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

Protecting Federal Hydropower Investments in the West: a Stakeholder's Perspective May 4, 2011

For Individuals:

1. Name: Vic Simmons

2. Address: PO Box 2414

Rapid City, SD 57709-2414

3. Email Address: [Information redacted for privacy]

4. Phone Number: Office (605)342-4759

[Information redacted for privacy]

* * * * *

For Witnesses Representing Organizations:

1. Name: Vic Simmons

- 2. Name of Organization(s) You are Representing at the Hearing: Rushmore Electric Power Cooperative
- 3. Business Address: PO Box 2414

Rapid City. SD 57709-2414

4. Business Email Address: [Information redacted for privacy]

5. Business Phone Number: Office (605)342-4759

[Information redacted for privacy]

Name/Organization Vic Simmons – Rushmore Electric Power Cooperative Title/Date of Hearing Protecting Federal Hydropower Investments in the West: a Stakeholder's Perspective – May 4, 2011
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.
Associate of Arts Degree in Engineering from South Dakota State University
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.
Chairman – Water and Power Planning Committee – Midwest Electric Consumers Association
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.
General Manager – Rushmore Electric Power Cooperative – 12 Years Rural Electric Cooperative and Municipal Electric System Experience – 33 Years
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.

See attached testimony

Name/OrganizationVic Simmons – Rushmore Electric Power Cooperative Title/Date of Hearing_ Protecting Federal Hydropower Investments in the West: a Stakeholder's Perspective – May 4, 2011
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.
General Manager – Rushmore Electric Power Cooperative
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)).

Forr	₁ 990-1			nization Busine			ax Ket	urn	 	OMB No. 1545-0687
				I proxy tax under						2010
Depa	artment of the Treasury		For calendar year	2010 or other tax year	beginn	ing		and		n to Public Inspection for
Inten	artment of the Treasury		ending	<u> </u>	> :	See separate	instructio	ns.	501	(c)(3) Organizations Only
<u>A</u>	Check box if address changed		Name of organization (Check box if name cha	nged and	d see instructions	5.)	D Employer	identi	ification number
	Exempt under section							(Employees'	trust, se	e instructions.)
ļ	X 501(C)(12)	Print		ECTRIC POWER		OP		46.06		
ļ	408(e) 220(e)	or.	· ·	te no. If a P.O. box, see instruction	ns.			46-02		·
	408A 530(a)	Туре	PO BOX 2414			.		7		ness activity codes
	529(a)		City or town, state, and Zli	P code	a D	E7700		(See instru)
_	Book value of all assets		RAPID CITY		עפ	57709		90000)	
	at end of year		roup exemption number (- t'			404(0) 4-14	Г	Other trust
	36,917,380		heck organization type		ation	501(0	trust	401(a) trust	L	Other trust
Н	► TOWER RENT	•	ry unrelated business ac	ıvıty.						
_			oration a subsidiary in ar	affiliated group or a par	ont cub	eidiany controll	ad aroun?			Yes X No
			tifying number of the pare		ent-sub	Sidially Cortilon	eu group:			1e3 140
	in res, enter the name a	and iden	mying number of the pare	ant corporation.						
	The books are in care of	▶ V	ICTOR SIMMON	S			Teler	hone number	6	05-342-4759
	•		or Business Inco			(A) Inco		(B) Expenses		(C) Net
1a	Gross receipts or sales		J G Buomoco moc		T	` ,				
b	Less returns and allowa			c Balance	1c					
2			, line 7)		2					
3	Gross profit. Subtract li	ine 2 fror	n line 1c		3					
4a	Capital gain net income	e (attach	Schedule D)		4a					
b	Net gain (loss) (Form 4	1797, Par	t II, line 17) (attach Form	4797)	4b					
c					4c					
5	Income (loss) from partnerships	and S corp	orations (attach statement)		5					
6	Rent income (Schedule	~.			6					
7	Unrelated debt-financed		(Schedule E)		7					
8			nts from controlled organization		8					
9			(c)(7), (9), or (17) organizatio		9					
10			e (Schedule I)		10					
11	Advertising income (So	chedule .	J)		11					
12	Other income (See inst	tructions;	attach schedule.)	EE STMT 1	12		1,995			1,995
13	Total. Combine lines 3	through	12		13		1,995			1,995
P			Taken Elsewhere					ons.) Except	for c	contributions,
			t be directly connec							
14	Compensation of office	ers, direct	tors, and trustees (Sched	ule K)	,				14	
15	Salaries and wages								15	
16	Repairs and maintenan	ice							16	-
17									17	
18		ıle)							18	
19									19	200
20	Chantable contributions	S (See in	structions for limitation n	iles.)					20	200
21	Depreciation (attach Fo	orm 4562	2)			2			001	0
22	D. d.C.		chedule A and elsewhere						22b 23	
23	Depletion		onaction plans						24	
24	Contributions to deterre	ea comp	ensation plans						25	
25 26	Excess exempt expens	idilis 	adula IV					• • • • • • • • • • • • • • • • • • • •	26	
27	Excess exempt expens	te (Scho	edule I)						27	
28	Other deductions (attac	rh erhad	dule J)					·····	28	
29	Total deductions Add	d lines 12	ule) 4 through 28					· · · · · · · · · · · · · · · · · · ·	29	200
30	Unrelated business tav	able inco	ome before net operating	loss deduction. Subtract	 line 20	from line 13		· · · · · · · · · · · · · · · · · · ·	30	1,795
31			mited to the amount on li						31	
32	Unrelated business tax	able inco	ome before specific dedu	ction. Subtract line 31 fro	 om line	30			32	1,795
33			1,000, but see line 33 ins						33	1,000
34			ncome. Subtract line 33 t							
					-		<u></u> .	<u> </u>	34	795

Form	990-T (2	010) RUS	HMORE	ELECTRI	C POWE	R CO	OP		46-	0226551			F	Page 2
Pa	rt III	Tax Comp	outation											
35	Organiza	ations Taxable	as Corpo	rations. See in	nstructions for	tax com	putation. Co	ntrolled	group					
	_		_	s) check here			ctions and:		-					
а	Enter vo	ur share of the	\$50,000, \$	25,000, and \$9.	.925.000 taxal	ble incom	ne brackets	(in that	order):					
	(1) \$		(2)	1 1	· · ·	3) \$		`	1					
b		ganization's sha		Additional 5% tax			(50)		وا	•				
				an \$100,000)										
_										, 1	▶ 35c			119
C	Tweete 7	cax on the amo	unit on line .	See instructions	for toy compu	totion In	toy or				330			
36				_		_			44)	1	20			
		unt on line 34 f			nedule or						36			
37											37			
38		ve minimum ta:										+		110
<u>39</u>					never applies				· · · · · · · · · · ·		. 39			<u>119</u>
<u>Pa</u>	rt IV	Tax and F										т		
40a	Foreign	tax credit (corp	orations att	ach Form 1118	; trusts attach	Form 11	l 1 6)		40a		_	1		
b		edits (see instri						-	40b					
С	General	business credit	t. Attach Fo	m 3800					40c	."				
đ	Credit fo	r prior year mir	nimum tax (attach Form 880	01 or 8827)			L	40d					
е	Total cr	edits. Add line	s 40a throug	gh 40d							40e			
41	Subtract	line 40e from I	ine 39								41			119
42	Other taxe Check if fa	es. 🔲 👡												
43			_		_		_	_						119
44a	Pavment	ts: A 2009 ove	roavment cr	edited to 2010					44a					
b		timated tax pay							44b					
c								· · · · · ·	44c					
ď	Foreign	organizations:	Tay naid or	withheld at sou	rce (see instri	ictions)		····	44d					
									44e		=	-		
e	Cradit fo	willinoiding (se	e ilistructioi	ns) surance premiu				····	44f					
f				_	ins (Allach Fl	JIII 094 I	· · · · · · · · · · · · · · · · · · ·	· · · · ·	441		\dashv			
g	Other cr	edits and paym	nents:	Form 2439				, ,						
		n 4136			Other		lota	ı ▶ [44g		┥	}		
45		ıy ments. Add l									- 45	 		
46	Estimate	ed tax penalty (see instruct	ions). Check if I	Form 2220 is	attached				▶ Ļ				110
47											► <u>47</u>			<u>119</u>
48	Overpay	ment. If line 4	5 is larger t	han the total of	lines 43 and 4	16, enter	amount ove	rpaid			► 48	 		
49	Enter the			credited to 2011						Refunded	► 49	<u> </u>		
_Pa	rt V	Statemen	ts Regar	ding Certain	n Activities	s and	Other Info	orma	tion (se	ee instructions)				
1	At any tim	ne during the 201	0 calendar ye	ear, did the organiz	zation have an i	nterest in	or a signature	or othe	r authority	over a financial			Yes	No
	account (l	bank, securities, o	or other) in a	foreign country? If	f YES, the organ	nization ma	ay have to file	Form 1	TD F 90-22	.1, Report of Foreign				
	Bank and	Financial Accour	nts. If YES, e	nter the name of t	the foreign count	try here 🕨	•							X
2	During th	he tax year, did	I the organia	zation receive a	distribution from	om, or w	as it the gra	ntor of	, or transt	feror to, a foreign tru	st?			X
	If YES, s	see instructions	for other for	orms the organiz	zation may ha	ve to file								
3				terest received of	-			\$						
				old. Enter r									·•	<u> </u>
1		y at beginning o		1 1		6			of vear		6			-
2	Purchase					7				tract line 6 from				
3	Cost of I	abar		3		┤ ′	line 5. Ente				7			
4a		sec. 263A		·		\dashv .				BA (with respect to			Yes	No
b	costs (atta Other cos	ach sch.)		. 4a		 8				` '			163	NO
-	(attach sc	hedule)				\dashv				ired for resale) apply				
_5		dd lines 1 throu			atum including con	omnaniána a	to the orga			est of my knowledge and be	lief it is true	<u></u>		1
۵.	correct			nave examined this re arer (other than taxpa)							iiei, it is uue,		diacuma th	ole return
Sig	n∣्		,	,			,		_			May the IRS of with the preparation (see instruction)	er show	n below
Her	e ▶ 🤈		William William	<i>4</i> ·	- 28-11 🕨	Ge	neral 1	Man	ager					
	Signa	ature of officer		D	ate	Title			U	· · · · · · · · · · · · · · · · · · ·		- <u> X </u>	es	No
		Print/Type prep	parer's name	JOHN B. I	WALKER, CP	A.			Date	Chi	eck Lif	PTIN		
Paid	ı	Preparer's sign	nature								-employed	P001		
Prep	arer	Firm's name	▶ KETI	EL THORS	TENSON	, LL:	P				Firm's E	IN ▶ 46-0	257	538
	Only	Firm's address	▶ PO I	BOX 3140							Phone r	no. 605-34	12-5	630
-				ID CITY,		7709	-3140							
												Form	990-7	(2010)

