRIC DISTRIBUTION

COOPERATIVES. CLASS B FULL MEMBERS SHALL BE NONPROFIT ELECTRIC GENERATION,

TRANSMISSION OR MARKETING COOPERATIVES.

FORM 990, PART VI, SECTION A, LINE 7A: EACH CLASS A MEMBER SHALL APPOINT

TWO REPRESENTATIVES TO THE BOARD EACH SERVING A TWO YEAR TERM. EACH CLASS

B MEMBER SHALL APPOINT ONE REPRESENTATIVE TO SERVE A TWO YEAR TERM.

FORM 990, PART VI, SECTION A, LINE 10: NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 12C: AS SOON AS POSSIBLE, EACH BOARD MEMBER IS REQUIRED TO DISCLOSE TO THE BOARD ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: ANNUALLY, THE BOARD OF DIRECTORS REVIEW THE CEO'S PERFORMANCE WHEN DETERMINING COMPENSATION.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

GRAND CANYON STATE ELECTRIC COOP., INC.

Employer identification number 86-6056759

ANNUALLY THE CEO AND BOARD OF DIRECTORS REVIEW THE COOEPERATIVE; S OTHER

OFFICER AND KEY EMPLOYEES, IF ANY, PERFORMANCE WHEN SETTING THEIR

COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18: THE PRIOR 3 YEAR FORMS 990 ARE

AVAILABLE FOR REVIEW AT THE ORGANIZATION'S OFFICE IN PHOENIX, AZ. THE FORM

990 CAN ALSO BE FOUND ON THE WEBSITE WWW2.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE

AVAILABLE FOR VIEWING BY THE PUBLIC AT THE ORGANIZATION'S OFFICE IN

PHOENIX, AZ.

FORM 990, PART VII, COLUMN F

OFFICERS AND HIGHLY COMPENSATED EMPLOYEES BENEFITS

IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE

ORGANIZATION HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION

401(K) OF THE INTERNAL REVENUE CODE. AS PART OF THE PLAN DOCUMENT, THE

ORGANIZATION PROVIDES A MATCHING CONTRIBUTION UP TO 4% OF A

PARTICIPATING EMPLOYEE'S SALARY. THESE EMPLOYER CONTRIBUTIONS ARE

AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY

COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH

PLANS.

THE ORGANIZATION ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE

INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICER AND HIGHLY COMPENSATED

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Employer identification number Name of the organization GRAND CANYON STATE ELECTRIC COOP. 86-6056759 INC. EMPLOYEES, THROUGH A QUALIFIED PLAN. THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER AND HIGHLY COMPENSATED EMPLOYEE IS THE TOTAL AMOUNT CONTRIBUTED BY THE ORGANIZATION TO THE PENSION PLAN AND INSURANCE PAID ON BEHALF OF AND FOR BENEFIT OF THE OFFICER AND HIGHLY COMPENSATED EMPLOYEE. FORM 990, PAGE 11, LINE 2C AUDIT COMMITTEE THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING THE INDEPENDENT AUDITOR.

Form 8868 (Rev. 4-2009) Page 2 ightharpoons X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. 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, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of Exempt Organization **Employer identification number** Type or print GRAND CANYON STATE ELECTRIC COOP., INC. 86-6056759 File by the Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only extended due date for 120 NORTH 44TH STREET, NO. 100 filing the return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PHOENIX, AZ 85034 Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. TOM JONES The books are in the care of ▶ 120 NORTH 44TH ST - PHOENIX, AZ 85034 Telephone No. ► (602) 286-6925 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this ____. If it is for part of the group, check this box ▶ [and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until NOVEMBER 15, 2009 5 For calendar year 2008, or other tax year beginning , and ending If this tax year is for less than 12 months, check reason: 6 Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 8a nonrefundable credits. See instructions. 8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated b tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit N/A with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief. it is true, correct, and complete, and that I am authorized to prepare this form.

Title ► CPA

Form **8868** (Rev. 4-2009)

Date >

Signature >

OMB No. 1545-1878 **IRS e-file Signature Authorization** Form 8879-E0 for an Exempt Organization For calendar year 2008, or fiscal year beginning , 2008, and ending ▶ Do not send to the IRS. Keep for your records. Department of the Treasury See instructions. Internal Revenue Service Employer identification number Name of exempt organization GRAND CANYON STATE ELECTRIC COOP., INC. 86-6056759 Name and title of officer TOM JONES CEO Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990, line 12) ______ 1b _____ 1a Form 990 check here ► X 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______ 2b ____ **b Total tax** (Form 1120-POL, line 22) ______ **3b** _____ 3a Form 1120-POL check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance Due (Form 8868, line 3c) 5b Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize BOLINGER, SEGARS, GILBERT & MOSS, L.L.P. to enter my PIN 85034 ERO firm name do not enter all zeros as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature 🕨

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date = 11/02/09

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

ERO's signature

EXTENSION GRANTED TO 8/15/2011

Form **990**

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.

2010
Open to Public

Inspection

A For the 2010 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change GRAND CANYON STATE ELECTRIC COOP., Name change 86-6056759 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-120 NORTH 44TH STREET 1100 (602)286-6925 Amended return 1.714.928. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-PHOENIX, AZ 85034 H(a) Is this a group return pending F Name and address of principal officer: TOM JONES ່ Yes ເX່ No for affiliates? same as C above H(b) Are all affiliates included? Yes No. 4947(a)(1) or 527) (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.GCSECA.COOP **H(c)** Group exemption number ▶ Association Other > K Form of organization: X Corporation Trust L Year of formation: 1952 M State of legal domicile: AZ Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATION, TRAINING Governance AND INFORMATION TO MEMBER 501 (C)(12) COOPERATIVES. Check this box I 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) 18 17 Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 12,200. 12,200. 8 Contributions and grants (Part VIII, line 1h) 1,697,988. 1,615,385. Program service revenue (Part VIII, line 2g) 3,487. 2,340. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,500. 2,400. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,635,5721,714,928. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 150. σ. Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) 969,557. 1,025,150. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 587,944. 616,941. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,557,501. 1,642,241. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 78,071 72,687. 19 Revenue less' expenses. Subtract line 18 from line 12 OF Sec **Beginning of Current Year** End of Year 1,236,151. 1,279,216. 20 Total assets (Part X, line 16) 995,309 965,687. Total liabilities (Part X, line 26) 240,842. Net assets or fund balances. Subtract line 21 from line 20 Part II | 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. Signature of officer Sign TOM JONES, CEO Here Type or print name and title PTIN Print/Type preparer's name Check Preparer's signature Paid Matt R. Willis 07/06/11 self-employed Firm's name BOLINGER, SEGARS, GILBERT AND MOSS Preparer Firm's EIN Firm's address 8215 NASHVILLE AVENUE Use Only Phone no. (806)747-3806 LUBBOCK, TX 79423 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

(Expenses \$

4d Other program services. (Describe in Schedule O.)

including grants of \$

) (Revenue \$

Form 990 (2010) GRAND CANYON 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?	_2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
4	public office? If "Yes," complete Schedule C, Part I	3		
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	N/	Δ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	14/	-
5	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 where donors have the right to			<u> </u>
•	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		х
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 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 term, permanent, 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, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ı ıa		
~	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		Х
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 167 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			
	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		~	
h	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
Ü	If "Yes," and if 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
14a	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,		l	
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	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,			\ _V
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		1
10	complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	<u></u> _	†	†
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			~~~	

# Form 990 (2010) GRAND CANYON STATE Part IV Checklist of Required Schedules (continued)

			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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	A
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	N/	A.
26	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? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	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?			<b> </b>
	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," complete			.,
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			٠,,
	If "Yes," complete Schedule R, Parts II, III, 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
a	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?		_{NT /}	<b>1 2 2 3 3 3 3 3 3 3 3 3 3</b>
07	If "Yes," complete Schedule R, Part V, line 2	36	N/	k.7
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38	$\Gamma \nabla$	J

# Form 990 (2010) GRAND CANYON STATE ELECTRIC COOP., INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
			_ •		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	-				
	(gambling) winnings to prize winners?			1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	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
b	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 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 A					
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 transa	ction?		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
	were not tax deductible?			6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).		N/A			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-		_		
_1	to file Form 8282?		•••••	7c	ļ	-
		7d	2	<b></b>		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute.			7e 7f	<b> </b> -	
g	if the organization received a contribution of qualified intellectual property, did the organization file Fo					-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di			/!!		<del> </del>
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	ung timo	daring ino your,			<del>                                     </del>
a	Did the organization make any taxable distributions under section 4966?		N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					<b></b>
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	<u> </u>		١.,		
а	Gross income from members or shareholders N/A	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b			İ	}
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$	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?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				1	
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	13b				
	Enter the amount of reserves on hand	13c	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u> </u>
	- · · · · · · · · · · · · · · · · · · ·			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		<u> </u>
					. റററ	

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			
Sec	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			l
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1 17			l
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	<u> </u>
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		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
		7a	X	
b	• • • • • • • • • • • • • • • • • • • •	7b		Х
8				
Ü	by the following:			
а		_{8a}	X	
		-		
ь 9				
9		ا م ا		x
500		greenbers of the governing body at the end of the tax year 1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1.8   1		
360	tion B. Policies (This Section B requests information about policies not required by the internal revenue code.)		Voc	No
40-	December 1997 in the contract of the contract	100	169	
		IUa		<del></del>
a		405		
	$\cdot$	-	Ÿ	<del> </del>
		11a	- 22	├─
		40	v	
		12a	Δ	<del> </del>
b		ا ا	v	
	to conflicts?	12b		
С			7.7	
13	Does the organization have a written whistleblower policy?		_ <u>X</u> _	177
14	Does the organization have a written document retention and destruction policy?	14		<u>^</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			١
а	The organization's CEO, Executive Director, or top management official	15a		
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			1:
		16a	ļ	X.
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			1.
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancial	
	statements available to the public.			
20		ation:	<b>&gt;</b>	
			*********	
	120 NORTH 44TH ST; STE 100, PHOENIX, AZ 85034			

# 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.

(A)	(B)	(C) Position (check all that apply)						(D)	<b>(E)</b> Reportable	(F)
Name and Title	Average							Reportable		Estimated
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	all		Highest compensated O O employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JEFF LARSON										
PRESIDENT	5.00	X		Х	<u> </u>			0.	0.	0
DON ANDERSON		İ								
VICE PRESIDENT	2.30	X		Х		<u> </u>		0.	0.	0
CARLOS TEJEDA		l	İ				ļ		_	
TREASURER	0.60	X	_	X	<u> </u>	<u> </u>		0.	0.	0 -
CECIL O. CARLILE		١,,		٠,						
SECRETARY	2.00	X		Х	<u> </u>	┡	_	0.	0.	0
FRANK DOWNS	1 00	7.						٠ ,	_	_
DIRECTOR	1.00	X	<u> </u>			-		0.	0.	0
CREDEN HUBER DIRECTOR	1.50	x			ĺ			0.	0.	0
JERALD KEMPTON	1.30	<u> </u>	├	<del> </del>	_	-	<u> </u>	0.	0.	0 .
DIRECTOR	1.50	x						0.	0.	0 .
RICHARD LUNT			<del> </del>	$\vdash$		-	<b></b>			
DIRECTOR	4.00	x						0.	0.	0
DAVID PLUMB			Г							
DIRECTOR	1.00	X	ļ		İ			0.	0.	0
BARBARA M. STOCKWELL										
DIRECTOR	2.30	X						0.	0.	0
MARSHA THOMPSON								_		_
DIRECTOR	2.00	X		<u> </u>				0.	0.	0
JOHNNIE FRIE	1									
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	0.	0.	0
PATRICK LEDGER	1 00						l			
DIRECTOR	1.00	X	ļ	ļ	<u> </u>	<u> </u>	ļ	0.	0.	0
BILL STACY	1 00	\				1				_
DIRECTOR	1.00	<u>^</u>	<u> </u>	<u> </u>	<u> </u>	-	<u> </u>	0.	0.	0
JOE KAY DIRECTOR	1.00	x						0.	0.	0
HAROLD BURDICK	1.00	10	-	├	-	┼	_	J	0.	ļ
DIRECTOR	1.00	x						0.	0.	0
GENE LARSON	1.00	┼≏	┼─	├	├-	┼	-	· ·	J	
DIRECTOR	1.00	x						0.	0.	0
	1 2.00	1 44	ل		ــــــــــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	1 0.	Farm 990 (0010

								COOP., INC.	86-60	)56'	759	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Tru		nplo	oyee			ligh	est		rees (continued)				
(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average hours per	(cl		Posi all t			lv)	Reportable compensation	Reportable compensatio			imate ount c	
	week	<u></u>	100.			الم	· <i>''</i>	from	from related			other	71
	(describe	rector						the	organization	1		ensa	tion
	hours for related	eord	tee			sated		organization	(W-2/1099-MIS	SC)		om the	
	organizations	truste	ial trus		iyee	эшы		(W-2/1099-MISC)			_	anizati I relate	
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	mer					nizatio	
	O)	Ē	la:	쁑	Key	울특	٠Ē						
JOE ANDERSON	4 00									ا ۱			_
DIRECTOR	1.00	X	<u> </u>	_		<u> </u>		0.		0.			0.
TOM JONES	40.00			х				202,197.		0.	1 ·	1,0	76
JOHN WALLACE	40.00	<del> </del>		_		┼─	-	202,197.		0.		1,0	70.
DIR. OF STRATEGIC SVCS	40.00				ļ	X		134,869.	-	0.		9,3	02.
DIA: OF BIRTINGTO BYON	40.00	<del> </del>	-		-	<del> </del>	_	134,003.		<del>-  </del>	·	, , 5	-
			<u> </u>					· · · · · · · · · · · · · · · · · · ·					
		L					<u> </u>						
P		_	<u> </u>										
	ŀ		1				}						
		╀	<del> </del>		<u> </u>	-	-						
		-	╁	-	$\vdash$	╁┈	-						
				1									
1b Sub-total						┢		337,066.		0.	2	0,3	78.
c Total from continuation sheets to Part V								0.	1	0.			0.
d Total (add lines 1b and 1c)								337,066.		0.	2	0,3	<u>78.</u>
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$10	0,000 in reportab	le			_
compensation from the organization												Yes	2 <b>N</b> o
2 Did the expenientian list any former officer	divoctor or tru	ınto.	. Ira		مامد		امدا	highest compensated a	mplayee en	1		res	NO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•	•	•		•			3		Х
4 For any individual listed on line 1a, is the si		• • • •						ther compensation from					
and related organizations greater than \$15									Ų		4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son					5		X
Section B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·				
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	ract	ors	that received more than	1 \$100,000 of cor	npens	ation 1	rom	
the organization.		*********	<del></del>					(5)					
<b>(A)</b> Name and business	address							(B) Description of	services		<b>))</b> Compe		n
RURALITE SERVICES, INC.								<u> </u>			·		
P.O. BOX 558, FOREST GRO	VE, OR	97	11	6			٠	PUBLICATION	SERVICES		17	4,7	22.
	<del></del>												
**************************************								ļ.,			***		
2 Total number of independent contractors (	including but	not I	imite	ed to	thr	ose l	iste	d above) who received	more than	<u> </u>			
\$100,000 in compensation from the organi	-					1		,					

ı a	I L VII	Statement of neven	ue					
					<b>(A)</b> . 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	b c d e f	Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above	1b 1c 1d ons) 1e s, and 1e 1f 1a-1f: \$	12,200.	12,200.		,	
Program Service Revenue		MEMBERSHIP DUES	RENCES	Business Code		1,272,227. 229,010. 145,791. 50,960.		
Proc	e f g				1,697,988.			
	3 4 5	Investment income (including of other similar amounts) Income from investment of tax Royalties	 exempt bond p	roceeds	2,340.	1		2,340.
	6 a b	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real 2,400. 2,400.	(ii) Personal	2,400.			2,400.
	7 a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8 a	Gross income from fundraising including \$	g events (not of 1c). See a b					
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a	, , , , , , , , , , , , , , , , , , , ,				
	b	Gross sales of inventory, less and allowances  Less: cost of goods sold  Net income or (loss) from sales	a					
	11 a b	Miscellaneous Revenue	9	Business Code				
	d e 12	All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.		<b>&gt;</b>	1,714,928.	1,697,988.	0.	4,740.

### 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). (A) (C) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraisina 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 150. the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 ..... Benefits paid to or for members ..... Compensation of current officers, directors, 213,273. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 495,430. 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 20,607 246,664. 9 Other employee benefits 49,176. 10 Payroll taxes Fees for services (non-employees): a Management ..... 10,710. b Legal ..... Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... f Other _____ 12 Advertising and promotion 49,557. Office expenses 13 14 Information technology 15 Royalties 95,103. 16 Occupancy ..... 106,630. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 39,995 Conferences, conventions, and meetings 19 ..... 20 Payments to affiliates 21 5,595 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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 0.) PUBLICATION COSTS 175,820. YOUTH TOUR 74,952. TRAINING & EDUCATION 31,163. 21,794. DUES & SUBSCRIPTIONS CAPITAL OUTLAY 5,622. All other expenses Total functional expenses. Add lines 1 through 24f 1,642,241. 25 Joint costs. Check here if following 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)
Part X Balance Sheet

L		Balance Sheet			(A) Beginning of year		<b>(B)</b> End of year
.—	1	Cash - non-interest-bearing			372,175.	1	497,339.
	2	Savings and temporary cash investments			822,080.	2	688,175.
	3	Pledges and grants receivable, net			,	3	
	4	Accounts receivable, net			5,703.	4	49,914.
	5	Receivables from current and former officers, di			- /		
	•	employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as			······································		
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec		_			
		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	
-	9	B			13,907.	9	20,766.
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	53,192. 39,592.			
	b	Less: accumulated depreciation	10b	39,592.	12,879.	10c	13,600.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11		9,407.	13	9,422.
	14	Intangible assets		.,		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			1,236,151.	16	1,279,216.
	17	Accounts payable and accrued expenses			15,858.	17	15,918.
	18	Grants payable				18	
	19	Deferred revenue			896,744.	19	865,768.
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete		······		21	
Liabilities	22	Payables to current and former officers, directo					
iat		highest compensated employees, and disqualif					
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	24	Unsecured notes and loans payable to unrelate			82,707.	24	84,001.
	25	Other liabilities. Complete Part X of Schedule D			995,309.	25	965,687.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h			993,309.	26	905,007.
"			ere –	and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			240,842.	27	313,529.
alar	28	Temporarily restricted net assets			240,042.	28	313,323
ĕ	29				<del></del>	29	
ğ	23	Organizations that do not follow SFAS 117, c		ere Dand		29	
뇬		complete lines 30 through 34.	neok ne	and			
ţ	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ea				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			240,842.	33	313,529.
	34	Total liabilities and net assets/fund balances			1,236,151.	34	1,279,216.