Schedule C – Rent Incom (see instructions)	ne (From Re	al Propert	y and F	er	sonal Property	y Lea	sed Wi	th Re	al Property	')	
15 10 1					1.5						
1. Description of property (1) N/A											
(3)					100 Den						
(4)	2 Pont	received or accr	ned.								
	_					CF 61 -		2(0)	Nodustions dire	oth conno	ated with the income
(a) From personal property (if the for personal property is more them 50%)	nan 10% but not	реі	rcentage o	f ren	and personal property t for personal property t is based on profit or	excee		3(a)	in columns 2(a)	-	cted with the income
(1)											
(2)	·		*								
(3)											
											· · · · · · · · · · · · · · · · · · ·
(4) Total		Total						// \ T /			
(c) Total income. Add totals of conhere and on page 1, Part I, line 6,	. :.:	2(b). Enter						Enter h	tal deductions. here and on page line 6, column (B)		
							<u> </u>	T Cart 1,	mic o, coldini (b)		
Schedule E – Unrelated I	Dept-Finance	ea income	(see in	stru	ctions)				C P 0		
1. Description of debt-	financed property				oss income from or ble to debt-financed		3		tions directly con ebt-financed prop		h or allocable to
					property			iight line ittach sc	depreciation hedule)	(b) Other deductions (attach schedule)	
(1) N/A											
(2)											
(3)											
(4)											
 Amount of average acquisition debt on or allocable to debt-financed 	5. Average adj of or alloca debt-financed (attach sch	able to I property			6. Column 4 divided by column 5				ne reportable column 6)	1	Allocable deductions nn 6 x total of columns 3(a) and 3(b))
property (attach schedule)	(attaci) sci	ledule)								-	
(1)						%					
(2)						%					,
(3)						%	-				
(4)						%	Enter h		d on page 1, column (A).		here and on page 1, line 7, column (B).
Totals						>				,	
Total dividends-received deduc					***					<u> </u>	
Schedule F - Interest, Ar	<u>ınuities, Roy</u>	/alties, and	<u>d Rent</u>						(see instruction	ons)	*****
				E	cempt Controlled	Orga	nizations		T		
Name of controlled organization		2. Employ identification in			let unrelated income s) (see instructions)	ı	otal of spec ayments ma		5. Part of columnincluded in the organization's g	controlling	6. Deductions directly connected with income in column 5
(1) N/A											
(2)											
(3)			i						1		
(4)					<u> </u>						
Nonexempt Controlled Organia	zations										
7. Taxable income		8. Net unrelat			9. Total of specifi		includ	ed in the	umn 9 that is e controlling gross income	1	Deductions directly nected with income in column 10
			-				Juganiz		gross modifie	-	
(1)											
(2)				-						1	
(3)										 	* · · · · ·
(4)							Add colu	mne F a	and 10	Add co	lumns 6 and 11.
Totals						▶		re and c	on page 1,	Enter h	ere and on page 1, ine 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income		2. Amount of in	icome	3. Deductions directly connect (attach schedu	ted		et-asides schedule)	- 1	5. Total deductions nd set-asides (col. 3 plus col.4)
(1) N/A					·	· ·		_	
(2)						-			
(3)				-				-	. And the second
(4)									
		Enter here and or Part I, line 9, colu							ter here and on page 1, rt I, line 9, column (B).
Totals						,			
Schedule I – Exploited Exer	npt Activity Inc	come, Othe	<u>r Than</u>	Advertising in	come	(see instruc	tions)		T
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connected production unrelate business in	with n of d	4. Net income (loss) from unrelated trade or business (column) 2 minus column 3). If a gain, compute cols. 5 through 7.	from a	oss income activity that t unrelated ess income	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A		ŀ							
(2)									
(3)			[]						
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa line 10, col	arti,				•		Enter here and on page 1, Part II, line 26.
Totals ▶									
Schedule J - Advertising In	come (see instru	uctions)							
Part I Income From P	eriodicals Rep	orted on a	Conso	lidated Basis					
1. Name of periodical	2. Gross advertising income	3. Direct advertising		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	L	Circulation ncome	6. Read	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A									
(2)									
(3)						11.10 E. E.			1
(4)									
(4)									
Totals (carry to Part II, line (5)) Part II Income From P	eriodicals Ren	orted on a	Separa	te Basis (For	each p	eriodical	isted in P	art II. f	fill in columns
2 through 7 on	a line-by-line ba	asis.)	P a. a		۳			, •	
(1) N/A		T					1		
(2)									
		1	-				<u> </u>		
(3)									
(4)		3,	-+		J		<u></u>		
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here a page 1, Pa line 11, col	art I,						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	n of Officers T	Directors =	nd Tarr	toos (oos inst	ctions)				
Schedule K – Compensation 1. Nam		Directors, ai	nu Trus	2. Title	cuons)	time	Percent of devoted to usiness		ensation attributable to related business
(1) N/A						- -	usiness %		
							%		
(2)									
(3)							%		
(4)							%		
Total. Enter here and on page 1, Par	t II, line 14		<u></u>				<u> ▶ </u>		50m 990-T (2010)

Forms 990 / 990-PF

Receivables Due from Officers, Directors, Trustees, and Key Employees

, and ending

2010

Name

For calendar year 2010, or tax year beginning

Employer Identification Number

RUSH	MORE ELEC	TRIC	POWER COO	P			46	-02265	51
EODIA	. 000 - 535	m 32	T TANK	*DDTMTON	7 T T T T T T T T T T T T T T T T T T T				
FORM	1 990, PAR	тх,	LINE 5 -	ADDITION.	AL IN	ORMATION		*40***	"- -
			e of borrower				Title		
<u> </u>	CTOR SIMM	ONS				GENERAL M	ANAGER		
(2)									
(4)					-		****		
								11 - 1.11	
(6) (7)									
(8)							W-110-70		
(9)							· · · · · · · · · · · · · · · · · · ·	•	
(10)									
				T					
	Original amount borrowed		Date of loan	Maturity date		Re	epayment terms		Interest rate
(1)	3,2	06	VARIOUS	VARIOU	S :	36 MONTHS			0.000
(2)									
(3)									*
(4)									
(5)									
(6)			, ,	_		W-1	····		
(7)							- w	:	
(8)						<u>.</u>			
(9)							200		
(10)		,			I		· · · · · · · · · · · · · · · · · · ·		
-									
		ty provi	ded by borrower	***			Purpose of loan		w .
	NE					COMPUTER			
(2)									
(3)			///-				4010		
(4)									
<u>(5)</u>								•	
(6)			L. C.						
(7) (8)									
(9)									
(10)							-47-1/05		
1.07									
	Considerat	ion fum	ished by lender			nce due at nning of year	Balance due at end of year		narket value 90-PF only)
<u>(1)</u>	00110100101					931	279		*/,,
(2)									
(3)									
(4)									
(5)									
(6)									
(7)								-	
(8)								<u> </u>	
(9)								-	
(10) Totals						931	279		
าบเสเจ									

Forms 990 / 990-PF	Other Notes and Loans	Receivable	2010
	For calendar year 2010, or tax year beginning	, and ending	
Name		En	nployer Identification Number
RUSHMORE ELE	CTRIC POWER COOP	4	6-0226551

Name of borrower	Relationship to disqualified person
(1) RUSHMORE COMMUNICATIONS	
(2) BASIN ECONOMIC DEVELOPMENT LOAN	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
1)	100,000	03/31/02			0.000
(2)	145,310	VARIOUS	12/31/17	SEMI-ANNUAL INTEREST	1.000
3)					
1)					
5)					
5)					
<u>'</u>)					
3)	0.0000000000000000000000000000000000000				
9)					
10)					

Security provided by borrower	Purpose of loan
(1) UNSECURED	
(2) UNSECURED	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
)	100,000	100,000	
(2)	145,310	145,310	
)			

5)			
)		WAY .	
0)			
Totals	245,310	245,310	

Forms 990 / 990-P	i			er Notes Payable		2010
	For	calendar year 2010,	or tax year beginning	, and ending		CC C . N N.
Name					Employer Ide	entification Number
DIISHMODE E	.T.ም.ሮጥዊ T	POWER COO	D .		46-022	6551
ROSINORE I		2 TOWER COO	<u>'-</u>		10 022	
FORM 990,	PART X	, LINE 23 -	ADDITIONAL	INFORMATION		
					1.13	
		e of lender		Relationship to	disqualified persor	1
(1) BASIN EC	CONOMIC	DEVELOPMEN	T LOAN			
(2)						
(3)		WO.				
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)		10 pp 2 - 1 - 1				
Original a	mount		Maturity			Interest
borrowe	ed !5,310	Date of loan VARIOUS	date 12/31/17	Repayment terms SEMI-ANNUAL INTER		1.000
	5,310	VARIOUS	12/31/11	SEMI-ANNOAH INIE	VEIDT	1.000
(2)						
(3)				-	2	-
<u>(4)</u>						
<u>(5)</u>						
(6)						
<u>(7)</u> <u>(8)</u>	.12.1		····			
(9)						
(10)						
(10)	-		L			
	Security	provided by borrower		Purnos	e of loan	
(1) UNSECURE		DIOVIGED BY DOLLOWER		i urpos	5 51 10411	
(2)						
(3)						
(4)						
(5)						
(6)		- 110				
(7)						
(8)						
(9)						
(10)			-			

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	145,310	145,310
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10) Totals	145,310	145,310

Federal Statements

Form 990 - Federal General Footnote

Description

AS DISCLOSED IN PART VI, LINE 7A, AND ATTACHMENT O, THE 8 MEMBER COOPERATIVES EACH ELECT ONE OF THEIR BOARD MEMBERS TO BE ON THE BOARD OF DIRECTORS OF RUSHMORE ELECTRIC POWER COOPERATIVE. AS A POWER SUPPLY COOPERATIVE, WE PROVIDE ELECTICAL POWER TO THESE 8 COOPERATIVES, WHO IN TURN DISTRIBUTETHE POWER TO THEIR MEMBERS. IN ADDITION, WE PROVIDE CERTAIN OTHER SERVICES TO OUR MEMBER COOPERATIVES, INCLUDING ENGINEERING SERVICES. ALL SERVICES AND ACTIVITES ARE PROVIDED ON SIMILAR TERMS WITH ALL MEMBERS. ALL ACTIVITIES ARE CONDUCTED AS THE INTEGRAL PART OF OUR TAX EXEMPT PURPOSE FOR OUR COOPERATIVE.

46-0226551

Federal Statements

Statement 1 - Form 990-T. Part I, Line 12 - Other Income

Description	Amount	
TOWER RENT	\$1,	995
TOTAL	\$1,	995

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)

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

OMB No. 1545-0047 **2010** Open to Public Inspection

_	ror the	2010 Cai	eridar year, or	tax year beginning		, and ending			_			
В	Check if ap	pplicable:	C Name of org	ganization					D	Emplo	yer identificati	on number
П	Address ch	hange		RUSHMORE	ELECTRIC	POWER COOP						
亓	Name cha	ngo	Doing Busin	iess As					7	46-	0226551	•
二		Ĭ	Number and	street (or P.O. box if mail is not	delivered to street	address)	F	Room/suite	E	Teleph	one number	
Ш	Initial retur	m	ро вох			,			1		-342-47	/59
	Terminated	d		, state or country, and ZIP + 4		B 11 B			1			
一	Amended :	rofum	RAPID	•	SD 57'	709			G G	ross rece	inte \$ 48.	655,167
뭄				address of principal officer:						1033 1000	<u>φ γ</u>	
Ш	Application	n pending	1	R SIMMONS			İ	H(a) Is this a	a group re	turn for a	rffiliates?	Yes X No
			1	X 2414				H(b) Are al	i affiliate	s includ	led?	Yes No
			1	CITY	GD.	57709					st. (see instruction	ons)
_	T											
<u>-</u>		mpt status			(Insert no.)	4947(a)(1) or 527				··		
			- Automatic	TELEC.COM	F1 k		<u> </u>	H(c) Group				
		organization:	X Corporati	ion Trust Association	Other -		L Yea	r of formation:	193	<u> </u>	M State of legal of	domicile: SD
	Part I		ımmary									
	1 E	-	-	janization's mission or most s	-							
ø		WHOL	ESALE PO	WER SUPPLIER TO	DISTRIBUT	ION COMPANY						
auc												
& Governance		·										
Š	2 (Check thi	is box ▶ 📗	if the organization discontinue	ed its operations	s or disposed of more than	25% o	its net asse	ets.			
O,	3 1	Number o	of voting mem	bers of the governing body (F	Part VI, line 1a)				[3	8	
	4 1	Number o	of independent	t voting members of the gove	eming body (Pa	rt VI, line 1b)				4	8	
Activities				uals employed in calendar ye						5	22	
Ę				eers (estimate if necessary)						6	0	
٩				ss revenue from Part VIII, col						7a		1,995
				taxable income from Form 9						7b		795
	<u></u>	TOC OTHER	ated basiness	taxable income nom rom e			<u> </u>	Prior \			Current	
	8 (Contributi	ions and grant	ts (Part VIII, line 1h)								
ЭĭГ				(Dt \ //// E O\				4,5	70,3	886	2,3	26,778
Revenue		-		rt VIII, column (A), lines 3, 4,					37,5			58,000
å			•	II, column (A), lines 5, 6d, 8c,		1 ₀ \		2,5				28,809
				ies 8 through 11 (must equal			- 4	7,1				13,587
								· , ±	<u> </u>	10-1	3,0	13,307
				ounts paid (Part IX, column (A			-					
				members (Part IX, column (A)				1,9	21 6	22	1 0	39,342
es	15 5			sation, employee benefits (P				1,9	Z1, t	33		39,342
Expenses	16a ⊦			g fees (Part IX, column (A), li								
ă	b1			nses (Part IX, column (D), line				1 0	C A C		1 0	02 100
ш	177			X, column (A), lines 11a-11d					64,0			93,102
	18 7	Total exp	enses. Add lin	nes 13–17 (must equal Part I	X, column (A), li	ine 25)		3,1				32,444
_		Revenue	less expenses	s. Subtract line 18 from line	12				33,7			81,143
Net Assets or	<u> </u>							Beginning of (_	End of	
sset	g 20 1			ne 16)			-	34,4				17,380
et A	21 7		ilities (Part X,				⊨	5,0				00,974
Ž,	22 N	Net asset	ts or fund bala	ances. Subtract line 21 from li	ine 20			29,4	90,7	94	31,0	16,406
<u>_</u> F	Part II	Si	gnature Bl	lock								
				that I have examined this return,					my knov	vledge a	and belief, it is	
tn	ue, correc	ct, and cor	mplete. Declarat	tion of preparer other than officer) is based on all in	nformation of which preparer has	s any kr	owledge.				
			() M	24						4	-28-1	/
Sig	qn	8	Signature of offic	per C						Date		
He	_		VICTOR	SIMMONS		GEN	ERA	L MANA	GER			
		7 7	ype or print nam	ne and title								
_		Print/Tvc	oe preparer's na	ame	Preparer's sign	nature		Date		Check	if PTIN	
Pai	d		3. WALKER,								ш ј	79985
	parer	Firm's na	· · · · · · · · · · · · · · · · · · ·	KETEL THORSTEN	SON, LI	.P			Firm's			57538
	Only	i iiiii S Na		PO BOX 3140	11				1 11113	_113 F	<u></u>	
	,			RAPID CITY, SI	57709	-3140			Dhene	nc	605-34	2-5630
Max	v the IP	Firm's a		with the preparer shown above					Phone	IIU.		Yes No
IVICI		and the state of t	a mua renunu W	we wedate allowii abovi							1 1	1 CO 14D