Form **990** (2010)

Form	990 (2010) GRAND CANYON STATE ELECTRIC COOP., INC.	86-6	056759	Pa	ge <b>12</b>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,64		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24	0,8	42.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	31	.3,5	29.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Scho	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

Form 990 (2010)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

OMB No. 1545-0047

Open to Public Inspection

Depertment of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

_ • S	ection 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name	of organization			Empl	oyer identification number
	GRAND C	ANYON STATE ELEC	TRIC COOP.,	INC.	86-6056759
Par	t I-A   Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
2 F	Provide a description of the organiz Political expenditures Volunteer hours			<b>▶</b> \$	
		anization is exempt und			
1 8	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b></b> ▶\$	
2 1	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	5 <b>▶</b> \$	
	f the organization incurred a sectio				
	Was a correction made?				L Yes L No
b l	f "Yes," describe in Part IV.		lou coation FO1/a	eveent section E01/	0)(9)
L	t I-C Complete if the org				
	Enter the amount directly expended				· · · · · · · · · · · · · · · · · · ·
	Enter the amount of the filing organ				
•	exempt function activities	Add the add and O. Fatar large			
	Total exempt function expenditures				
ا ا اد	ine 17b Did the filing organization file <b>Form</b>	1120-POL for this year?		Ψ Ψ	Yes No
5 I	Enter the names, addresses and enmade payments. For each organiza contributions received that were propolitical action committee (PAC). If	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	IN) of all section 527 poid from the filing organi a separate political org	olitical organizations to whic zation's funds. Also enter th ganization, such as a separa	h the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010   Part II-A   Complete if the org	GRAND (	CANY	ON STATE EL:	ECTRIC COOP n 501(c)(3) and fil	., INC.86-6 ed Form 5768	056759 Page 2
(election under sec					J	
A Check ► if the filing organization	tion belongs to	an affili	iated group.	······································		
B Check 🕨 🔲 if the filing organization	tion checked b	ox A an	d "limited control" pro	visions apply.		
	s on Lobbying litures" means		nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public oj	pinion (g	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ						
c Total lobbying expenditures (add li		)				
d Other exempt purpose expenditure	***************************************				-	
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o			oying nontaxable am			
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000			0 plus 15% of the exc			1
Over \$1,000,000 but not over \$1,5 Over \$1,500,000 but not over \$17,			O plus 10% of the exc O plus 5% of the exce			1
Over \$17,000,000 but not over \$17,		\$1,000.0		ss over \$1,500,000.		
Over \$17,000,000	Y	71,000,0	,000.			
g Grassroots nontaxable amount (en	ter 25% of line	1f)				
h Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero		_				
j If there is an amount other than ze	ro on either line			· ·		
reporting section 4911 tax for this	year?					Yes No
			raging Period Under			
				n do not have to com es 2a through 2f on pa		
Washington and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	Lobbying	g Exper	nditures During 4-Yea	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2007	7	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbylng expenditures		····				
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2010

# Schedule C (Form 990 or 990-EZ) 2010 GRAND CANYON STATE ELECTRIC COOP., INC.86-6056759 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	<u> </u>	(b	)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		З		X
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."  Dues, assessments and similar amounts from members				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		····   <del>'</del>		
_	expenses for which the section 527(f) tax was paid).	oui			
а	• • • • • • • • • • • • • • • • • • • •		2a		
	Current year Carryover from last year				
			1		
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
5	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		4		
	t IV Supplemental Information	,	5		*
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	ad David II D	lina di Alas		this port
	plete this part to provide the descriptions required for Part PA, line 1, Part PB, line 4, Part PB, line 5, a nv additional information.	ia Part II-b,	iine II. Aisc	o, complete	triis part
IUI a	ny additional mormation.				
·					

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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.

2010
Open to Public Inspection

Name of the organization

GRAND CANYON STATE ELECTRIC COOP., INC.

Employer identification number 86-6056759

Pa	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line 6		or Accounts. Complete if the
	organization anowords 165 to Form 550, Pattiv, III 60	(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 wri	ting that the assets held in donor advise	d funds
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or c		
Pa			
1	Purpose(s) of conservation easements held by the organization		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	Preservation of land for public use (e.g., recreation or edu		orically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea		
	year ▶		
4	Number of states where property subject to conservation ease	ment is located 🕨	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes th	ne organization's accounting for
Da	conservation easements. rt III   Organizations Maintaining Collections of A	N. J. Ulata da al Tura a un Oli	la a Circilia A a a da
Pa		· ·	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
та	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib		ce of public service, provide, in Part XIV,
1.	the text of the footnote to its financial statements that describe		
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		
^			
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under SFAS 116	. , ,	<b>▶</b> ♦
a	Revenues included in Form 990, Part VIII, line 1		

	dule D (Form 990) 2010 GRAND C	ANYON STAT	E ELEC	TRIC	COOP.	INC	. 86-	605675	9 P	age 2
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessing the creation (check all that apply):	on, and other record	as, cneck an	y of the	tollowing that	are a sig	nificant use o	f its collection	on item	IS
_	Public exhibition	_	, 🗀		L					
a		C			hange progra					
b	Scholarly research	€	e L Oth	er		· · · · · · · · · · · · · · · · · · ·	···			
C	Preservation for future generations									
4	Provide a description of the organization's control of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organiz							Part XIV.		
5	During the year, did the organization solicit of									7
D	to be sold to raise funds rather than to be m									No
Par	t IV Escrow and Custodial Arran		ete if the org	ganizatio	n answered "	Yes" to F	orm 990, Parl	: IV, line 9, o	r	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod									_
	on Form 990, Part X?				• • • • • • • • • • • • • • • • • • • •			· LUI Yes		J No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tabl	e:			<del></del>			
								Amour	nt	
C	Beginning balance	***************************************					1c			
d	Additions during the year	***************************************					1d			
	Distributions during the year									
f	Ending balance									
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	nswered "Ye	s" to Fo	rm 990, Part I	V, line 10	•			-
		(a) Current year	(b) Prior				i) Three years b	ack (e) Fou	ır years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	<del>47.7 </del>								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	MANAGE								
g g	End of year balance									
2	Provide the estimated percentage of the year	r end halance held :	l		I	L_		<b>I</b>		
– a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
	Are there endowment funds not in the posse	• •	ration that ar	o hold o	nd administa	ad for the				
Ja	by:	ssion of the organiz	ation that al	e neid a	na aaministe	ea for the	eorganization	ļ	\\\	- N
	•							0-43	Yes	NO
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a(i)	ļ	<del> </del>
					••••••			3a(ii)	-	
_	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule	H?	•••••		• • • • • • • • • • • • • • • • • • • •	<u>3b</u>	<u></u>	L
4 Day	Describe in Part XIV the intended uses of the									
Fai		<del></del>						т		
	Description of investment	(a) Cost or o basis (investi	<b>I</b>		or other (other)		cumulated eciation	(d) Boo	ok valu	e
1a	Land						1.			
	Buildings									***************************************
	Leasehold improvements									
	Equipment			5	3,192.		39,592.	1	3,6	00.
	Other						· · · · · · · · · · · · · · · · · · ·	***************************************		
	. Add lines 1a through 1e. (Column (d) must e		X, column (	B), line 1	0(c).)		<b>&gt;</b>	1	.3,6	00.

	dule D (Form 990) 2010 GRAND CANYON STATE ELECTRIC						Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audite	d Finan	cial St	atement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,714,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		[	2		1,642,	241.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		72,	687.
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	Helm		
9	Total adjustments (net). Add lines 4 through 8			9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		72	,687.
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	its Wit	h Rever	nue pe	r Returr		
1	Total revenue, gains, and other support per audited financial statements				. 1	1,714	928.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants		****				
d	Other (Describe in Part XIV.)						
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				···	1,714	,928.
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.)						
С	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,714	,928.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expe	nses	oer Retu	ırn	
1	Total expenses and losses per audited financial statements				1	1,642	,241.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments						
· c	Other losses		······································	·····			
d	Other (Describe in Part XIV.)						
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1					1,642	,241.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.)	4b					
	Add lines 4a and 4b				4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					1,642	,241.
	t XIV Supplemental Information					· · · · · · · · · · · · · · · · · · ·	<del> </del>
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a	and 4: Pa	ırt IV. lin	es 1b and	2b: Part V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple		· · ·				,
	ct X, Line 2: ON JANUARY 1, 2009, THE ASSOC						
			~		·····		
"UI	NCERTAIN TAX POSITIONS" PROVISIONS OF ACCOU	NITN	G PRI	NCIF	LES G	ENERALL'	Y
			. ,	-			
<u>AC</u>	CEPTED IN THE UNITED STATES OF AMERICA. THE	PRI	MARY	TAX	POSIT	ION OF	THE
AS	SOCIATION IS ITS FILING STATUS AS A TAX EXE	MPT	ENTIT	Y. I	HE AS	SOCIATI	<u>ис</u>
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### 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

Name of the organization

Department of the Treasury Internal Revenue Service

GRAND CANYON STATE ELECTRIC COOP., INC.

Employer identification number 86-6056759

Pε	rt I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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)			
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 explain	1b		X
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		X
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	1		
	Form 990 of other organizations  X Approval by the board or compensation committee			
				l
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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:		1	
а	The organization?	5a		
b	Any related organization?	5b	ļ	
	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		1	
	contingent on the net earnings of:			1
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		1	1
	not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	<u></u>
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	1	<u> </u>

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

Schedule J (Form 990) 2010

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 (f) and from related organizations, described in the instructions, on row (fi). 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 of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	l otal of columns (B)(ŋ-(D)	Compensation reported in prior Form 990 or Form 990-EZ
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Schedule J (Form 990) 2010

### SCHEDULE L

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Name of the organization

GRAND CANYON STATE ELECTRIC COOP., INC. 86-6056759 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b, (c) Corrected? (a) Name of disqualified person (b) Description of transaction No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved by board or (a) Name of interested (b) Loan to or from (g) Written (c) Original principal **(e)** In (d) Balance due person and purpose the organization? ămouint default? agreement? committee? Yes From To No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and (a) Name of interested person (c) Amount and type of assistance the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

(a) Name of interested person	Complete if the organization answered "Yes" on Form 990, Part    (b) Relationship between person and the organization answered "Yes" on Form 990, Part    (b) Relationship between person and the organization answered "Yes" on Form 990, Part    (b) Relationship between person and the organization answered "Yes" on Form 990, Part    (c) Relationship between person and the organization answered "Yes" on Form 990, Part    (d) Relationship between person and the organization answered "Yes" on Form 990, Part    (e) Relationship between person person and the organization answered "Yes" on Form 990, Part    (e) Relationship between person and the organization answered "Yes" on Form 990, Part    (f) Relationship between person and the organization answered "Yes" on Form 990, Part    (f) Relationship between person and the organization answered "Yes" on Form 990, Part    (f) Relationship between person and the organization answered "Yes" on Form 990, Part    (f) Relationship between person and the organization answered "Yes" on Form 990, Part    (f) Relationship between person and the organization answered "Yes" on Form 990, Part    (f) Relationship between person and the organization answered "Yes" on Form 990, Part    (f) Relationship between person and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the		(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization		
					Yes	nues?	
RURALITE SERVICES, INC.	DIRECTOR DON	ANDERS	174,722.	RURALITE SE		Х	
			***************************************				
Part V Supplemental Information							
Complete this part to provide addition							
Sch L, Part IV, Business '			ng Interest	ed Persons:		***************************************	
(a) Name of Person: RURAL	ITE SERVICES,	INC.			······		
(b) Relationship Between	Interested Per	son and	d Organizat	ion:			
DIRECTOR DON ANDERSON AND	TOM JONES CEC	SERVE	ON RURALIT	E SERVICES	BOAR	.D •	
(c) Amount of Transaction	\$ 174,722.		MILES		WM884444444		
(d) Description of Transa	ction: RURALIT	E SERV	ICES, INC.	PRODUCES A			
MONTHLY MAGAZINE FOR THE .	ASSOCIATION.						
(e) Sharing of Organization	on Revenues? =	= No					
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### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

GRAND CANYON STATE ELECTRIC COOP., INC.

Employer identification number 86-6056759

Form 990, Part III, Line 1, Description of Organization Mission:

ECONOMIC WELL-BEING OF MEMBER ORGANIZATIONS BY; PROVIDING LEADERSHIP,

INFORMATION AND TECHNICAL ASSISTANCE; DELIVERING COMPETITIVE,

HIGH-QUALITY SERVICES; FACILITATING ISSUE DISCUSSION AND PROBLEM

SOLVING; AND PROJECTING A POSITIVE, PROACTIVE IMAGE OF ELECTRIC

COOPERATIVES.

Form 990, Part VI, Section A, line 2: DON ANDERSON AND TOM JONES HAVE A
BUSINESS RELATIONSHIP. BOTH SERVE ON THE BOARD OF RURALITE SERVICES, INC.

Form 990, Part VI, Section A, line 6: FULL MEMBERSHIP SHALL BE LIMITED TO NONPROFIT ELECTRIC COOPERATIVES ENGAGED IN THE GENERATION, TRANSMISSION, DISTRIBUTION OR SALE OF ELECTRICITY. THERE SHALL BE TWO CLASSES OF FULL MEMBERSHIP. CLASS A FULL MEMBERS SHALL BE NONPROFIT ELECTRIC DISTRIBUTION COOPERATIVES. CLASS B FULL MEMBERS SHALL BE NONPROFIT ELECTRIC GENERATION, TRANSMISSION OR MARKETING COOPERATIVES.

Form 990, Part VI, Section A, line 7a: EACH CLASS A MEMBER SHALL APPOINT

TWO REPRESENTATIVES TO THE BOARD EACH SERVING A TWO YEAR TERM. EACH CLASS

B MEMBER SHALL APPOINT ONE REPRESENTATIVE TO SERVE A TWO YEAR TERM.

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

THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE FILING THE FORM 990.

Name of the organization **Employer identification number** GRAND CANYON STATE ELECTRIC COOP., INC. 86-6056759 Form 990, Part VI, Section B, Line 12c: AS SOON AS POSSIBLE, EACH BOARD MEMBER IS REQUIRED TO DISCLOSE TO THE BOARD ANY CONFLICTS OF INTEREST. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING BY THE PUBLIC AT THE ORGANIZATION'S OFFICE IN PHOENIX, AZ. Form 990, Part XII, Line 2C AUDIT COMMITTEE THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO OVERSEE THE FINANCIAL STATEMENT AUDIT AND SELECT THE INDEPENDENT FINANCIAL STATEMENT AUDITOR. Form 990, Part VII, Column F OFFICERS AND HIGHLY COMPENSATED EMPLOYEES BENEFITS IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE ORGANIZATION HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. AS PART OF THE PLAN DOCUMENT, THE ORGANIZATION PROVIDES A MATCHING CONTRIBUTION UP TO 4% OF A PARTICIPATING EMPLOYEE'S SALARY. THESE EMPLOYER CONTRIBUTIONS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS.

Schedule O (Form 990 or 990·EZ) (2010)	Page 2
Name of the organization GRAND CANYON STATE ELECTRIC COOP., INC.	Employer identification number 86-6056759
INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICER AND HIGHLY	COMPENSATED
EMPLOYEES, THROUGH A QUALIFIED PLAN. THE AMOUNTS REPORTE	D ON PART VII,
COLUMN (F) FOR THE OFFICER AND HIGHLY COMPENSATED EMPLOYE	E IS THE TOTAL
AMOUNT CONTRIBUTED BY THE ORGANIZATION TO THE PENSION PLA	N AND
INSURANCE PAID ON BEHALF OF AND FOR BENEFIT OF THE OFFICE	R AND HIGHLY
COMPENSATED EMPLOYEE.	
	NO.
	.,

### Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you  Do not c  Electror  required  of time t  Persona  visit www  Part I  A corpor	ration required to file Form 990-T and requesting an autor	tension, of automation automation need another extension of the errormation of the errorm	complete only Part II (on page 2 of this tic 3-month extension on a previously find 3-month automatic extension of time to sion of time. You can electronically file Form 8870, Information Return for Trans (see instructions). For more details on the built original (no copies needed).	form). led For o file (6 form 88 osfers A he elec	m 8868.  months for a corpo general and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expensive and expe	tension tain
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Type or	Name of exempt organization			Empl	oyer identification	number
print	GRAND CANYON STATE ELECTRIC	c cooi	P., INC.	8	6-6056759	
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, s	ee instruc				
instructions		oreign add	lress, see Instructions.			
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)	•••••		01
Applica	tion	Return Application				Return
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Form 99	0	01	Form 990-T (corporation)		07	
Form 99	0-BL	02	Form 1041-A			08
Form 99	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	03	Form 4720 0			
Form 99		04	Form 5227		10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)  TOM JONES	06	Form 8870	***************************************	***************************************	12
Telep	pooks are in the care of   120 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  200 NORTH 44TH  20	s in the Ur Group Exe	FAX No. ►	is is fo	r the whole group, c	
1 Ir	equest an automatic 3-month (6 months for a corporation $August\ 15$ , $2011$ , to file the exemp for the organization's return for:	required		til		
<b>&gt;</b>	$oxed{X}$ calendar year $2010$ or tax year beginning	, ar	nd ending		·	
2 If	the tax year entered in line 1 is for less than 12 months, o	heck reas	son: Initial return Fin	al retur	'n	
no	this application is for Form 990-BL, 990-PF, 990-T, 4720, onrefundable credits. See instructions.			За	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069, stimated tax payments made. Include any prior year overp			3b	<b> </b>   \$	0.
	alance due. Subtract line 3b from line 3a. Include your pa			1 30	Ψ	····
	vusing EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution	ı. If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453-EO and Form	า 8879-	E∪ for payment inst	tructions.

### Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

or fiscal year beginning	, 2010, and ending

and ending ,20

2010

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

ctions. | Employer identification number

GRAND CANYON STATE ELECTRIC COOP., INC.

86-6056759

Name and title of officer

TOM JONES

For calendar year 2010.

CEO

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1714928
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

Officer's signature 🕨 _

X	] I authorize	BOLINGER,	SEGARS,	GILBERT	AND	MOSS	LLP	to enter my PII	N 85034
				ERO firm nam	е				Enter five numbers, but do not enter all zeros
	as my signa	ature on the organiz	ation's tax year	2010 electronica	ılly filed	return. If I	have indic	ated within this return that a	copy of the return
	is being file	ed with a state agen	cy(ies) regulating	, charities as par	t of the	IRS Fed/S	tate progr	am, I also authorize the afor	ementioned ERO to
	enter mv Pl	IN on the return's di	isclosure conser	it screen.					

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State

### Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

program, I will enter my PIN on the return's disclosure consent screen.

75528479423

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► Date ► 07/06/11

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

### EXTENSION GRANTED TO 11/15/2010

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public Inspection

A F	or the	2009 calendar ye	ar, or tax year beginning	and	d ending	_	
В	Check If opplicabl	Please C Name	of organization			D Employer identifi	cation number
	Addre chang Name	label or grani	O CANYON STATE ELECTR	IC COOP.,	INC.	0.5	056550
<u>_</u>	chang		Business As		<b>.</b>	86-6	056759
E	return Termli ated		er and street (or P.O. box if mail is not delived NORTH 44TH STREET	red to street address)	Room/suite 100	E Telephone numbe	
	Amen	land the co	r town, state or country, and ZIP + 4		<u> </u>	G Gross receipts \$	1,635,572.
	Application	PHOE	NIX, AZ 85034			H(a) Is this a group r	eturn
	pendi		ddress of principal officer:TOM JONE	IS		for affiliates?	Yes X No
			C ABOVE			H(b) Are all affiliates in	cluded? Yes No
T	Гах-ех	empt status: X 5	501(c) ( 6	7(a)(1) or 52	7	1 ' '	list. (see instructions)
		e: WWW.GCS				H(c) Group exemption	
K	orm of	organization: X	Corporation Trust Association	Other >	L Year		M State of legal domicile: AZ
		Summary					
	1	Briefly describe the	ə organization's mission or most significar	nt activities: TO	PROVIDE	EDUCATION,	TRAINING
Activities & Governance		AND INFORM	MATION TO MEMBER 501	(C)(12) CC	OOPERAT	IVES.	
rna	1		if the organization discontinued its			······································	ssets.
Š			nembers of the governing body (Part VI, li				18
Ğ		_	ndent voting members of the governing bo	ody (Part VI, line 1b)	) .	4	18
8			nployees (Part V, line 2a)				7
jt;			olunteers (estimate if necessary)				0
cţį			ed business revenue from Part VIII, colum				0.
⋖			ness taxable income from Form 990-T, line				
						Prior Year	Current Year
a)	8	Contributions and	grants (Part VIII, line 1h)				12,200.
Ď					1	1,566,895.	
Revenue	1	-	e (Part VIII, column (A), lines 3, 4, and 7d)			8,490.	
ŭ			t VIII, column (A), lines 5, 6d, 8c, 9c, 10c,		2,700.		
	1		d lines 8 through 11 (must equal Part VIII,			1,578,085.	
_	_		amounts paid (Part IX, column (A), lines 1				
	1		( ) ( ) ( ) ( ) ( )	•,		<del></del>	
s	l		npensation, employee benefits (Part IX, co			918,461.	969,557.
ıse	16a		aising fees (Part IX, column (A), line 11e)				
Expenses	Ь			<b>&gt;</b>			
Щ	17	_	art IX, column (A), lines 11a-11d, 11f-24f)			674,932	587,944.
			dd lines 13-17 (must equal Part IX, column			1,593,393.	
	19		enses. Subtract line 18 from line 12			-15,308	
Net Assets or Find Balances		T	war and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	massis military and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same an	В	eginning of Current Year	End of Year
ets	20	Total assets (Part )	X, line 16)			920,756	1,236,151.
ASS	21	Total liabilities (Par				757,985	995,309.
Ret	22	•	balances. Subtract line 21 from line 20			162,771	240,842.
P	art II	Signature Bl	ock			<u> </u>	
-		Under penalties of perju	rry, I declare that I have examined this return, including ion of preparer (other than officer) is based on all inform	accompanying schedules	and statements,	and to the best of my knowle	dge and belief, it is true, correct,
		and complete, booldran	on of property (onto view officer) to be added on all missing	ation of which proparer ha	io any imomicago	•	
Sig	ın						
Here		Signature of o	fficer			Date	
			NES, CEO				
		Type or print r	name and title				
D !	ч	Preparer's		Date			rer's identifying number nstructions)
Pai		signature		10/	08/10 se		·-····· <b>/</b>
	parer's	Firm's name (or yours if	BOLINGER, SEGARS, GII				
USE	Only	self-employed),	8215 NASHVILLE AVENUE	<b>⊆</b>			
		address, and ZIP + 4	LUBBOCK, TX 79423			Phone no.	(806)747-3806
Ma	v the l	·	urn with the preparer shown above? (see	instructions)			X Yes No