Form 990 (2010)	RUSHMORE	ELECTRIC	POWER	COOP	46-022	26551	Page 2
Part III St	atement of I	Program Servi	ce Accomp	olishments			
Cł	neck if Sched	dule O contain	s a respons	se to any ques	tion in this Part	<u>III</u>	
1 Briefly describ	oe the organizati	ion's mission:					
WHOLESAL	E POWER	SUPPLIER	TO DIS	TRIBUTION	COMPANY		
					1.5.17	v	
2 Did the organ	nization undertak	e any significant p	ogram service:	s during the year w	hich were not listed	on the	
prior Form 99	0 or 990-EZ?						Yes X No
If "Yes," desc	ribe these new	services on Sched	ule O.				
3 Did the organ	nization cease co	onducting, or make	significant cha	nges in how it con	ducts, any program		
services?							Yes X No
If "Yes," desc		ges on Schedule C					
4 Describe the	exempt purpose	achievements for	each of the or	ganization's three I	argest program serv	ices by expenses. Secti	on
						of grants and allocation	
others, the to	tal expenses, ar	nd revenue, if any,	for each progra	am service reported	i .		
Para de la constanta de la con							
4a (Code:) (Expense			including grants of) (Revenue	\$)
FURNISHE	D AMPLE	SUPPLY O	F LOW-C	OST ELECT	RICAL POWE	ER TO	
					IN RURAL		
EIGHT DI	STRIBUT	ION MEMBE	R COOPE	RATIVES S	ERVED		
APPROXIM	ATELY 4	5,000 CON	SUMERS.				
4b (Code:) (Expense	es \$		including grants of	f \$) (Revenue	\$)
4c (Code:) (Expense	es \$		including grants of	f \$) (Revenue	\$)
						,	
* *******							
	-	scribe in Schedule	O.)				
(Expenses			uding grants of	f \$) (Rev	venue \$)
4e Total progra	m service expe	enses 🕨					

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 1 complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) X 2 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 X 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 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." X complete Schedule D, Part I 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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," X complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-10 endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X 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 X 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X 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 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 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? 19 X If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a 20a If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Pa	art 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			i
	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	_	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	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		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
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,"			7.5
	complete Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		x	
25	IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
26				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	01		
J 0	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
	101 1300. 7 m i otti ovo moto die required to complete odifedule O	- 55	200	

46-0226551 Form 990 (2010) RUSHMORE ELECTRIC POWER COOP Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V 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 17 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable _1b 0 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 22 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O X b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b

	······································						
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c	X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
	organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	a 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:	[]					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	∮					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a 46,570,472]]					
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.) 11b 534,668	1					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	igsquare					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans]]					
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
		7	100				

	1990 (2010) RUSHMORE EILECTRIC FOWER COOP 1900 (2010) RUSHMORE EILECTRIC			age o
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	i Sche	eaule	:
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI	<u></u>		_X_
<u>Sec</u>	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	-		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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?	8a	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicte?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ŭ	described to Orbital to Orbital to describe to describe	12c	x	
13	Death of the second of the sec	13		X
14	Does the experimental house a written degree transfer and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
a b		15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100	_ <u></u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a tayable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		
b	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	:	
Sac	tion C. Disclosure	100		
17	List the states with which a convert this Form 000 is required to be filed NONE			
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.			
10				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
00	and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
ים	organization: ► VICTOR SIMMONS PO BOX 2414 APID CITY SD 57709 60!	5-34	2-4	750
L/A	APID CITY SD 57709 609	, 54	_ +	100

DAA

Form 990 (2010)

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

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

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

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

Check this box if neither the organ	nization nor any	relat	ed o	rgani	izatio	ons com	pensated any current officer,	director, or trustee.	
(A) Name and Title				(checl	C) k all t	that apply	´	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other other compensation from the organization and related organizations
(1) JOHN VAN BEEK									
DIRECTOR	4.00	X		_			8,125	0	0
(2) JERRY HAMMERQUIS PRESIDENT	T 3.00	x			:		6,825	0	0
(3) GLEN REASER	3 00	3,7					6 227	0	
TREASURER (4) DARRELL NICHOLAS	3.00	X					6,337	0	0
V PRESIDENT	2.00	x					5,200	0	0
(5) MIKE MCQUISTION DIRECTOR	3.00	x					5,037	0	o
(6) ALAN JOHNSON	3.00	^					3,037	<u> </u>	•
DIRECTOR	2.00	x					4,713	0	0
(7) ROY IRELAND DIRECTOR	2.00	x					4,063	o	o
(8) RICHARD SCHNEIDE		^					4,063	0	U
DIRECTOR	2.00	x	ŀ				3,575	0	o
(9) CHARLES OLLER									
SECRETARY	3.00	X					1,625	0	0
(10) VICTOR SIMMONS									
GEN MANAGER	40.00	-		X		 	132,913	0	51,880
(11) MICHAEL BOWERS ENGIN. MGR	40.00					x	110,721	0	46,531
(12)	40.00					A	110,721		40,331
(13)	- 14 - E-74	-		ļ					
(14)		-			_				
(15)	e e e e e e e e e e e e e e e e e e e								
(16)									
			<u> </u>	<u> </u>					

<u> Pa</u>	rt VII Section A. Officers (A)	, Directors, Trus	tees	, Ke		nploy C)	yees,	ane	d Highest Compensated E (D)	mployees (continued) (E)		(F)		
	Name and Title	ame and Title Average Position (che		check	all t			Reportable compensation from	Reportable compensation from related		Estima amoun	ted t of		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		ompens from to organiza and rel rganiza	sation the ation ated	
(17)														
(18)												•		
(19)														
(20)														
(21)			ļ											
(22)													•	
(23)														
(24)														
(25)					-								-	
(26)			<u> </u>									-		
(27)														
(28)														
1b								>	289,134				98,	411
c d	Total from continuation shee Total (add lines 1b and 1c)							<u> </u>	289,134				98,	411
2	Total number of individuals (increportable compensation from	-		_	ose	liste	d abo	ove)	who received more than \$1	00,000 in				
3	Did the organization list any for	rmar officer dire	ctor (or to	etoo	kov	, emr	alove	or highest compensated		-	-16-07	Yes	No
	employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	ıle J	for s	uch i	indiv	idual			m tha		3		X
4	organization and related organi	izations greater th	han \$	150	,0003	? [f "	Yes,'	' cor	nplete Schedule J for such			4	x	
5	individual Did any person listed on line 1	a receive or accr	ue c	ompe	ensat	ion f	rom	any	unrelated organization or inc					х
Se	for services rendered to the orderion B. Independent Contractor		es, c	ompi	ete s	scne	auie	J 10	r such person			5		
1	Complete this table for your five compensation from the organize		nsate	ed in	depe	nde	nt co	ntrac	ctors that received more tha	n \$100,000 of				
		(A) business address						<u> </u>	Descrip	(B) fion of services		Çc	(C) mpensat	ion

														<u></u>
								-						
	Total number of independent of	ontractors (includ	ling b	out n	ot lin	nited	to th	nose	listed above) who					
	received more than \$100,000 i								-	0			000	(2010)

<u>Part V</u>	in Otaton	ent of Reve	nuo			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
							revenue	revenue	512, 513, or 514
원 1a	Federated cam		1a						
	Membership du		1b 1c					:	
ie d	Fundraising ev Related organiz		1d						
illa u	Government grants (1e						
Sign	All other contribution:		16						
iher	and similar amounts		1f						
9 4	Noncash contribution	e included in lines 121							
e a	Total. Add line		и. Ф						
_	TOWN AND	<u> </u>		Busn.	Code				
2a	GET CAP	ITAL CREDITS			-	1,506,802	1,506,802		
b		RING REVENUE				813,251	813,251		
c		APITAL CREDI				6,725	6,725		
2a b c									
, ,				I					***
e f	All other progra			I				V4-H	
2 0	Total. Add line				ightharpoonup	2,326,778		•	
_	Investment inc								
		ar amounts)			>	51,750			51,750
4		vestment of tax-			▶ □				
5			•	•	▶ [
	,	(i) Real		(ii) Personal					
6a	Gross Rents	39,	,240	4,	460				
b	Less: rental exps.								
C	Rental inc. or (loss)	39	,240	4,	460				
d		me or (loss)			•	43,700	2,465	1,995	39,240
7a	Gross amount from	(i) Securities		(ii) Other					
	sales of assets other than inventory	6	,250						
b	Less: cost or other								
	basis & sales exps.								
C	Gain or (loss)	6,	,250						
d	Net gain or (los	ss)			>	6,250	6,250		
8a	Gross income fro								
	of contributions n	eported on line 1c).							
b	See Part IV, line		1						
) b	Less: direct ex								
) c	Net income or	(loss) from funda	raising ev	vents	•				
9a	Gross income fro	m gaming activities	3.						
	See Part IV, line	19	a						
b	Less: direct ex								
C	Net income or	(loss) from gami	ng activit	ies	>				
10a	Gross sales of								
	returns and allo	owances	a	45,762,					
b	Less: cost of g			43,641,	580				
<u>c</u>	Net income or	(loss) from sales	of inven		•	2,120,828	2,120,828		
	Misc	ellaneous Revenue	•	Busn.	Code				
11a	LEASED EN	PLOYEES-CRED	INU TIC	ON		266,443			266,443
b	PAYROLL F	EIMBURSE-RCI	<i></i>			194,838			194,838
C		VICES - CREI				3,000			3,000
d	All other reven	ue							
l e	Total. Add line	s 11a–11d			> _	464,281			555,27
-						5,013,587	4,456,321	1,995	

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).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	,	expenses	general expenses	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	230,293			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,186,101			
8	Pension plan contributions (include section 401(k)				-
•	and section 403(b) employer contributions)	370,803			
9	Other employee benefits	46,337	-1··· ¥-		
10	Payroll taxes	105,808			
11	Fees for services (non-employees):			· · · · · · · · · · · · · · · · · · ·	
	Management				
b	Legal	9,247			
	Accounting	11,554			***
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	2,530			···
12	Advertising and promotion	129,513			
13	Office expenses	40,560			
14	Information technology	151,921			
15	Royalties	,			
16	Occupancy	113,623			
17	Travel	38,104			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	101,149			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	331,507			
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				:
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	EQUIPMENT AND VEHICLE	170,778			
b	SCADA CONTROL EQ. EXPENSE	94,911			
c	DUES AND SUBSCRIPTIONS	69,526			
d	MISCELLANEOUS	28,179			
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,232,444	0	0	0
26	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				

Page 10

Form	990 rt X	(2010)
	II C	
	1	Cash-
	2	Saving
	3	Pledge
	4	Accou
	5	Receiv
		emplo
		Sched
	6	Receiv
		4958(1
		emplo
G		emplo
ě	7	Notes
S	8	Invent
1	9	Prepa
	10a	Land,
		other
	b	Less:
	11	Invest
	12	Invest
	13	Invest
	14	intang
	15	Other
	16	Total
	17	Accou
	18	Grant
	19	Defer
in	20	Tax-e
ie	21	Escro
Ħ	22	Paya
iab	1	emple
		Comp
	23	Secu
	24	Unse Other
	25	
	26	Total
Š		Orga lines
ă	27	Unre
3al	28	Tem
<u> </u>	20	Dann

art X	(Balance Sheet	ER CO				
			·	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing				1	404 000
2	Savings and temporary cash investments			742,470	2	404,982
3	Pledges and grants receivable, net				3	F 042 F10
4	Accounts receivable, net			4,848,652	4	5,943,519
5	Receivables from current and former officers, directors				Ì	
	employees, and highest compensated employees. Co	mplete Part	II of			2 270
	Schedule L			931	5	3,379
6	Receivables from other disqualified persons (as define					
	4958(f)(1)), persons described in section 4958(c)(3)(B					
	employers and sponsoring organizations of section 50	11(c)(9) volu	ntary			
	employees' beneficiary organizations (see instructions	3)			6	045 310
7 8	Notes and loans receivable, net		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	245,310	7	245,310
8	Inventories for sale or use				8	20 411
9	Prepaid expenses and deferred charges			33,776	9	36,411
10a	Land, buildings, and equipment: cost or				ĺ	
	at the Control of Calcadida D	10a	5,816,558			0 005 050
Ь	Less: accumulated depreciation	10b	3,719,500	1,973,028		2,097,058
11	Investments—publicly traded securities		<i></i>		11	F0 070
12	Investments—other securities. See Part IV, line 11			23,720		53,970
13	Investments-program-related. See Part IV, line 11		T I	26,627,199		28,132,751
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	20 015 000
16	Total assets. Add lines 1 through 15 (must equal line	34)		34,495,086		36,917,380
17	Accounts payable and accrued expenses			4,670,298		5,610,120
18	• • •				18	222
19	Deferred revenue			51,774	19	333
20					20	
		V of Schedu	le D		21	
21 22	70 10-14-15 Aug					
5	employees, highest compensated employees, and di-	squalified po	ersons.			
<u> </u>	Complete Part II of Schedule L				22	145 070
23	A to the constitution of t	hird parties		145,310	23	145,310
24					24	14F 011
25				136,910		145,211
26				5,004,292	26	5,900,974
	Organizations that follow SFAS 117, check here	and	complete			
8	lines 27 through 29, and lines 33 and 34.				ļ	
27					27	
ชี 28					28	
29	Permanently restricted net assets				29	
5 -	Permanently restricted net assets Organizations that do not follow SFAS 117, chec	k here 🕨	X and			
	complete lines 30 through 34.		•			000
O In 30	and the second s			800		800
9 31					31	01 01 00
SS 32		e, or other f	unds	29,489,994		31,015,606
Net Assets of Fund Balances 2 2 2 3 3 3 3 3 3 4				29,490,794		31,016,406
<u> </u>	Total liabilities and net assets/fund balances			34,495,086	34	36,917,380 Form 990 (2010

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2010)

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.

OMB No. 1545-0047 Open to Public

Name of the organization

Inspection Employer identification number

RI	JSHMORE ELECTRIC POWER COOP		46-0226551
	rt I Organizations Maintaining Donor Advised Fun		
	organization answered "Yes" to Form 990, Part	V, 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	ne assets held in donor advised	
Ŭ	funds are the organization's property, subject to the organization's exclusi		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr		
	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	
1	Purpose(s) of conservation easements held by the organization (check al		300, 1 0.10, 1.10
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo	rtant land area
	Protection of natural habitat	Preservation of a certified historic s	
	Preservation of open space	1 receivation or a certained motions of	a dotal o
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservation	nn
_	easement on the last day of the tax year.	and contained on the first of the concentrate	· · ·
	the second secon		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure include	ed in (a)	2c
ď			20
u	blate de atmosfere Bated in the Notice of Decision		2d
3	Number of conservation easements modified, transferred, released, exting	guished or terminated by the organization (
J	tax year	guistied, or terminated by the organization of	daming the
	Number of states where property subject to conservation easement is loc	- hate	
-	Does the organization have a written policy regarding the periodic monitor		
5	violations, and enforcement of the conservation easements it holds?		Yes No
_	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing		
6		g conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing col	reenvation easements during the year	
7		iservation easements during the year	
	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(R)	
8			Yes No
•	(i) and section 170(h)(4)(B)(ii)?	to in its revenue and expense statement, as	
9	balance sheet, and include, if applicable, the text of the footnote to the o	•	
	organization's accounting for conservation easements.	garization o imanoar otatornonio trat doos.	
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar Assets.
•	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not		nce sheet
·u	works of art, historical treasures, or other similar assets held for public ex		
	public service, provide, in Part XIV, the text of the footnote to its financial		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r		sheet
	works of art, historical treasures, or other similar assets held for public ex	•	
	public service, provide 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 o		the
-	following amounts required to be reported under SFAS 116 (ASC 958) re		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990. Part X		

		MECIALC FORE			20 022				I age <u>a</u>
Pa	rt III Organizations Maintaining C						ets (con	inuec	1)
3	Using the organization's acquisition, accession, a collection items (check all that apply):	nd other records, check	any of the following t	that are a	significant use	e of its			
а	Public exhibition	d Loan	or exchange program	ıs					
b	Scholarly research								
c	Preservation for future generations								
4	Provide a description of the organization's collecti	ions and explain how the	ev further the organiz	ation's exe	empt purpose	in Part			
•	XIV.	iono ana ospiani non an	, .a.a.a. a.a a.ga						
5	During the year, did the organization solicit or rec	eive donations of art his	storical treasures or	other simil	ar				
J	assets to be sold to raise funds rather than to be							Yes	No
Da	art IV Escrow and Custodial Arran	gements Complet	e if the organiza	ation and	swered "Ye	es" to Forn	n 990 F		
	line 9, or reported an amount			ACIO11 CI.1	5.1.0.0u		, .		-,
4-	Is the organization an agent, trustee, custodian o			onnote no					
та	_							Yes	□ No
] 163	☐ 110
b	If "Yes," explain the arrangement in Part XIV and	complete the following t	able:				۸۳	nount	
							All	Ount	
С	Beginning balance								
d	• • • • • • • • • • • • • • • • • • • •								
е	Distributions during the year								
f	Ending balance							т —	
2a	Did the organization include an amount on Form	990, Part X, line 21? $_{\dots}$					L	Yes	No
b	If "Yes," explain the arrangement in Part XIV.								
Pa	rt V Endowment Funds. Complete	<u>e if organization ar</u>	nswered "Yes" to						
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three year	s back (e)	Four y	ears back
1a	Beginning of year balance								
b	Contributions		#. .						
	Net investment eamings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year end	d halance held as:							
_ _a	Board designated or quasi-endowment								
b									
	Term endowment ▶ %								
39	Are there endowment funds not in the possession	n of the organization tha	t are held and admin	istered for	the				
Ja		ii oi iiie oiganization iiia	are note and admin	ilistored for	ii i c			- G	es No
	organization by: (i) unrelated organizations						[3	a(i)	112
	490 t.4.1 t.							a(ii)	
	If "Yes" to 3a(ii), are the related organizations list	ad as required an School					· · · · · · · · · · · · · · · · · · ·	3b	
D								ן מט	
Do	Describe in Part XIV the intended uses of the organt VI Land, Buildings, and Equipm			Λ					
Pa	nt VI Land, Buildings, and Equipm Description of investment	(a) Cost or other basis	(b) Cost or othe		(c) Accur	nulated	(d)	Book va	alue
	Description of investment	(investment)	(other)	Pasis	deprec		(3)		
1a	Land		204	,962					4,962
	Buildings			2,305	5	30,646		33	1,659
	Leasehold improvements								
q	Equipment		4,749	,291	3,1	88,854	1	,56	0,437
e e	Other		,			•			
	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X. colu	mn (B), line 10(c).)		****		2	,09	7,058
		, ,							

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

 \triangleright

145,211

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

	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	u i manciai otateme	11113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	5,013,587
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	3,232,444
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	1,781,143
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	-255,531
9	Total adjustments (net). Add lines 4 through 8			9	-255,531
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	1,525,612
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme			ırn	
1	Total revenue, gains, and other support per audited financial statements			1	48,277,024
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				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)		43,727,718		
е	Add lines 2a through 2d			2e	43,727,718
3	Subtract line 2e from line 1			3	4,549,306
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.)	4 1	464,281		
С	Add lines 4a and 4b			4c	464,281
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,013,587
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per R	eturn	
1	Total expenses and losses per audited financial statements			1	46,751,412
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	46,751,412
_		1 1		1	46,751,412
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2b		1	46,751,412
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	255,531	1	46,751,412
2 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	255,531 43,727,718	1 2e	43,983,249
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.)	2a 2b 2c 2d	255,531 43,727,718		
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d	2a 2b 2c 2d	255,531 43,727,718	2e	43,983,249
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	255,531 43,727,718	2e	43,983,249
2 a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d 4a	255,531 43,727,718	2e	43,983,249 2,768,163
2 a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a 4b	255,531 43,727,718 464,281	2e 3	43,983,249 2,768,163 464,281
2 a b c d e 3 4 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV.)	2a 2b 2c 2d 4a 4b	255,531 43,727,718 464,281	2e 3	43,983,249 2,768,163
2 a b c d e 3 4 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information	2a 2b 2c 2d 4a 4b	255,531 43,727,718 464,281	2e 3 4c 5	43,983,249 2,768,163 464,281
2 a b c d e 3 4 a b C Fart	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information Dete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and dditional information.	2a 2b 2c 2d 4a 4b	255,531 43,727,718 464,281 4; Part IV, lines 1b and 2b	2e 3 4c 5	43,983,249 2,768,163 464,281
2 a b c d e 3 4 a b C Fart	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information Detet this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and	2a 2b 2c 2d 4a 4b	255,531 43,727,718 464,281 4; Part IV, lines 1b and 2b	2e 3 4c 5	43,983,249 2,768,163 464,281
a b c d a b c 5 Pa Company a any a A.Y.	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information Selete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and additional information. ART X - LIABILITY UNDER FIN 48 FOOTNOTE The DECEMBER 31, 2010, THE COOPERATIVE BELIEN	2a 2b 2c 2d 4a 4b 4b Also	255,531 43,727,718 464,281 4; Part IV, lines 1b and 2b complete this part to provi	2e 3 4c 5	43,983,249 2,768,163 464,281 3,232,444 ERTAIN TAX
a b c d a b c 5 Pa Company a any a A.Y.	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information Detected this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and additional information. ART X - LIABILITY UNDER FIN 48 FOOTNOTE The DECEMBER 31, 2010, THE COOPERATIVE BELIEVAL.	2a 2b 2c 2d 4a 4b 4b Also	255,531 43,727,718 464,281 4; Part IV, lines 1b and 2b complete this part to provi	2e 3 4c 5	43,983,249 2,768,163 464,281 3,232,444 ERTAIN TAX
2 a b c d e 3 4 a b c 5 Pa Company any a PP PC	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information Selete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and additional information. ART X - LIABILITY UNDER FIN 48 FOOTNOTE The DECEMBER 31, 2010, THE COOPERATIVE BELIEN	2a 2b 2c 2d 4a 4b 4b NCE WI	255,531 43,727,718 464,281 4; Part IV, lines 1b and 2b complete this part to provi	2e 3 4c 5	43,983,249 2,768,163 464,281 3,232,444 ERTAIN TAX LE STATUTE

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

Schedule D (Form 990) 2010 RUSHMORE ELECTRIC POWER COOP Part XIV Supplemental Information (continued)	46-0226551	Page 5
LOSSES REPORTED ON RETURN	\$ 255,531	
INTER-COMPANY ELIMINATING ACTIVITY - ENGINEERING	\$ 86,138	
COST OF POWER	\$ 43,641,580	
LEASED EMPLOYEES AND ADMIN FEE - CU	\$ -269,443	
PAYROLL REIMBURSE-RCI	\$ -194,838	
INTER-COMPANY ELIMINATING ACTIVITY - ENGINEERING	\$ -86,138	.
COST OF POWER	\$ -43,641,580	1
LEASED EMPLOYEES AND ADMIN FEE - CU	\$ 269,443	3
PAYROLL REIM-RCI	\$ 194,838	3
PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FI	NANCIALS - OTHER	
INTER-COMPANY ELIMINATING ACTIVITY - ENGINEERING	\$ 86,138	3
COST OF POWER	\$ 43,641,580)
PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RE	TURN - OTHER	
LEASED EMPLOYEES AND ADMIN FEE - CU	\$ 269,443	3
PAYROLL REIMBURSE-RCI	\$ 194,838	3
PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN E	FINANCIALS - OTHER	
INTER-COMPANY ELIMINATING ACTIVITY - ENGINEERING	\$ 86,138	3
COST OF POWER	\$ 43,641,580)
PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON F	RETURN - OTHER	
LEASED EMPLOYEES AND ADMIN FEE - CU	\$ 269,443	3
PAYROLL REIM-RCI	\$ 194,838	3

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

Department of the Treasury Internal Revenue Service Name of the organization

RUSHMORE ELECTRIC POWER COOP

Employer identification number 46-0226551

Pa	rt I Questions Regarding Compensation				
				Yes	No
				ļ	
1a	Check the appropriate box(es) if the organization provided any of	f the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any	y relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			i
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization f	follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described a				
	avalais.		1b		
2	Did the organization require substantiation prior to reimbursing o	r allowing expenses incurred by all officers			
_	· · · · · · · · · · · · · · · · · · ·	e items checked in line 1a?	2		
	directors, trustees, and the OLO/Executive Director, regarding th	e rems checked in the ra:			
•	Indicate which, if any, of the following the organization uses to ex-	etablish the componentian of the			
3		stabilish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.	X Written employment contract			
	Compensation committee				
	Independent compensation consultant				
	Form 990 of other organizations	Approval by the board or compensation committee			
	B 1 11 Francisco B 1 1 11 Francisco B 1 1 11 Francisco B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Care A. Core de critte seament to the Stine			
4	During the year, did any person listed in Form 990, Part VII, Sec	tion A, line 7a, with respect to the ning			Ì
	organization or a related organization:	a to the Leavent Section O			x
а		m the organization or a related organization?	4a		X
b		iffed retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based comper		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the app	plicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must con				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did t	ne organization pay or accrue any			
	compensation contingent on the revenues of:				
			5a		
b	Any related organization?		5b		
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did t	the organization pay or accrue any			
	compensation contingent on the net earnings of:				
а	The organization?		6a		
b	Any related organization?		6b		<u> </u>
	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 t	the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Pa	art III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accru				
	to the initial contract exception described in Regulations section				
			8		
9	If "Yes" to line 8, did the organization also follow the rebuttable				
	Pagulations soction 53 4058 6/c/2	· · · ·	9		1