	,		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		_ <u>X</u> _
	Is the organization required to complete Schedule B, Schedule of Contributors?	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N/	A
5	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	
6	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		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		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		X
10	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		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	X	
•	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? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	x	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	·····	X
	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		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, 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		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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<del>                                     </del>	X
<u></u>	2.5 The significant operate one of more respirator. They complete consistent		000	(0000)

			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		Х
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		, AT /	7.
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	A
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		NT /	71.
00	Schedule L, Part I	25b	N/	A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
		07		х
28	Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	27		- 21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
Ū	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
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			<del></del>
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
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	N/	A
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	ļ	Х
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	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
					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	1 _{1a}	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gami	ing			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		<b>2</b> b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		n?	За		X
				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	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 transfer	action?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region	arding Prohibite	ed			
	Tax Shelter Transaction?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		n 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 contribu	tions or gifts				
	were not tax deductible?			6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).		N/A			ļ
а						
	provided to the payor?			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			_		
_	to file Form 8282?	1 1		7c		┼
	If "Yes," indicate the number of Forms 8282 filed during the year		<del> </del>			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a				l	
	benefit contract?			7e 7f	╁──	+-
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t			<del></del>	<del> </del>	<del> </del>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g 7h	<b></b>	
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	•		711		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed the supporting organization organization.	•				
			N/A	8		
9	at any time during the year?  Sponsoring organizations maintaining donor advised funds.			-	<del>                                     </del>	+
	Did the organization make any taxable distributions under section 4966?		N/A	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b	-	+
b 10	Section 501(c)(7) organizations. Enter:	· · · · · · · · · · · · · · · · · · ·		J.	1	+
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:	1.37		1		
··	Gross income from members or shareholders N/A	11a			1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
~	amounts due or received from them.)	11b		1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form			12a		
						_

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

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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.

Sec	tion A. Governing Body and Management			·····	
			Yes	No	
<b>1</b> a		8			
b	Enter the number of voting members that are independent	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1			
	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?			X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?			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?		X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:		٠,,		
а	The governing body?		X	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	. 8b	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	<u> </u>	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<del></del>	
			Yes	No	
	Does the organization have local chapters, branches, or affiliates?	. 10a	ļ	X	
b	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?		32	├	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	. 11	X	ļ	
11A		12a	х		
<b>12</b> a					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		37		
	to conflicts?	. 12b	X	<u> </u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	<b>₩</b>		
	in Schedule O how this is done		X		
13	Does the organization have a written whistleblower policy?		<del>  ^</del>	X	
14	Does the organization have a written document retention and destruction policy?	14	ļ		
15	Did the process for determining compensation of the following persons include a review and approval by independent	1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		l	x	
a	The organization's CEO, Executive Director, or top management official		<del> </del>	$\frac{\Lambda}{X}$	
b		15b	-	A	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x	
1.	taxable entity during the year?	<u>16a</u>	-	125	
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	401-			
Soc	exempt status with respect to such arrangements?	16b	1	1	
17 10	List the states with which a copy of this Form 990 is required to be filed AZ  Section 6104 requires an exception to make its Forms 1023 (or 1024 if applicable), 990, and 990.T (501(c)/3)s only available.	ole for			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection legislate how you make those available. Check all that apply	DIA IOL			
	public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request				
40	· · ·	ond fi-	analal		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and fin	arıcıal		
00	statements available to the public.	ization, l			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ ${\tt TOM\ JONES\ -\ (602)\ 286-6925}$	ızauon: J			
	120 NORTH 44TH ST; STE 100, PHOENIX, AZ 85034				
	THE MONTH TAIL OI, DID TOO, THOUNTY, AD 00004				

## 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  (A)	compensate an	y cu	rren	t off		, dire	ecto	r, or trustee.	(E)	(F)
Name and Title	Average	Position			Reportable	Reportable	Estimated			
	hours	(cl	(check all that apply)		compensation	compensation	amount of			
	per week	ctor						from the	from related organizations	other compensation
	Week	or dire	83			ated		organization	(W-2/1099-MISC)	from the
,		Individual trustee or director	Institutional trustee		99	upeus		(W-2/1099-MISC)		organization
		dualt	utiona	<u></u>	Кеу етріоуее	est cor	er			and related organizations
		Indiv	Instit	Officer	Key e	Highest compensated employee	Form			Organizations
MARSHA THOMPSON									_	_
PRESIDENT	3.50	X	<u> </u>	X	<u> </u>			0.	0.	0.
JEFF LARSON	1			l						•
VICE PRESIDENT	1.00	X		X		_	L.	0.	0.	0.
DON ANDERSON	1 2 5	٠,,		٠,,					_	_
TREASURER	2.50	X		X		_	<u> </u>	0.	0.	0.
CECIL O. CARLILE	4 00	x		Х			İ	0.	0.	0.
SECRETARY RAY BARMORE	4.00	<u> </u>	<u> </u>			├-	<u> </u>	U •	U •	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
JOE ANDERSON	2.00	<u>  ^</u>		┢┈	_	-		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
JACK SHILLING		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	_			
DIRECTOR	3.00	x					İ	0.	0.	0.
RICHARD LUNT		┢		T		<del>                                     </del>	<b></b>			
DIRECTOR	1.50	x					ļ	0.	0.	0.
JERRY KEMPTON										
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
CARLOS TEJEDA								_		
DIRECTOR	1.00	X	L		<u> </u>			0.	0.	0.
GENE LARSON										
DIRECTOR	1.00	X	<u> </u>	_	<u> </u>	ļ	<u> </u>	0.	0.	0.
HERMAN MINEER	1 1 00						Į			
DIRECTOR	1.00	X	ļ		ļ	$\vdash$	┝	0.	0.	0.
DONALD KIMBALL	1 1 00	١.,						0.	0.	۸ ا
DIRECTOR MAX PECK	1.00	X	ļ	├-	-	-	╂	U •	V •	0.
DIRECTOR	1.00	l _v						0.	0.	0.
CREDEN W. HUBER	1.00	<del>  ^`</del>	╁	┼	╂	╁	╁	<u> </u>		•
DIRECTOR	1.00	$ _{\mathbf{X}}$						0.	0.	0.
BARBARA STOCKWELL			<del> </del>	$\vdash$	$\vdash$	+	╁──			
DIRECTOR	1.00	x						0.	0.	0.
CHARLES WIESE		Ť		1	1	1				
DIRECTOR	1.00	Х					<u> </u>	0.	0.	0.

	Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)		_		
Name and title   Average   Position   Check off that apply)   Fepotable   Compensation (mun relate)   Estimated compensation (mun relate)   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable   Febotable											(F)			
PAVID PLUMB DAVID PLUMB DIRECTOR  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30 X  1.30	Name and title					Reportable	Reportable				d			
DAVID PLUMB DIRECTOR 1.30 X 0.0.0.0.0.0. TOM JONES CEO 40.00 X 199,365.0.0.24,515. JOHN WALLACE DIR. OF STRATEGIC SVCS 40.00 X 127,654.0.21,502.  15 Total  15 Total  16 Total  17 Total inumber of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization in line 1at 1 Yes, complete Schedule J for such individuals 16 Did any person listed on line 1a, the sum of reportable compensation and other compensation from the organization and notated organization for services rendered to 15 Did any person listed on line 1a, the sum of reportable compensation and other compensation from the organization and network great than \$150,000 ff Yes, complete Schedule J for such individuals 18 Did any person listed on line 1a, the sum of reportable compensation and other compensation from the organization and network great than \$150,000 ff Yes, complete Schedule J for such person 19 Did any person listed on line 1a, the sum of reportable compensation and other compensation from the organization and network great than \$150,000 ff Yes, complete Schedule J for such person 10 Did any person listed on line 1a, the sum of reportable compensation from the organization and network than \$100,000 ff compensation from the organization f			-		· ·		۱	am	ount o	of				
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DAVID PLUMB DIRECTOR  1.30 X  0.0.0.0.0.0.1  TOM JONES CEO 40.00 X 199,365.0.0.24,515. JOHN WALLACE DIR. OF STRATEGIC SVCS 40.00 X 127,654.0.0.21,502.  1b Total  1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization greater than \$150,000 // if 'vsc,' complete Schedule J for such individuals compensation from the organization greater than \$150,000 // if 'vsc,' complete Schedule J for such individuals and related organizations greater than \$150,000 // if 'vsc,' complete Schedule J for such person  Section 8. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Name and business address Description of services  Compensation  RURALITE SERVICES, INC. P.O. BOX 558, FOREST GROVE, OR 97116  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than		week	lirect				L		the			com	pensa	tion
DAVID PLUMB DIRECTOR  1.30 X  0.0.0.0.0.0.1  TOM JONES CEO 40.00 X 199,365.0.0.24,515. JOHN WALLACE DIR. OF STRATEGIC SVCS 40.00 X 127,654.0.0.21,502.  1b Total  1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization greater than \$150,000 // if 'vsc,' complete Schedule J for such individuals compensation from the organization greater than \$150,000 // if 'vsc,' complete Schedule J for such individuals and related organizations greater than \$150,000 // if 'vsc,' complete Schedule J for such person  Section 8. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Name and business address Description of services  Compensation  RURALITE SERVICES, INC. P.O. BOX 558, FOREST GROVE, OR 97116  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than			e or d	ee			sated		organization	(W-2/1099-MIS	C)			
DAVID PLUMB DIRECTOR  1.30 X  0.0.0.0.0.0.1  TOM JONES CEO 40.00 X 199,365.0.0.24,515. JOHN WALLACE DIR. OF STRATEGIC SVCS 40.00 X 127,654.0.0.21,502.  1b Total  1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization greater than \$150,000 // if 'vsc,' complete Schedule J for such individuals compensation from the organization greater than \$150,000 // if 'vsc,' complete Schedule J for such individuals and related organizations greater than \$150,000 // if 'vsc,' complete Schedule J for such person  Section 8. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Name and business address Description of services  Compensation  RURALITE SERVICES, INC. P.O. BOX 558, FOREST GROVE, OR 97116  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than			ruste	trus		8	ubeu		(W-2/1099-MISC)		1	v		
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DIRECTOR  TOM JONES  CEO  40.00  X  199,365.  0. 24,515.  JOHN WALLACE  DIR. OF STRATEGIC SVCS  40.00  X  127,654.  0. 21,502.  1 127,654.  0. 21,502.  1 15 Total  1 15 Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1s? If 'Yes, 'complete Schedule J for such individual  1 2 Total number of individual intension is any former officer, director or trustee, key employee, or highest compensated employee on line 1s? If 'Yes, 'complete Schedule J for such individual  1 2 Total number of individual intension into 1s to reportable compensation and other compensation from the organization and related organization and related organization and related organization and related organization from the organization from the organization from the organization of It 'Yes, 'complete Schedule J for such person  1 Complete list table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  1 Complete list table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (B)  Compensation  (C)  Compensation  RURALITE SERVICES, TNC.  P.O. BOX 558, FOREST GROVE, OR 97116  PUBLICATION SERVICES  166, 866.				=		×	1 0	<u>"</u>			$\dashv$			
TOM JONES CEO JOHN WALLACE DIR. OF STRATEGIC SVCS 40.00 X 199,365. 0. 24,515.  1b Total  1b Total  1b Total  1c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former office, director or trustees, key employee, or highest compensated employee on line 1a? If 'Yes, complete Schedule J for such individual  4 For any individual listed on line 1s, is the sum of sportable compensation and other compensation from the organization and related organizations greater than \$150,000 If 'Yes, complete Schedule J for such individual and related organizations greater than \$150,000 If 'Yes, complete Schedule J for such individual and related organizations greater than \$150,000 If 'Yes, complete Schedule J for such individual and related organizations greater than \$150,000 If 'Yes, complete Schedule J for such individual and related organizations greater than \$150,000 If 'Yes, complete Schedule J for such individual from any unrelated organization for services rendered to the organization ("Yes, complete Schedule J for such individual from any unrelated organization for services rendered to the organization."  5 Did any personal listed on line 1s, is the sum of sportable compensation and other compensation from the organization for services rendered to the organization from any unrelated organization for services rendered to the organization.  6 X 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.  8 Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than														
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1b Total	JOHN WALLACE					Г								
1b Total	DIR. OF STRATEGIC SVCS	40.00					X		127,654.		0.	2	1,5	02.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No			$\vdash$	┢	$\vdash$	<u> </u>					$\neg \uparrow$		<u> </u>	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No											i			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No				$\vdash$		-	<del> </del>	┼			$\dashv$			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No				١										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No			-	├	┞	├-	┼	-		<u> </u>				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No					İ		1							
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No			<u> </u>	L	ļ	<u> </u>	<del> </del>	<u> </u>						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No					ļ						Į			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No		}												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No				I										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No								ı						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization    Yes   No		·	┢	┢			<u> </u>	<del>                                     </del>			$\neg$			
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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    Yes   No			┝╌	╁	├─	╁	+	╁	<del>                                     </del>					
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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    Yes   No		<u> </u>	<u></u>	1	<u></u>	Щ.	_	l	327 019		$\overline{}$		<u>6 0</u>	17
Section B. Independent Contractors   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation   Compensation													0,0	<u> </u>
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 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 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  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  RURALITE SERVICES, INC. P.O. BOX 558, FOREST GROVE, OR 97116  PUBLICATION SERVICES  166, 866.	• -	ot limited to th	าดระ	list	ed a	lbov	/e) w	ho r	eceived more than \$100	J,000 in reportable	e			2
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line 1a? If "Yes," complete Schedule J for such individual  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  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 X  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  Compensation  RURALITE SERVICES, INC.  P.O. BOX 558, FOREST GROVE, OR 97116  PUBLICATION SERVICES  166,866.											,		Yes	NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  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.  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  RURALITE SERVICES, INC.  P.O. BOX 558, FOREST GROVE, OR 97116  PUBLICATION SERVICES  166,866.	3 Did the organization list any former officer,	director or tru	ıste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on				
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the organization.  (A)  Name and business address  RURALITE SERVICES, INC.  P.O. BOX 558, FOREST GROVE, OR 97116  PUBLICATION SERVICES  166,866.		mponeated in	don		ont i	cont	tract	ore	that received more than	\$100,000 of com	nens	ation	from	
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			IOLI		Juli	Juli	-	1318	a above, who received i	noro urum				

1,635,572.1,615,385.

12

e Total. Add lines 11a-11d .....

Total revenue. See instructions.

7,987.

### 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). (B) Program service (C) Management and general expenses (A) Total expenses **(D)** Fundraisina Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 223,880 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 483,912. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 22,671 188,531. Other employee benefits ..... 9 50,563. 10 Payroll taxes Fees for services (non-employees): 11 a Management ..... Legal _____ 10,125. Accounting d Lobbying ..... Professional fundraising services, See Part IV, line 17 Investment management fees ..... Other _____ g 12 Advertising and promotion ..... 41,334. Office expenses..... 13 Information technology 14 Royalties 15 91,758. 16 Occupancy ..... 105,260. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 37,506. 19 20 Interest Payments to affiliates ..... 21 5,025 22 Depreciation, depletion, and amortization 23 Insurance 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.) PUBLICATION COSTS 171,639. 57,747. YOUTH TOUR 38,530. TRAINING & EDUCATION DUES & SUBSCRIPTIONS 23,633 CAPITAL OUTLAY 1,863. 3,524 f All other expenses 1,557,501. Total functional expenses. Add lines 1 through 24f 25 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 educational campaign and fundraising solicitation

Form 990 (2009)

Pai	tΧ	Balance Sheet				
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		354,195.	1	372,175.
	2	Savings and temporary cash investments		385,519.	2	822,080.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		139,165.	4	5,703.
	5	Receivables from current and former officers, directors, truste				
		employees, and highest compensated employees. Complete				
		of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under	er section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Co	omplete			
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ÿ	9	Prepaid expenses and deferred charges		17,628.	9	13,907.
	10a	Land, buildings, and equipment: cost or other		, ,,,		
		hasis Complete Part VI of Schedule D	46,875.			
	b	Less: accumulated depreciation 10b	33,996.	15,149.	10c	12,879.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		9,100.	13	9,407.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		920,756.	16	1,236,151.
	17	Accounts payable and accrued expenses	51,058.	17	15,858.	
	18	Grants payable		18		
	19	Deferred revenue		636,697.	19	896,744.
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete Part IV of Sch		21		
Liabilities	22	Payables to current and former officers, directors, trustees, h	key employees,			<i>(*</i>
jabi		highest compensated employees, and disqualified persons.	Complete Part II			
		of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third par		23		
	24	Unsecured notes and loans payable to unrelated third partie	s		24	
	25	Other liabilities. Complete Part X of Schedule D		70,230.	25	82,707.
	26			757,985.	26	995,309.
		Organizations that follow SFAS 117, check here	and complete			
es		lines 27 through 29, and lines 33 and 34.				
яцс	27	Unrestricted net assets	162,771.	27	240,842.	
3al	28	Temporarily restricted net assets			28	
Ы	29	Permanently restricted net assets		••••••••••••••••••••••••••••••••••••••	29	
ᆵ		Organizations that do not follow SFAS 117, check here	,			
p		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		***************************************	30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fun	d		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other			32	
Z	33	Total net assets or fund balances		162,771.	33	240,842.
	34	Total liabilities and net assets/fund balances		920,756.	34	1,236,151.

Form **990** (2009)

Form 990 (2009)

### SCHEDULE C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then 

Name of orga	u (c)(4), (5), or (6) organizat inization	tions: Complete Part III.		Emplo	oyer identification number		
	GRAND C.	INC.	86-6056759				
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	rganization.		
2 Political	expenditures	ation's direct and indirect politic		<b>&gt;</b> \$			
Part I-B	Complete if the ord	janization is exempt und	ler section 501(c)	(3).			
		incurred by the organization und					
2 Enter the	e amount of any excise tax	incurred by organization manag	ers under section 4955	▶\$			
3 If the org 4a Was a c	ganization incurred a sectio orrection made?	n 4955 tax, did it file Form 4720	for this year?		Yes No		
Part I-C		janization is exempt und					
		d by the filing organization for se					
	• •	ization's funds contributed to of	•	<b>.</b> .			
3 Total ex	empt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL				
5 Enter th For each that wer	e names, addresses and er n organization listed, enter t e promptly and directly deli	1120-POL for this year?	IN) of all section 527 po organization's funds. Als anization, such as a se	olitical organizations to whic so enter the amount of politi	h payments were made. ical contributions received		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0.		
	HAMPINI MATERIAL PARTICIPATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY						
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 GRAN	D CANY	ON STATE EL	ECTRIC COOP	., INC.86-6	056759 Page 2
(election under section 50		inpi under section		eu Fojiii 5700	
A Check ► ☐ if the filing organization belor	· · · · · · · · · · · · · · · · · · ·	liated group			
B Check if the filing organization chec	-		wisions annly		
Limits on Lok (The term "expenditures" r	bying Expe	nditures		(a) Filling organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pul	olic opinion (	grass roots lobbying)			
b Total lobbying expenditures to influence a le					
c Total lobbying expenditures (add lines 1a ar	nd 1b)				
e Total exempt purpose expenditures (add lin	es 1c and 1d	d)(b			
f Lobbying nontaxable amount. Enter the am	ount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000	<del>                                     </del>	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		•
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000	\$225,00 \$1,000,	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000					
g Grassroots nontaxable amount (enter 25%					
h Subtract line 1g from line 1a. If zero or less,					
i Subtract line 1f from line 1c. If zero or less,		Bar et abel in a community			<u> </u>
j If there is an amount other than zero on eith					Yes No
reporting section 4911 tax for this year? .		eraging Period Under			res lino
(Some organizations the	at made a s	• •	ո do not have to com		
to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		nditures During 4-Yea			
					1
Calendar year (or fiscal year beginning in)	2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures				***************************************	
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