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

Schedule J (Form 990) 2010

RUSHMORE ELECTRIC POWER COOP

Schedule J (Form 990) 2010

Part II

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

46-0226551

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)(i)(a)	reported in pnor Form 990 or Form 990-EZ
VICTOR SIMMONS (0)	132		0	0	52,714	185,627	0
		0	0		0		0
MICHAEL BOWERS (0)	110,721	0.0	0	0	47,266	157,987	0 0
	(6)						
	(u) (u)						
	(1)						
	(ii)						
	(0)						
	(6)						
	(u) (t)						
	(6)						
	(0)						
	(11)						
	(11)						
	(0)						
	(II) (I)						
	(0)						
A.		, , , , , , , , , , , , , , , , , , ,				Sched	Schedule J (Form 990) 2010

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

RUSHMORE ELECTRI	C PC	WER	COO1	?	46-	-022	<u> 265</u> !	51			
Part I Excess Benefit Transactions (section Complete if the organization answered "Yes"	on 501((c)(3) a	and section	n 501(c)(4) organi	zations only).	40h					
Complete it tile organization answered Tes	OH FOR	111 990,	, raitiv, ii	ine 25a or 25b, or	rom 950-EZ, ran v, me	400.			(c) (Correct	ed?
1 (a) Name of disqualified person		-	-		(b) Description of transaction				Yes		40
(1)	4-										
(2)							,				
(3)											
(4)											
(5)											
(6)									<u> </u>	l_	
2 Enter the amount of tax imposed on the organization m	-			_	-	٠.					
under section 4958	ursed by	the or	rganizatio	n	· · · · · · · · · · · · · · · · · · ·	▶ \$;				
Part II Loans to and/or From Interested					The state of the s		-				
Complete if the organization answered "Yes"	on For	m 990,	, Part IV, i	ine 26, or Form 99							
(a) Name of interested person and purpose		Loan to		c) Original cipal amount	(d) Balance due	(e) In (delault?		proved ard or	(g) W agree	
		nization?		cipai amount	•	<u> </u>			nittee?	ayıccı	HOLLS
	To	From				Yes	No	Yes	No	Yes	No
MICHAEL BOWERS									1		l
(1) COMPUTER		X		3,600	3,100	<u> </u>	X	X		X	
VICTOR SIMMONS											l
(2) COMPUTER		X		1,800	279	<u> </u>	X	X		X	<u> </u>
						1					ĺ
(3)	\dashv	4									
					i 				'		ĺ
(4)		+				┼	┼				
							ł				ĺ
(5)			 			┼─	1	 	 		
(6)						1		ł			l
(6)	_	+		, , , , , , , , , , , , , , , , , , , ,		+					
(7)											ĺ
.VI	\top	1				1	\top				
(8)								1	1		1
V											
(9)											<u> </u>
											ĺ
(10)											<u> </u>
Total				<u></u> ▶ \$	3,379	<u>) </u>					
Part III Grants or Assistance Benefiting											
Complete if the organization answered "Yes"	on For	m 990	, Part IV, I	ine 27.							
(a) Name of interested person			(b)		n interested person and the anization	(c) v	Amoun	it and t	ype of	assista	ance
(1)						T					
(2)					·	1					
(3)											
(4)											
(5)											
(6)											
(7)											
(8)						<u></u>					
(9)						<u> </u>					
						1					

	Complete if the organization answered " (a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) S of reve
		interested person and the organization	transaction		Yes
				-	
	·				_
					-
					_
					_
art V	Supplemental Information		an Cabadula I (anni	in attraction a)	
	Complete this part to provide additional	information for responses to questions	on Schedule L (see	i istructions).	
				to the Title .	
		4,000			
					an a
					20,279,70
					# T.A.
					47.47.00

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RUSHMORE ELECTRIC POWER COOP

Employer identification number 46-0226551

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
EACH MEMBER COOPERATIVE ELECTS ONE OF THEIR BOARD OF DIRECTORS TO BE ON THE
BOARD OF DIRECTORS OF RUSHMORE ELECTRIC POWER COOPERATIVE.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
MANAGEMENT HAS AN OUTSIDE CPA FIRM PREPARE THE FORM 990. A COPY IS PROVIDED
TO THE BOARD OF DIRECTORS TO REVIEW BEFORE FILING. MANAGEMENT REVIEWS AND
APPROVES THE FORM 990 BEFORE FILING.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE GENERAL MANAGER AND BOARD OF DIRECTORS ARE RESPONSIBLE FOR MONITORING
AND ENFORCING THE CONFLICT OF INTEREST POLICY AT ALL COMMITTEE AND BOARD
MEETINGS.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL A YEARLY COMPENSATION STUDY IS PREPARED BY THE NATIONAL RURAL ELECTRIC
A YEARLY COMPENSATION STUDY IS PREPARED BY THE NATIONAL RURAL ELECTRIC
A YEARLY COMPENSATION STUDY IS PREPARED BY THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION. THE STUDY INCLUDES NATIONAL, REGIONAL, STATE AND
A YEARLY COMPENSATION STUDY IS PREPARED BY THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION. THE STUDY INCLUDES NATIONAL, REGIONAL, STATE AND LOCAL WAGE COMPARISONS FOR EACH POSITION IN THE COOPERATIVE. THE BOARD OF
A YEARLY COMPENSATION STUDY IS PREPARED BY THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION. THE STUDY INCLUDES NATIONAL, REGIONAL, STATE AND LOCAL WAGE COMPARISONS FOR EACH POSITION IN THE COOPERATIVE. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE GENERAL MANAGER.
A YEARLY COMPENSATION STUDY IS PREPARED BY THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION. THE STUDY INCLUDES NATIONAL, REGIONAL, STATE AND LOCAL WAGE COMPARISONS FOR EACH POSITION IN THE COOPERATIVE. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE GENERAL MANAGER.
A YEARLY COMPENSATION STUDY IS PREPARED BY THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION. THE STUDY INCLUDES NATIONAL, REGIONAL, STATE AND LOCAL WAGE COMPARISONS FOR EACH POSITION IN THE COOPERATIVE. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE GENERAL MANAGER. DOCUMENTATION OF COMPARABLE DATA IS MAINTAINED.
A YEARLY COMPENSATION STUDY IS PREPARED BY THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION. THE STUDY INCLUDES NATIONAL, REGIONAL, STATE AND LOCAL WAGE COMPARISONS FOR EACH POSITION IN THE COOPERATIVE. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE GENERAL MANAGER. DOCUMENTATION OF COMPARABLE DATA IS MAINTAINED. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

RUSHMORE ELECTRIC POWER COOP	46-0226551
UPON WRITTEN REQUEST THE COOPERATIVE WILL MAIL OUT ANNUAL	REPORTS, RUS
REPORTS AND THE ARTICLES OF INCORPORATION TO NON-MEMBERS.	MEMBERS CAN
RECEIVE THE ARTICLES OF INCORPORATION, BYLAWS, BOARD POLICE	CIES, WHOLESALE
RATE SCHEDULE, AUDIT REPORTS, MANAGEMENT AUDITS, POWER BIJ	LLING DATA,
ENGINEERING STUDIES, LOAD STUDIES, ANNUAL REPORTS, RUS REL	PORTS AND RATE
STUDIES.	
FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EX	KPLANATION
SEE EXPLANATION FOR CHANGES ON SCHEDULE D, PART XIV.	

Schedule R (Form 990) 2010 (g) Section 512(b)(13) controlled entity? Open to Public Inspection ž (f)
Direct controlling
entity OMB No. 1545-0047 2010 Employer identification number Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Xes 46-0226551 (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (d) Total income (d) Exempt Code section Related Organizations and Unrelated Partnerships ▶ See separate instructions. (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity Attach to Form 990. RUSHMORE ELECTRIC POWER COOP For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\mbox{\footnotesize DAA}}$ (a) Name, address, and EIN of related organization (a) (ame, address, and EIN of disregarded entity Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part II Part 3 Ξ € 3 Ξ 3 ල € 3 3

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 46-0226551 RUSHMORE ELECTRIC POWER COOP Schedule R (Form 990) 2010 Part III

Page 2

Schedule R (Form 990) 2010 229,437 100.000000 (k) Percentage ownership Percentage ownership $\widehat{\boldsymbol{\varepsilon}}$ (i) General or managing 운 partner? to Form 990, Part IV, Ϋ́es (i)
Code V—UBI
amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of 6 (h) Dispro-portionate Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Yes No alloc.? 30,249 Share of total income (g) Share of end-of-year assets (C corp, S corp, Type of entity (f) Share of total income or trust) O Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) entity € (d) Direct controlling Legal domicile foreign country) (state or S entity ٤ (state or foreign country) (c) Legal domicile COMMUNICAT Primary activity Primary activity 9 57701 Name, address, and EIN of related organization SD Name, address, and EJN of (1) RUSHMORE COMMUNICATIONS related organization 1715 CAMBELL ST RAPID CITY 46-0447025 Part IV ΔĄ 8 ල **₹** E 3 <u>છ</u> <u>4</u>

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					۶	Yes	٩
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more related org	anizations listed in Par	s II–IV?			+	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1 a	×	×
b Gift, grant, or capital contribution to other organization(s)					1b	~	×
Gift, grant, or capital contribution from other organization(s)					10	×	×
d Loans or loan guarantees to or for other organization(s)					1d 7	×	
					1e	<u>~</u>	×
f Only of subtact and address and address (a)					#		×
Cale of assets to outer organization(s)					10	74	×
b Exchange of assets					4	~	×
					;=	*	×
					Ţ.	~	×
k Performance of services or membership or fundraising solicitations for other organizal	rganization(s)				¥	-	×
I Performance of services or membership or fundraising solicitations by other organizat	ganization(s)				=	×	
m Sharing of facilities, equipment, mailing lists, or other assets					1	~	×
Sharing of paid employees					1n	~	×
o Reimbursement paid to other organization for expenses					9	^	×
p Reimbursement paid by other organization for expenses					1 _p	^	×
					į		×
					, t	1	: ×
r Other transfer of cash or property from other organization(s)	on who must complete this line including covered relationships and transaction thresholds.	cluding covered relation	ships and transaction three	sholds.	=	1	
If the allower to any of the above is 10s, see the financialis to information		P					
(a) Name of other organization		(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	uing 1		
(1) RUSHMORE COMMUNICATIONS		D	100,000				
(2) RUSHMORE COMMUNICATIONS		н	48,425				
(3)							
(4)							
(5)	·						
99					:		
				Schedule R (Form 990) 2010	R (Form 9	90) 20	010

Schedule R (Form 990) 2010 RUSHMORE ELECTRIC POWER COOP

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Are all partners	(e) Share of	(f) Disproportionate	(g) Code V—UBI	(h) General or	al or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ging er?
			Yes No		Yes No		Yes	No
(f)								
(2)								
(3)								
	:				and the second			
(4)								
		:						5
(5)								
(9)								
		:						
(2)					·			
(8)								
(6)								
(10)								
								:
(11)					-			
	:							
						Schedule R (Form 990) 2010	orm 990)	2010

Schedule R (Fo	om 990) 2010	RUSHMORE	ELECTRIC	POWER	COOP	46-0226551	Page 5
Part VII	Supplementa	al Information s part to provid	de additional	information	for resp	onses to questions on Schedule R (see	
·							
•							
•			• • • • • • • • • • • • • • • • • • • •				
•							
• • • • • • • • • • • • • • • • • • • •							

Form 990-T	Exempt Organization Busin (and proxy tax under			Return		OMB No. 1545-0687
Decident of the Terror	For calendar year 2009 or other tax year					sen to Public Inspection
Department of the Treasury Internal Revenue Service	ending		e separate inst		72.3	11(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name ch	anged and s	ee instructions.)			fication number
B Exempt under section	Description of Homes of Polyte	ID (100	.D		trust, see	e instructions for Block D
X 501(C)(12)	Print RUSHMORE ELECTRIC POWE			on page 9.) 4 6 - 0	2261	551
408(e) 220(e)	DO DOT 0414	of instructions.				less activity codes
408A 530(a)			· · · · · · · · · · · · · · · · · · ·			for Block E on page 9.)
529(a)	City or town, state, and ZIP code RAPID CITY	SD 5	7709	9000		tot block E on pag,
C Book value of all assets	F Group exemption number (See instructions for Blo					
at end of year 34 349 776	G Check organization type ► X 501(c) corpo		501(c) tru	st 401(a) trus	st [Other trust
	n's primary unrelated business activity.					
► TOWER REN						
	the corporation a subsidiary in an affiliated group or a pa	rent-subsid	diary controlled g	roup?)	Yes X No
	and identifying number of the parent corporation.					
·						
J The books are in care of	VICTOR SIMMONS			Telephone number		05-342-4759
Part I Unrelate	d Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a Gross receipts or sale						
b Less returns and allow						
	chedule A, line 7)					
3 Gross profit. Subtract		1 1				
	ne (attach Schedule D)					
- · · · · · · · · · · · · · · · · · · ·	4797, Part II, line 17) (attach Form 4797)					
	n for trusts					
	os and S corporations (attach statement)	6			********	
6 Rent income (Schedu						
	ed income (Schedule E)					
	ies, and rents from controlled organizations (Schedule F)					
	section 501(c)(7), (9), or (17) organization (Schedule G)	<u> </u>				
- · · · · · · · · · · · · · · · · · · ·	vity income (Schedule I)	11				
11 Advertising income (S	Schedule J) f the instructions; attach schedule.) SEE STMT 1	12	1,	608		1,608
	3 through 12	13		608		1,608
Part II Deduction	ons Not Taken Elsewhere (See page 11 of	the instr	uctions for lir	mitations on dedi	uction	<u>is.)</u>
(Except	for contributions, deductions must be directl	y connec	cted with the	unrelated busine	<u>ess ir</u>	come.)
	pers, directors, and trustees (Schedule K)				14	
•					15	
	ance				16	
					17	
	dule)				18	
					19	1.60
	ns (See page 13 of the instructions for limitation rules.)				20	160
21 Depreciation (attach l	Form 4562)		21			0
22 Less depreciation cla	imed on Schedule A and elsewhere on return		22a		22b	0
					23	
	rred compensation plans				25	
	grams				26	
	nses (Schedule I)				27	
	osts (Schedule J)				28	
	ach schedule)				29	160
29 Total deductions. A	dd lines 14 through 28axable income before net operating loss deduction. Subtr	act line 20	from line 13		30	1,448
	eduction (limited to the amount on line 30)				31	
•	exaction (imited to the amount on line 30) axable income before specific deduction. Subtract line 31					1,448
	Senerally \$1,000, but see line 33 instructions for exception					1,000
	taxable income. Subtract line 33 from line 32. If line 33					
	of zero or line 32			<u> </u>	34	448
oz, other the entuner						- 000 T (2000)

<u>⊢orm</u>	990-1 (20		ELECTRIC FOWE.	<u> </u>	10 0220.			
Pa	rt III	Tax Computation	<u> </u>					
35			orations. See instructions for					
			ons 1561 and 1563) check her					
а	1 1		\$25,000, and \$9,925,000 taxab		hat order):			
	(1) \$,	3) [\$				
b	-		Additional 5% tax (not more th					
	(2) Additi	onal 3% tax (not more t	han \$100,000)					67
С	Income ta	x on the amount on line	34				35c	
36	Trusts Ta	exable at Trust Rates.	See instructions for tax compu	tation on page 16. Incon	ne tax on			
			Tax rate schedule or				36	
37	Proxy tax	. See page 16 of the in	structions	· · · · · · · · · · · · · · · · · · ·			37	
38		e minimum tax					38	67
39	Total. Ad		35c or 36, whichever applies	<u> </u>	<u> </u>		39	07
Pa	int IV	Tax and Paymen					******	
40a	•		ittach Form 1118; trusts attach		í l			
b	Other cre	dits (see page 16 of the	instructions)					
С		ousiness credit. Attach F	Form 3800	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	40c			
d	Credit for	prior year minimum tax	(attach Form 8801 or 8827)		. 40d		****	
е			ugh 40d				40e	67
41	Subtract I	ine 40e from line 39	,				41	07
42	Check if fro	ли. <u> </u>	Form 8611 Form 8697	-	Other		42	67
43			.,				43	
44a	•		credited to 2009		1 1			
b			,					
С		sited with Form 8868						
d	•	•	or withheld at source (see instr					
е	•	rithholding (see instruct			. 44e			
f		edits and payments:	Form 2439		. 44f			
		4136		Total ▶			45	•
45		/ ments. Add lines 44a f		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			46	
46			4 of the instructions). Check if				47	67
47			e total of lines 43 and 46, ente				48	
48			than the total of lines 43 and			Refunded	49	
49		amount of line 48 you want:	Credited to 2010 estimated tax arding Certain Activities	e and Other Infor				7)
	art V		year, did the organization have an				pago .	Yes No
1	At any tim	e during the 2009 calendar	a foreign country? If YES, the orga	nization may have to file Fo	orm TD F 90-22 1 Report	of Foreian		
			a loreigh country? If 123, the organism senter the name of the foreign cour					X
•	Bank and	Financial Accounts. If 1ES	nization receive a distribution f	rom, or was it the granto				
2			tions for other forms the organ		or, or transfer to, c	(1010.g., tract.		
2			interest received or accrued du		\$			
3	Adula A	Cost of Goods	Sold. Enter method of	inventory valuation				
1		at beginning of year	1 1		end of year		6	
2	Purchase	-			ds sold. Subtract line			
3	Cost of la		3		nere and in Part I, line		7	
о 4 а	Additional	sec. 263A	40		of section 263A (with r			Yes No
b	O4h	ich sch.)ts			luced or acquired for r			
=	(attach sc	nedule)			· ·		<u></u>	
5	Under	penalties of perjury, I declare that	at I have examined this return including at	companying schedules and state	bents, and to the best of my kr	nowledge and belief,	It is true,	
Sig	correct	, and complete. Declaration of p			add any knowledge.	E _M	ay the IRS	discuss this return with
He			KETEL THORSITE	SON, LLP, GPA'S		th	e preparer	shown below (see
110	1	ature of officer	BIR CHINCY SIFT	APID CITY, SD 57701	,			X Yes No
	Joigh	Preparer's	14/1 ////		Date /	Check if		Preparer's SSN or PTIN
Pai	d	signature	Mack		6/2/10	self-employed		P00179985
	parer's	Firm's name (qr	KETEL THORSTE	NSON, LLP	/ /			
	e Only	yours if self-employed),	PO BOX 3140				EIN	46-0257538
	•	address, and ZIP code		SD 57709-31	40	i	Phone no.	605-342-5630
								Form 990-T (2009)

Form 990-T (2009) RUSHM	ORE ELECTR	IC POW	ER C	COOP		46-02265	51		Page 3
Schedule C – Rent Incom	e (From Real P	roperty a	nd Pe	rsonal Property	/ Lea	sed With Re	al Property)	
(see instructions on page 18)									
Description of property									
/-									
1) N/A 2)									
3)									
4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percent	age of re	l and personal property nt for personal property ent is based on profit or	excee	ds	Deductions direction columns 2(a) a		ted with the income
1)									
(2)									
3)									
(4)	· · · · · · · · · · · · · · · · · · ·	Total				4) = /			
Total		Total					al deductions. ere and on page	1	
(c) Total income. Add totals of concrete and on page 1, Part I, line 6,		. Enter		•			ine 6, column (B)		
Schedule E – Unrelated D		ncome (se	ee instr	uctions on page 19	3)		, , , , , ,		
ochedule E - Officialed E	JOBET Marioou .	1001110 (01	30 111011	<u> </u>		3. Deduc	tions directly con	nected with	or allocable to
4 0	d avanami			ross income from or able to debt-financed		de	ebt-financed prop	erty	
1. Description of debt-f	manced property		alloca	property		(a) Straight line (attach sc			Other deductions attach schedule)
(1) N/A									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted or allocable to debt-financed pro (attach schedul	perty		6. Column 4 divided by column 5		7. Gross incom (column 2 x			llocable deductions in 6 x total of columns 3(a) and 3(b))
(1)	- 10-7				%				
(2)					%				
(3)					%				
(4)					%				
Totals					•	Enter here and Part I, line 7, c			nere and on page 1, line 7, column (B).
Total dividends-received deduc	tions included in co	արո 8			· · · · · ·		>		
Schedule F – Interest, Ar	nuities, Royalt	ies, and F	Rents	From Controlle	d Or	ganizations	(see instruction	ns on pa	age 20)
			LE	xempt Controlled	Orgar	nizations			
Name of controlled organization	ider	2. Employer ntification num		Net unrelated income oss) (see instructions)		otal of specified ayments made	5. Part of column included in the co organization's g	ontrolling	6. Deductions directly connected with income in column 5
(1) N/A									
(2)									
(4)									
Nonexempt Controlled Organiz	ations								
7. Taxable Income		Net unrelated ss) (see instru		9. Total of specifi		10. Part of col included in th organization's	e controlling	1	Deductions directly ected with income in column 10
(1)			_						
(2)									
(3)									
(4)				<u></u>		Add columns 5 a	and 10	Add ool	umns 6 and 11.
						Enter here and of Part I, line 8, col	on page 1,	Enter h	ere and on page 1, ine 8, column (B).

DAA

1 01111 000 1 12000/	RUSHMORE				46-0
Schedule G - In	vestment inco	me of a Sectic	on 501(c)(7), (9), or (1	 Organization

(see instructions on page 20)	· · · · · · · · · · · · · · · · · · ·		0.0-4-1					. Total deductions
1. Description of income	e	2. Amount of income	3. Deductions directly connect (attach schedu	ted	1	l-asides schedule)	1	d set-asides (col. 3 plus col.4)
(1) N/A	-	·						
(2)								
3)								<u></u> ~
4)								
		Enter here and on page 1,					Ente	er here and on page 1,
Totals		Part I, line 9, column (A).						t I, line 9, column (B).
Schedule I – Exploited Exer	npt Activity In	come, Other Thar	n Advertising In	come	(see instruc	tions on p	age 21)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from is no	ross income activity that ot unrelated ness income	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A								
(2)								
(3)								
(4)								
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).						Enter here and on page 1, Part II, line 26.
Schedule J – Advertising In	come (see instr	ructions on page 21)						
		ported on a Cons	olidated Basis					
			4. Advertising					7. Excess readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	ľ	Circulation income	I .	adership osts	costs (column 6 minus column 5, but not more than column 4).
(1) N/A								
(2)								
(3)								
(4)								
		·						
Totals (carry to Part II, line (5)) ▶ Part II Income From F columns 2 through		ported on a Sepa -by-line basis.)	rate Basis (For e	each _l	oeriodical I	isted in	Part II, f	ill in
(1) N/A								
(2)								
(3)								
(4)								ļ
(5) Totals from Part I								
Totals, Part II (lines 1-5)	Enter here and or page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).						Enter here and on page 1, Part II, line 27.
Schedule K – Compensation	on of Officers.	Directors, and Tr	ustees (see instru	ctions	on page 21)			
1. Name	,, <u>, , , , , , , , , , , , , , , , , ,</u>	,	2. Title	_	3. Percer time devot busines	ed to		nsation attributable to elated business
(1) N/A						%		
						%		
(2)						%		
(3)				-19-	· · · · · · · · · · · · · · · · · · ·	%		
(4)	ort II. lino 14				<u> </u>	>		
Total. Enter here and on page 1, Pa	n (II, III le 14	<u> </u>	·····		· · · · · · · · · · · · · · · · · · ·	· · · ·		Form 990-T (2009

Forms					
990	1	99	0-	P	F

Receivables Due from Officers, Directors, Trustees, and Key Employees

For calendar year 2009, or tax year beginning

, and ending

Name

Employer Identification Number

2009

46-0226551

RU	SHMORE ELECTRIC	POWER COO.	<u> </u>			100	
FO	RM 990, PART X	, LINE 5	ADDITION	AL I	NFORMATION		
		e of borrower			CENTED AT MA	Title	
(1)	VICTOR SIMMONS				GENERAL MA	NAGER	
(2)							
(3)							
(3) (4) (5)							
(5)							
(6)							
(7)		· · · · · · · · · · · · · · · · · · ·					
(8)							
(9)							
(10)							
		I	T	T			
	Original amount borrowed	Date of loan	Maturity date		Rep	ayment terms	Interest rate
(1)	3,206	VARIOUS	VARIOU	S	36 MONTHS		0.000
(2)							
(3)							
(4)							
(4) (5)							
(6)							
(7)							
(8)							
(9)							
(10)							
		ided by borrower				Purpose of loan	
(1)	NONE				COMPUTER		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)					ļ		
(8)							
(9)	·····						· · · · · · · · · · · · · · · · · · ·
(10)							
				i			
	Consideration fu	rnished by lender		B b	alance due at eginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)					1,629	931	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)				_			
Tot	tals				1,629	931	