# Schedule C (Form 990 or 990-EZ) 2009 GRAND CANYON STATE ELECTRIC COOP., INC.86-6056759 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	)	d)	)
	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?			····	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activitles? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			<del></del>	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	[ [ ]	/E\		
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1	X	
				***
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines III-A, lines III-A, lines III-A, lines III-A, lines III-A, lines III-A, lines II-A, lines II-A, lines II-A, lines II-A, lines II-A, lines II-A, lines II-A, lines II-A, lines II-A, lines II-A, lines II	on 501(c)	3 (5), or se		X
B Did the organization agree to carryover lobbying and political expenditures from the prior year?	on 501(c) rt III-A, li	(5), or se		X
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members	on 501(c) rt III-A, liı	(5), or se		Х
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	on 501(c) rt III-A, liı	(5), or se		X
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	on 501(c) rt III-A, lii	(5), or sene 3 is a		X
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Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	on 501(c) rt III-A, lii	3 (5), or seene 3 is a line 2a line 2b line 2c		Х
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a line 2a line 2b line 2c		Х
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and parts.	on 501(c) rt III-A, lii cal	3 (5), or sene 3 is a 1 2a 2b 2c 3		X
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  1	on 501(c) rt III-A, lii cal	3 (5), or sene 3 is a 1 2a 2b 2c 3		X
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2a 2b 2c 3		X
Did the organization agree to carryover lobbying and political expenditures from the prior year?    Intermediate   Complete   Intermediate   Complete   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Intermediate   Inte	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2b 2c 3	nswered	X
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section 162(e) dues the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  cart IV   Supplemental Information  complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the line of the prior year?	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2b 2c 3	nswered	X
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2b 2c 3	nswered	X
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2b 2c 3	nswered	X
Did the organization agree to carryover lobbying and political expenditures from the prior year?    art III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."    Dues, assessments and similar amounts from members	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2b 2c 3	nswered	X
Did the organization agree to carryover lobbying and political expenditures from the prior year?    art III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."    Dues, assessments and similar amounts from members	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2b 2c 3	nswered	X
Did the organization agree to carryover lobbying and political expenditures from the prior year?    art III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."    Dues, assessments and similar amounts from members	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2b 2c 3	nswered	X
Did the organization agree to carryover lobbying and political expenditures from the prior year?    art III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."    Dues, assessments and similar amounts from members	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2b 2c 3	nswered	X
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2b 2c 3	nswered	X
Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B	on 501(c) rt III-A, lii cal	3 (5), or seene 3 is a 2b 2c 3	nswered	X

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ 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.

2009
Open to Public Inspection

Name of the organization

Employer identification number

	GRAND CANYON STATE ELECTRIC COOP., INC.	86-6056759
Pai		ccounts. 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 fun	ids
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring
	impermissible private benefit?	Yes No
Pai	rt II   Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historical	ly important land area
	Protection of natural habitat Preservation of a certified hi	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation 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
С	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 terminated by the organ	nization 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, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear <b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganization's accounting for
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	•
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these items.	
þ	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	eet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or research in furtherance of public service, prov	ide the following amounts relating to
	these items:	
	(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 treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 relating to these items:	
а	, , , , , , , , , , , , , , , , , , , ,	▶ \$
b	Assets Included in Form 990, Part X	> \$

		ANYON STAT						36-60			
Par											
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	ınificant ı	use of its	collection	n item	s
	(check all that apply):										
а	Public exhibition	d	· <u> </u>   ⊾	oan or exc	hange progra	ams					
b	Scholarly research	е	· [] c	Other							
С	Preservation for future generations			<u> </u>							
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizati	on's exem	npt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit of	· · · · · · · · · · · · · · · · · · ·		-	-						
	to be sold to raise funds rather than to be ma							$\square$	Yes		No
Par	t IV   Escrow and Custodial Arran								9. or		
**	reported an amount on Form 990, Pa		J		•		•	,	•		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?							Ĺ	Yes		No
h	If "Yes," explain the arrangement in Part XIV										
-	The state and all germent are all the	and complete the re		45.01			ΓΤ		Amoun	+	
С	Beginning balance						1c		7 1110 011		
	Additions during the year										
۵	Distributions during the year										<del></del>
f											
	Ending balance								Yes	$\neg$	No
									_ 1es		J 140
	b If "Yes," explain the arrangement in Part XIV.  Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
	Endownione Landor Complete			ior year	(c) Two year			ears back	(e) Four	voare	hack
1.	Designing of year belongs	(a) Current year	(0) 171	ior year	(C) TWO year	13 Dack	u) miec y	cars back	(e) roui	yours	Dauk
	Beginning of year balance									,	
b	Contributions		<del></del>								
C	Net investment earnings, gains, and losses	<del></del>			<del> </del>					<del></del>	
	Grants or scholarships				ļ		·				
е	Other expenditures for facilities										
_	and programs				<u> </u>		· · · · · · · ·				
f	Administrative expenses				ļ						
g	End of year balance		<u></u>		<u> </u>				<u>L</u>		
2	Provide the estimated percentage of the year	ir end balance heid a									
а	Board designated or quasi-endowment		_%								
	Permanent endowment >	%									
		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	and administe	ered for th	ne organi:	zation	1		
	by:									Yes	No
	(i) unrelated organizations								. 3a(i)		
									. 3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								. 3b		<u> </u>
4	Describe in Part XIV the intended uses of the	e organization's end	owment f	unds.					6		
Pai	t VI   Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990	), Part X, line	10.		*************************		***************************************	
	Description of investment	(a) Cost or o	1		t or other		cumulate		(d) Boo	k valu	ie
		basis (investi	ment)	basis	(other)	dep	reclation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			4	16,875.		33,9	96.	1	2,8	79.
	Other										

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

12,879.

GRAND CANYON STATE ELECTRIC COOP., INC.

Schedule D (Form 990) 2009

86-6056759 Page 3

^{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.

	dule D (Form 990) 2009 GRAND CANYON STATE ELECTRIC					Page 4
			T T	Cincin	1,635,	572
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,557,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				/0,	071.
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities					
6	Investment expenses				·	
7	Prior period adjustments					
8	Other (Describe in Part XIV.)		8	····	······································	
9	Total adjustments (net). Add lines 4 through 8					0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and					071.
Par	t XII   Reconciliation of Revenue per Audited Financial Stateme		<del> </del>	Returr		
1	Total revenue, gains, and other support per audited financial statements			1	1,635,	572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities			7		
С	Recoveries of prior year grants		,	7		
d	Other (Describe in Part XIV.)			7		
е	Add lines 2a through 2d					0.
3	Subtract line 2e from line 1			3	1,635,	572.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************************				
-	Investment expenses not included on Form 990, Part VIII, line 7b	1401				
a L				-		
b	Other (Describe in Part XIV.)			┨╻╏		Λ
	Add lines 4a and 4b				1,635,	572
5 D21	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)rt XIII Reconciliation of Expenses per Audited Financial Stateme	onto With Evn	oncoc no	5 Potu	T,033,	3/4.
		<del></del>			1,557,	E01
1	Total expenses and losses per audited financial statements			1	1,557,	201.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities			-l l		
b	Prior year adjustments			_		
С	Other losses		······································	_		
d	Other (Describe in Part XIV.)	2d		_		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,557,	501.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c		0.
5				5	1,557,	501.
Pai	rt XIV  Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I. lines 1a and 4: F	art IV. lines	1b and	2b: Part V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp					.,
	RT X: ON JANUARY 1, 2009, THE ASSOCIATION A					
	Manual Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commenc					
<u>"U"</u>	NCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNT	UNTING PR	INCIPL	ES G	ENERALLY	<u> </u>
AC	CEPTED IN THE UNITED STATES OF AMERICA. TH	E PRIMARY	TAX P	OSIT	ION OF T	HE
ASS	SOCIATION IS ITS FILING STATUS AS A TAX EX	EMPT ENTI	TY. TH	E AS	SOCIATIO	N
DE'	TERMINED THAT IT IS MORE LIKELY THAN NOT T	HAT THEIR	TAX P	OSIT	ION WILI	be
	STAINED UPON EXAMINATION BY THE INTERNAL R		F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		OTHER ST	
			i_		· · · · · · · · · · · · · · · · · · ·	
	KING AUTHORITY AND THAT ALL TAX BENEFITS A	KG TTKRTX	TO RE	KLA	TIVED OF	PON
SE'	TTLEMENT WITH TAXING AUTHORITIES.					

#### **SCHEDULE J** (Form 990)

Department of the Treasury

### **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

Name of the organization

GRAND CANYON STATE ELECTRIC COOP.,

Employer identification number 86-6056759

Pε	rt I 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)			
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 explain	1b		X
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		Х
3	Indicate which, if any, of the following the organization uses to establish the compensation of the 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  X Approval by the board or compensation committee			
	- Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second of most the persons and provide the applicable anisante for each tenth in a cini			
	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		
h	Any related organization?	5b	<del> </del>	
	If "Yes" to line 5a or 5b, describe in Part III.	٣	<del> </del>	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ů	contingent on the net earnings of:	İ		
а	The organization?	6a	1	
	Any related organization?	6b	<del>                                     </del>	<del> </del>
Ŋ	If "Yes" to line 6a or 6b, describe in Part III.	- 30		<del> </del>
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	<del></del>	<del> </del>	<del> </del>
J	initial contract exception described in Regs. 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	۴		<del></del>
J	Populations position 52 (059 6/o)2	_		

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

Schedule J (Form 990) 2009

GRAND CANYON STATE ELECTRIC COOP.,

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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 of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(î)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
TOM JONES	€ €	190,475.	000	8,890.	8,724.	15,791.	223,880.	0.0
	€ €							
	€ 9							
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							Schedule	Schedule J (Form 990) 2009

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

Open To Public Inspection

OMB No. 1545-0047

Name of the organization

GRAND CANYON STATE ELECTRIC COOP., INC.