Forms			
990	1	990	-PF

Other Notes and Loans Receivable

, and ending

2008

Name

Totals

For calendar year 2009, or tax year beginning

Employer Identification Number

RUS	SHMORE ELECTRI	C POWER COOP		46-0226551					
₽∩ï	RM 990, PART X	_ T.TNF: 7 - A	DDITIONAL I	NFORMATION					
101									
		of borrower			Relationship to disqualified p	erson			
`	RUSHMORE COMMU	NICATIONS							
(2)									
(3)									
<u>(4)</u>			 	-					
(5)									
(6) (7)									
(8)			11/1						
(9)									
(10)		- 300							
)									
	Original amount	Date of loan	Maturity date	Res	payment terms	Interest rate			
(1)	borrowed 100,000	03/31/02	uaic			0.000			
(1) (2)	100,000	03/32/02							
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
	Coought pe	rouided by berrower			Purpose of loan				
(1)	UNSECURED	rovided by borrower	· · · · · · · · · · · · · · · · · · ·		Taipood (Taa)				
(2)	ONDECOME								
(3)									
(4)									
(5)									
(6)									
(7)									
(8)				<u> </u>					
(9)									
(10)									
<u></u>									
	Consideration fu	rnished by lender		Balance due at leginning of year	Balance due at end of year	Fair market value (990-PF only)			
(1)				100,000	100,000				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)		<u> </u>							
(8)		<u></u>							
(9) (10)									
Tota	uls			100,000	100,000				

Federal Statements

Form 990 - Federal General Footnote

Description

AS DISCLOSED IN PART VI, LINE 7A, AND ATTACHMENT O, THE 8 MEMBER COOPERATIVES EACH ELECT ONE OF THEIR BOARD MEMBERS TO BE ON THE BOARD OF DIRECTORS OF RUSHMORE ELECTRIC POWER COOPERATIVE. AS A POWER SUPPLY COOPERATIVE, WE PROVIDE ELECTICAL POWER TO THESE 8 COOPERATIVES, WHO IN TURN DISTRIBUTETHE POWER TO THEIR MEMBERS. IN ADDITION, WE PROVIDE CERTAIN OTHER SERVICES TO OUR MEMBER COOPERATIVES, INCLUDING ENGINEERING SERVICES. ALL SERVICES AND ACTIVITES ARE PROVIDED ON SIMILAR TERMS WITH ALL MEMBERS. ALL ACTIVITIES ARE CONDUCTED AS THE INTEGRAL PART OF OUR TAX EXEMPT PURPOSE FOR OUR COOPERATIVE.

46-0226551

Federal Statements

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

•	Description	 Amount
TOWER RENT		\$ 1,608
TOTAL		\$ 1,608

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)

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

2009 Open to Public Inspection

Α	For the 200	09 calendar year, or tax year beginning , and ending			
В	Check if applica			D Empl	oyer identification number
Π.	Address chang	use IRS RUSHMORE ELECTRIC POWER COOP			
$\overline{\Box}$	Name change	label or print or Doing Business As		46	-0226551
\equiv	_	type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		hone number
\sqsubseteq	Initial return	See PO BOX 2414		60	5-342-4759
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross rec	eipts \$ 44,806,354
\Box	Amended retur	marius -	*		
\equiv		E Name and address of principal officer		H(a) Is this	s a group return for
□ .	Application per	VICTOR SIMMONS		affiliat	T
		PO BOX 2414		H(b) Are a includ	Il affiliates Yes No
		RAPID CITY SD 57709			o," attach a list. (see instructions)
_	Toy evenne	10		1	,,
	Tax-exempt			H(c) Groun	p exemption number
	Website:		Year of formation: 1		M State of legal domicile: SD
7777777	***********		real of formation.		W State of legal dofficile.
****	art I	Summary			
					,
ø	W	HOLESALE POWER SUPPLIER TO DISTRIBUTION COMPANY			
auc					
eL	·				,
Governance	2 Che	eck this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25%	% of its net asset	S.	1 -
ø5	3 Nun	nber of voting members of the governing body (Part VI, line 1a)		. 3	0
Se		nber of independent voting members of the governing body (Part VI, line 1b)			8
Activities	1	al number of employees (Part V, line 2a)			26
Ę		al number of volunteers (estimate if necessary)			0
⋖		al gross unrelated business revenue from Part VIII, column (C), line 12			1,608
	1	unrelated business taxable income from Form 990-T, line 34		1	448
	2 1101	direction and the second secon	Prior Ye		Current Year
	8 Con	stributions and grants (Part VIII, line 1h)			
Revenue		gram service revenue (Part VIII, line 2g)	7,10	0,952	4,570,386
ĕ	1	estment income (Part VIII, column (A), lines 3, 4, and 7d)	4	1,310	37,541
8		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,40	6,957	2,511,537
	1	al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,219	
		nts and similar amounts paid (Part IX, column (A), lines 1–3)			
	1	5			
	ı	efits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1.76	2,180	1,921,633
ses	1	(A) Para 44-1	2770		
Expenses	1	fessional fundraising fees (Part IX, column (A), line 11e)			
×		al fundraising expenses (Part IX, column (D), line 25)	1 17	5,318	1,264,083
		er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		$\frac{3,310}{7,498}$	3,185,716
	ł .	al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		$\frac{7,498}{1,721}$	
_ v	19 Rev	renue less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or Fund Balances	20 Tat	al assets (Part Y line 16)		4,415	
Asse Bala	20 Tota	al assets (Part X, line 16)		4,809	
a de	27 1018	al liabilities (Part X, line 26)		9,606	
		assets or fund balances. Subtract line 21 from line 20		2,000	20/100/.01
	art II	Signature Block		l to the best	of my knowledge
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	mation of which pre	parer has ar	ny knowledge.
٠.				1	
Sig					
He	re	Signature of officer		Date	
		THURSTENSON IT P CDA'S	RAL MANA	JEK .	
		Type or print name and title 310 QUINCY ST RAPID GITY, SD 57761			Preparer's identifying number
_		Preparer's Date	Check self-	if	(see instructions)
Pai		signature	emplo	yed ▶	D00179985
	eparer's			EIN	46-0257538
Us	e Only	Firm's name (or yours if self-employed),		Phone	
		address, and ZIP + 4 RAPID CITY, SD 57709-3140			605-342-5630
May	the IDC d	iscuss this return with the preparer shown above? (see instructions)			Yes No

	art V Checklist of Required Schedules				
		Г		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				v
	complete Schedule A	···	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	├-	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				х
	candidates for public office? If "Yes," complete Schedule C, Part 1	··· ├-	3		
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		
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,"				х
	complete Schedule D, Part I	· · · ·	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_		x
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	· · · ·	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				х
	complete Schedule D, Part III	· · · · -	8		
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,"				x
	complete Schedule D, Part IV	├-	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		45		x
	quasi-endowments? If "Yes," complete Schedule D, Part V	···	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		44	х	
	VII, VIII, IX, or X as applicable		11		
•	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 related 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		40	X	100000000
	Schedule D, Parts XI, XII, and XIII.	N/c S	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes If "Yes " completing Schedule D. Parts XI. XII. and XIII is optional	No			
	1 103, Completing Concedure B, Fanto XII, XII, and XIII to Children	 *	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	l l			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	···	14a	-	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		14b		х
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	· · · -	140		- 22
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		15		х
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	… ⊦	10		- 11
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		16		х
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	⋯	10	-	†
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		17		х
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	··· ├			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		18		х
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	···			† <u></u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		19		х
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	··· ├	20		X
	The trie programment triefler in the or time posturals CIL (188). Cultiple is conscious (1)				

Page 3

<u> </u>	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	21		x
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		-22
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	20		x
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		-22
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	х	
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	240		x
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	 	
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	0.5-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		\vdash
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		}	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		7.7	
	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?	1		3,5
	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):			7.7
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	-	X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			٦,
	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			٦,
	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,			4,5
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			4,5
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			4.5
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		75	
	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	ļ	ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> Ш</u>

8600.000	Otatements regulating other into runings and raw compliance				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ı 1			163	100
ıa	U.S. Information Returns. Enter -0- if not applicable	1a	17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	7		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
•	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	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			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					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y				
	this return?			3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ial				
	account)?			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 Bar	ık				
	and Financial Accounts.					
5a	,,,,			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			_		
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					х
	organization solicit any contributions that were not tax deductible?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			6b		
7	gifts were not tax deductible?					
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	de				
а				7a	P32000000000	X
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
Ü	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal				
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	· <i></i>		7 f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	;				
	required?			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	800000000000000000000000000000000000000	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		\vdash
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10a				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		†		
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ַנעטו	William I	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	40,382,637	,		
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	110		1		
b		11b	2,037,328	3		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		· ·	12a	-22,000000000	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	· · · · · · · · · · · · · · · · · · ·					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 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					
				FT0000000000	Yes	No
1a	Enter the number of voting members of the governing body	1a	0			
b	Enter the number of voting members that are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3	ļ	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			. 5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			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?			8a	X	
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	<u></u>	<u></u>	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal				
	renue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		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?			. 10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
~	rise to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			``		
•	describe in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			. 16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl					
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	t				
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
20	DO BOY 2414					
R	organization: VICTOR SIMMONS FO BOX 2414 APID CITY SD 5770	9	6	05-34	2 - 4	759

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	•	sate a	any d	curre	nt of	ficer,	dire	ctor, or trustee.		
(A)	(B) Average	Poo	ition '		C) kalif	hat ap	anka	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per week	or director		Officer	Key employee	Highest compensated 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
ALAN JOHNSON DIRECTOR	5.00	x						8,938	0	0
JOHN VAN BEEK DIRECTOR	4.00	x						8,125	0	0
JERRY HAMMERQUIST PRESIDENT	3.00	x						7,313	0	0
CHARLES OLLER SECRETARY	3.00	x						5,200	0	0
GLEN REASER TREASURER	2.00	х						4,713	0	0
ROY IRELAND DIRECTOR	2.00	x						4,550	0	0
DARRELL NICHOLAS V PRESIDENT	2.00	x						3,413	0	0
RICHARD SCHNEIDER	1.00	x				_		1,950	0	0
JAMES NEWBOLD DIRECTOR	1.00	x						1,625	0	0
VICTOR SIMMONS GEN MANAGER	40.00			x		ļ		129,264	0	42,263
MICHAEL BOWERS ENGIN. MGR	40.00					х		107,754	0	39,018
		_								-M2
						<u> </u>				- 990 (2000)

(A) Name and Title	(B) (C) Average Position (check all that apple hours per							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
1b Total		· · · · ·					<u> </u>	282,845		81,283		
2 Total number of individuals (increportable compensation from				iose	liste	d abo	ve)	who received more than \$1	00,000 in			
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual Did any person listed on line 1a services rendered to the organ 	rmer officer, direction complete Scheduler 1a, is the sum of ganizations greated a receive or accruization? If "Yes,"	ctor of ule J f repoter th	or tru for s ortab an \$	uch i de co 150,0 	ndivompe 0007 ion f	idual ensat P If "Y rom :	ion a 'es," any l	and other compensation from complete Schedule J for su unrelated organization for	m uch	3 X 4 X 5 X		
Section B. Independent Contractor1 Complete this table for your five	e highest comper	nsate	ed in	depe	nde	nt coi	ntrac	ctors that received more tha	n \$100,000 of	3.00		
compensation from the organiz Name and	zation. (A) business address							Descrip	(B) stion of services	(C) Compensation		
		11-41										
2 Total number of independent c						to th	iose	listed above) who received	0.00	0		
more than \$100,000 in comper	nsation from the o	orgar	nzati	on 🕨	_					Form 990 (200		

Pa	rt V	III Staten	ent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated cam	paigns	1a						
ran		Membership du		1b						
s, g		Fundraising ev		1c						
yifts ar a		Related organia		1d						
s, g		Government grants (1e						
ion		All other contribution								
the	•	and similar amounts		1f						
Contributions, gifts, grants and other similar amounts	q	Noncash contribution	s included in lines 1a-	1f:	\$					
a C	-		s 1a–1f							
-je						Busn. Code				
/en	2a	G&T CAP	TAL CREDITS				3,802,679	3,802,679		
Re	b	ENGINEE	RING REVENUE				761,875	761,875		
vice	c	OTHER C	APITAL CREDI	TS			5,832	5,832		
Program Service Revenue	d									
am	е									
ogr		, ,	am service rever							
ā	g	Total. Add line	s 2a–2f	<i></i>	<u> </u>	<u>,</u> ▶	4,570,386			
	3		ome (including d		· ·	•				25 416
			nounts)				37,416			37,416
•	4		vestment of tax-							
	5	Royalties		· · · · · · ·						
			(i) Real	0.4.0	(II) P	ersonal				
	6a	Gross Rents	39,	,240		5,503				
	b	Less; rental exps.	30	,240		5,503				
	d	Rental inc. or (loss) Net rental inco					44,743	3,895	1,608	39,240
		Gross amount from	(i) Securities		(ii)	Other				
		sales of assets other than inventory		125	<u> </u>					
	b	Less: cost or other				· · · · · · · · · · · · · · · · · · ·				
	_	basis & sales exps.								
	С	Gain or (loss)		125						
	d	Net gain or (los	ss)			🕨	125	125		
4	8a	Gross income fro	m fundraising ever	nts						
nue		(not including \$,							
eve			eported on line 1c).							
Y. R		See Part IV, line	18	. а						
Other Rever		Less: direct ex		b						
9			(loss) from fundr	ſ	events	<u></u>				
	9a		m gaming activities							
		See Part IV, line								
			penses							
			(loss) from gami	ng acti	vities	<u></u> ▶				
	тuа	Gross sales of	•		30	618,517				
	h	returns and allo Less: cost of g		a		686,890				
			(loss) from sales	٠ ١			1,931,627	1,931,627		
			ellaneous Revenue		sinory	Busn. Code				
	11a		PLOYEES-CREI		NION		292,750			292,750
	b		EIMBURSE-RCI				239,417			239,417
	С		VICES - CREI		NION		3,000			3,000
	d	All other reven	ue							
	е	Total. Add line					535,167		1	611 000
	12	Total Revenue	e. See instruction	าร		, >	7,119,464	6,506,033	1,608	611,823

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).