Employer identification number 86-6056759

Complete if the org	anization ansv	vered "Ye	s" on Form	990, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40	b.		
1 (a) Name of di	squalified pers	son			(b) [	Description (	of transa	ction			(c) Con	ected?
(4) (13)					(~, -						Yes	No
	***								,			
						<del></del>						
			·									
					***********************							
	· · · · · · · · · · · · · · · · · · ·		<del></del>									
2 Enter the amount of tax imposection 4958	oosed on the c	•	•	•	•	•	•		. > \$		L	
3 Enter the amount of tax, if a												
Part II Loans to and/o	or From Int	erestec	Person	S.								,
Complete if the org	anization ansv	wered "Ye	s" on Form	990, Part IV,	line 26, or	Form 990-E	Z, Part \	/, line 38	За.			
(a) Name of interested person and purpose	-	to or from	(c) Orig	inal principal mount		ance due	(e) In (f) Approved by board or committee?			ard or		ritten ment?
÷	То	From					Yes	No	Yes	No	Yes	No
			_				ļ					
							<u> </u>					
												ļ
	_						ļ		<del> </del>		<u> </u>	
					L		<u> </u>	<u> </u>				
^{rotal} Part III   Grants or Assi	stanca Rai	aefiting	Interest	▶ \$	e		<u> </u>		1			
		_										
Complete if the org  (a) Name of interested		wered re		tionship betw		stad parean	and	Τ.	(a) Am	ount an	d type o	.f
(a) Name of Interested	person		(D) Neia		ganization		anu			assistar		1
,					<del></del>	······································			· · · · · · · · · · · · · · · · · · ·	<del></del>	······································	
			· · · · · · · · · · · · · · · · · · ·									
											· · ·	
									***************************************			
Part IV Business Tran	sactions Ir	volving	Interest	ted Persor	าร.							
Complete if the org	janization ansv	wered "Ye	s" on Form	990, Part IV,	line 28a, 2	8b, or 28c.						
(a) Name of interested	d person	(b		hip between i nd the organi		(c) Amo transa		(d)	Descript transacti		organi	aring of zation's nues?
											Yes	No
RURALITE SERVICE	S, INC.	TC	M JON	ES CEO	SERVE	166	,866	RUI	RALIT	E SE		Х
											<u> </u>	
	<del> </del>											
				·								<u> </u>
												<u> </u>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

#### 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.

2009
Open to Public Inspection

Name of the organization

GRAND CANYON STATE ELECTRIC COOP., INC.

Employer identification number 86-6056759

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC WELL-BEING OF MEMBER ORGANIZATIONS BY; PROVIDING LEADERSHIP,

INFORMATION AND TECHNICAL ASSISTANCE; DELIVERING COMPETITIVE,

HIGH-QUALITY SERVICES; FACILITATING ISSUE DISCUSSION AND PROBLEM

SOLVING; AND PROJECTING A POSITIVE, PROACTIVE IMAGE OF ELECTRIC

COOPERATIVES.

FORM 990, PART VI, SECTION A, LINE 6: FULL MEMBERSHIP SHALL BE LIMITED TO NONPROFIT ELECTRIC COOPERATIVES ENGAGED IN THE GENERATION, TRANSMISSION, DISTRIBUTION OR SALE OF ELECTRICITY. THERE SHALL BE TWO CLASSES OF FULL MEMBERSHIP. CLASS A FULL MEMBERS SHALL BE NONPROFIT ELECTRIC DISTRIBUTION COOPERATIVES. CLASS B FULL MEMBERS SHALL BE NONPROFIT ELECTRIC GENERATION, TRANSMISSION OR MARKETING COOPERATIVES.

FORM 990, PART VI, SECTION A, LINE 7A: EACH CLASS A MEMBER SHALL APPOINT
TWO REPRESENTATIVES TO THE BOARD EACH SERVING A TWO YEAR TERM. EACH CLASS
B MEMBER SHALL APPOINT ONE REPRESENTATIVE TO SERVE A TWO YEAR TERM.

FORM 990, PART VI, SECTION B, LINE 11: MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING.

THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE FILING THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: AS SOON AS POSSIBLE, EACH BOARD MEMBER IS REQUIRED TO DISCLOSE TO THE BOARD ANY CONFLICTS OF INTEREST.

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

#### 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.

2009
Open to Public Inspection

Schedule O (Form 990) 2009

Name of the organization Employer identification number GRAND CANYON STATE ELECTRIC COOP., 86-6056759 INC. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING BY THE PUBLIC AT THE ORGANIZATION'S OFFICE IN PHOENIX, AZ. FORM 990, PAGE 11, LINE 2C AUDIT COMMITTEE THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: RURALITE SERVICES, INC. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TOM JONES CEO SERVES ON RURALITE SERVICES BOARD. AMOUNT OF TRANSACTION \$ 166866. DESCRIPTION OF TRANSACTION: RURALITE SERVICES, INC. PRODUCES A (D) MONTHLY MAGAZINE FOR THE ASSOCIATION. SHARING OF ORGANIZATION REVENUES? = NO FORM 990, PART VII, COLUMN F OFFICERS AND HIGHLY COMPENSATED EMPLOYEES BENEFITS IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, ORGANIZATION HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. AS PART OF THE PLAN DOCUMENT

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

#### **SCHEDULE 0**

(Form 990)

Supplemental Information to Form 990
Complete to provide information for responses to specific questions or

to specific questions on I information.

2009
Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

GRAND CANYON STATE ELECTRIC COOP., INC. 86-6056759
ORGANIZATION PROVIDES A MATCHING CONTRIBUTION UP TO 4% OF A
PARTICIPATING EMPLOYEE'S SALARY. THESE EMPLOYER CONTRIBUTIONS ARE
AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY
COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH
PLANS.
THE ORGANIZATION ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE
INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICER AND HIGHLY COMPENSATED
EMPLOYEES, THROUGH A QUALIFIED PLAN. THE AMOUNTS REPORTED ON PART VII,
COLUMN (F) FOR THE OFFICER AND HIGHLY COMPENSATED EMPLOYEE IS THE TOTAL
AMOUNT CONTRIBUTED BY THE ORGANIZATION TO THE PENSION PLAN AND
INSURANCE PAID ON BEHALF OF AND FOR BENEFIT OF THE OFFICER AND HIGHLY
COMPENSATED EMPLOYEE.

Form 886	8 (Rev. 4-2009)			Page 2
Note. Or	are filing for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II</b> and check this bonly complete Part II if you have already been granted an automatic 3-month extension on a previously filed are filing for an <b>Automatic 3-Month Extension, complete only Part I</b> (on page 1).			<b>&gt;</b> X
Part I	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies n	eeded).	
Type or	Name of Exempt Organization	Empl	oyer identii	ication number
<b>print</b> File by the	GRAND CANYON STATE ELECTRIC COOP., INC.	<u> </u>	6-6056	759
extended due date fo filing the	Number, street, and room or suite no. If a P.O. box, see instructions.  120 NORTH 44TH STREET, NO. 100	For IF	RS use only	
return. See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  PHOENIX, AZ 85034			
X Fo	ype of return to be filed (File a separate application for each return):  yrm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  yrm 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 orm 6069	Form 8870
STOP! E	o not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 886	68.
Telep  If the	TOM JONES  cooks are in the care of ► 120 NORTH 44TH ST; STE 100 - PHOENIX, And those No. ► (602) 286-6925  corganization does not have an office or place of business in the United States, check this box			▶ □
_	. If it is for part of the group, check this box \rightarrow and attach a list with the names and EINs of all			
box ▶	equest an additional 3-month extension of time until NOVEMBER 15, 2010.	петь	ers trie exte	rision is for.
	or calendar year 2009, or other tax year beginning , and ending			
	this tax year is for less than 12 months, check reason: Initial return Final return		Change in a	ccounting period
	ate in detail why you need the extension		A	HO HET H
	DDITIONAL TIME IS NECESSARY TO GATHER THE INFORMATION COMPLETE AND ACCURATE RETURN.	I KE	QUIRED	TO LIPE
		Γ		
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any enrefundable credits. See instructions.	8a	\$	
-	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	Ua .	Ψ	
	x payments made. Include any prior year overpayment allowed as a credit and any amount paid			
	reviously with Form 8868.	8b	\$	
c Ba	alance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
wi	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A
	Signature and Verification			
	nalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to th correct, and complete, and that I am authorized to prepare this form.	e best o	f my knowled	lge and belief,
Signature	Title ► CPA	Date	<b></b>	

#### Form 8879-EO

#### IRS e-file Signature Authorization for an Exempt Organization

ear beginning	, 2009, and ending	,20	_

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Do not send to the IRS. Keep for your records.

See instructions. Employer identification number

GRAND CANYON STATE ELECTRIC COOP.,

86-6056759

Name and title of officer

TOM JONES

For calendar year 2009, or fiscal

CEO

Part I	Type of Return and Return Information	(Whole Dollars Only
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Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filling this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1</b> b	1635572
<b>2</b> a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	<b>2</b> b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### **Declaration and Signature Authorization of Officer**

Under penalties of periury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1.888.353.4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X	I authorize	BOLINGER,	SEGARS,	GILBERT	AND	MOSS	LLP	to enter my PIN 85034
		ERO firm name						Enter five numbers, but do not enter all zeros
	as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.							
	As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.							
Officer's	signature ► _		Date ▶				<b>&gt;</b>	

#### Certification and Authentication Part III

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

X Lauthorize BOLINGER. SEGARS. GILBERT AND MOSS LLP

75528479423

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

10/08/10 ERO's signature Date >

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

85034