	All other organizations must		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the 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	ı			
	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	175,091			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 104 020			
7	Other salaries and wages	1,194,030			
8	Pension plan contributions (include section 401(k)	304,485			
	and section 403(b) employer contributions)	143,963			
9	Other employee benefits	104,064			
10	Payroll taxes	104,004			
11	Fees for services (non-employees):				
a b	Management	6,190			
	Legal	12,995			
d	Accounting Lobbying			*****	1.00
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	48,000			
12	Advertising and promotion	106,259			
13	Office expenses	40,126			
14	Information technology	101,349			
15	Royalties				
16	Occupancy	101,217			
17	Travel	38,987			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	106 105			
19	Conferences, conventions, and meetings	106,135			
20	Interest				
21	Payments to affiliates	306,405			
22	Depreciation, depletion, and amortization	300,403			
23	Insurance				
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	EQUIPMENT AND VEHICLE	186,703			
b	SCADA CONTROL EQ. EXPENSE	98,338			
С	DUES AND SUBSCRIPTIONS	84,490			
d	MISCELLANEOUS	26,889			
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,185,716			
	Joint costs. Check here ▶ ☐ if following				
26		Ī	1	İ	İ
26	SOP 98-2. Complete this line only if the				
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Par		Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
		Cash—non-interest bearing				1	
	2	Savings and temporary cash investments			786,321	2	742,470
ĺ		Pledges and grants receivable, net				3	
		Accounts receivable, net			4,405,772	4	4,848,652
ļ	5	Receivables from current and former officers, directors, to	rustees, ke	y			
İ		employees, and highest compensated employees. Comp					
		Schedule L			1,629	5	931
	6	Receivables from other disqualified persons (as defined u					
		4958(f)(1)) and persons described in section 4958(c)(3)(8	3). Complet	te			
		Part II of Schedule L		, , ,		6	
Assets	7	Notes and loans receivable, net			245,310	7	245,310
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges		,,,,,,,,,	35,195	9	33,776
1	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	5,435,679			
	b	Less: accumulated depreciation	10b	3,462,651	1,640,022	10c	1,973,028
1	11	Investments—publicly traded securities	<i></i>			11	
1	12	Investments—other securities. See Part IV, line 11			13,407		23,720
1	13	Investments—program-related. See Part IV, line 11			24,256,759	13	26,627,199
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11	,,,,,,,,,,			15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34			31,384,415		34,495,086
1	17	Accounts payable and accrued expenses			4,111,191	17	4,670,298
1	18	Grants payable				18	
1	19	Deferred revenue			1,900	19	51,774
2	20	Tax-exempt bond liabilities	,			20	
8 2	21	Escrow or custodial account liability. Complete Part IV of	Schedule [o ,		21	
Liabilities	22	Payables to current and former officers, directors, trustee	es, key				
ide		employees, highest compensated employees, and disqua					
׀בֿי		persons. Complete Part II of Schedule L				22	45 040
2	23	Secured mortgages and notes payable to unrelated third	parties	. , , , ,	145,310	23	145,310
2	24	Unsecured notes and loans payable to unrelated third pa				24	100.00
2	25	Other liabilities. Complete Part X of Schedule D			136,408		136,910
2	26	Total liabilities. Add lines 17 through 25		<u></u>	4,394,809	26	5,004,292
es		Organizations that follow SFAS 117, check here ▶ ☐	and				
Balances		complete lines 27 through 29, and lines 33 and 34.				 	
	27	Unrestricted net assets				27	
m 2	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check he				29	
Fund			re ▶ X				
9		and complete lines 30 through 34.		000	 	900	
S 3					800		800
Se	31	Paid-in or capital surplus, or land, building, or equipment			26 000 006	31	20 400 004
As 3	32	Retained earnings, endowment, accumulated income, or	other funds	s	26,988,806		29,489,994
<u> </u>	33				26,989,606	+	29,490,794
$Z \mid 3$	34	Total liabilities and net assets/fund balances			31,384,415	34	34,495,086

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
1	Accounting method used to prepare the Form 990:		Yes	No
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	37	X
	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Forn	n 990	(2009)

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.

OMB No. 1545-0047 2009

Open to Public Inspection

Employer identification number Name of the organization RUSHMORE ELECTRIC POWER COOP 46-0226551 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ __ _ _ _ _ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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:

÷									
Sche		LECTRIC POW			46-02265			Page 2	
Pa	rt III Organizations Maintaining C	collections of Art,	Historical Trea	sures, or	Other Simila	ır Assets	(continue	ed)	
3	Using the organization's acquisition, accession, a collection items (check all that apply):	and other records, chec	k any of the following	that are a s	significant use of i	ts			
а	Public exhibition	d Loar	n or exchange progra	ms					
b	Scholarly research	e Othe							
c	Preservation for future generations								
4	Provide a description of the organization's collect Part XIV.	tions and explain how t	hey further the organi	ization's exe	empt purpose in				
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
D-	nt IV Escrow and Custodial Arran	gements Comple	ete if the organiz	ation ans	swered "Yes"	to Form 9			
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
4-	Is the organization an agent, trustee, custodian of			ar accets no		 			
та						,,,,,,,,,,,	Ye	s No	
b	if "Yes," explain the arrangement in Part XIV and	complete the following	table:						
	. ,						Amount		
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
							Ye	s No	
	La Dia the organization include an amount of the coop, and a state of the coop of a coop, and a state of the coop of a coop, and a state of the coop of a coop, and a state of the coop of a coop, and a coop of a coop, and a coop of a coop of a coop, and a coop of a c								
200000000000	If "Yes," explain the arrangement in Part XIV. If V Endowment Funds. Complete	to if organization s	answered "Ves"	to Form C	90 Part IV I	ine 10			
	Endowment Funds. Complet	(a) Current year	(b) Prior year		years back (d) Th	ree years bac	k (e) Four	years back	
4.	D i i C uh Im	······································	(5) (1.0) (0.0)	(0)					
	Beginning of year balance								
	Contributions			-			1		
С	Net investment earnings, gains,								
	and losses						_		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	g End of year balance								
2	Provide the estimated percentage of the year en	d balance held as:							
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
	Term endowment ▶ %								
3a	Are there endowment funds not in the possessio	n of the organization th	at are held and admi	nistered for	the		-		
	organization by:	·						Yes No	
	(i) unrelated organizations						3a(i)		
h	If "Yes" to 3a(ii), are the related organizations list	ted as required on Sch	edule R?				3b		
	Describe in Part XIV the intended uses of the org	•							
	rt VI Investments—Land, Buildin			0 Part X	line 10.				
	Description of investment	(a) Cost or other basis			(c) Accumulate	ed	(d) Book	value	
	besonption of investment	(investment)	basis (other		depreciation				
	Land	,		4,716			10	94,716	
	Land			2,305	475	,178		37,127	
	Buildings		80.	2,303	1/3	, 1, 0		-,,,	
	Leasehold improvements		4 27	0 650	2 007	172	1 20	91,185	
	Equipment		4,3/	8,658	2,987	, = / 3	т, Эз	, 1, 100	
	Other		1				1 05	73 020	
Total	. Add lines 1a through 1e. (Column (d) must equa	ıl Form 990, Part X, col	umn (B), line 10(c).)			▶	1,9	73,028	

Schedule D (Form 990) 2009 RUSHMORE ELECTRIC POWE	R COOP	46-0226551	Page 3
Part VII Investments—Other Securities. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial derivatives Closely-held equity interests Other			
		· · · · · · · · · · · · · · · · · · ·	
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 990 (a) Description of investment type	, Part X, line 13. (b) Book value	(c) Method of valuation: Cost or end-of-year market value	******
PATRONAGE CAPITAL CREDITS	26,240,507	COST	-117
CAPITAL TERM CERTS-OTHER COOPS	386,692	COST	
		1	

Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description	(b) Book value

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability (b) Amount

Federal income taxes

ACCRUED PAST SERVICE COST 136, 910

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

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete

_	_PART_XI, LINE_8RECONCILATION_OF_CHANGES - OTHER			_
_	LOSSES REPORTED_ON RETURN	_ <u>.</u> \$	<u> 1,432,560</u> _	_
	INTER-COMPANY ELIMINATING ACTIVITY - ENGINEERING	<u> </u>	94,494 _	_
•	COST OF POWER	_ <u>\$</u>	_3 <u>7,686,8</u> 9 <u>0</u> _	
-	LEASED EMPLOYEES AND ADMIN FEE - CU	\$	29 <u>5,7</u> 50	_
-	PAYROLL REIMBURSE-RCI	<u>\$</u>	239,417_	
-	INTER-COMPANY ELIMINATING ACTIVITY - ENGINEERING	\$	94,494	_

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

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RUSHMORE ELECTRIC POWER COOP

Employer identification number 46-0226551

Pε	rt Questions Regarding Compensation				
			100000000000	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 r	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 is checked, did the organization follo	ow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described ab				
	a.mlain		1b		
2	Did the organization require substantiation prior to reimbursing or				
_		arding the items checked in line 1a?	2		
	omocia, directoro, tractoro, and ano openinosamo emocial, regu				
3	Indicate which, if any, of the following the organization uses to est	tablish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply.	and the compensation of the			
		X Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
		X Approval by the board or compensation committee			
	Form 990 of other organizations	Approval by the board of compendation committee			
	During the year, did any person listed in Form 990, Part VII, Section	on A line 1a with respect to the filing			
4		on A, line 1a, whit respect to the ming			
_	organization or a related organization:		4a	0000000000	X
a	Receive a severance payment or change-of-control payment?	ind retirement plan?	4b		X
D		ied retirement plan?	4c		X
С		sation arrangement?			
	If "Yes" to any of lines 4a-c, list the persons and provide the appli	icable amounts for each term in Fart in.			
	Out	mista linea E. O.			
_	Only section 501(c)(3) and 501(c)(4) organizations must comp				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any			
	compensation contingent on the revenues of:		5a	5500000000	10000000000
а			5b		
þ	Any related organization?		30		
	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	e organization pay or accrue any			
	compensation contingent on the net earnings of:		6a		
			6b		
b			dD		
	If "Yes" to line 6a or 6b, describe in Part III.		000000000	00000000	******
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the				
		t III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrue				
	subject to the initial contract exception described in Regs. section	1 53.4958-4(a)(3)? If "Yes," describe			
			8		
9	If "Yes" to line 8, did the organization also follow the rebuttable pre-	esumption procedure described in			
	Regulations section 53 4958-6(c)?		9	l	Ь

RUSHMORE ELECTRIC POWER COOP

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. 46-0226551 Schedule J (Form 990) 2009

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.

		mobile and (a)	of W/2 and/or 1000 MISC comparation	doiteadamos	Doctromont and	(D) Nontaxable	(E) Total of columns	(F) Companyation
(A) Name	8		(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
VICTOR SIMMONS	1	129,264				43		0
<u>(i)</u>	: (E)	0	0	0	0		0	0
D)	: (C) (E)							
15.	: (E)							
11)	(E)							
(i)	: (i)							
11)	: (E)							
	E E							
10)	: (S) (E)							
(D)	: (C) (E)							
1)	(E)							
)	: E (E)							
0)	(ii)							
)	(II)							
D)	(i)							
j)	(i)							
9	E (E)							
							Sched	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.

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

Name of the organization RUSHMORE ELECTRIC POWER COOP

Employer identification number

46-0226551

Part I	Excess Benefit Transactions (sect Complete if the organization answered "Yes"	ion 501(on Form	c)(3) a	and section 501(Part IV, line 25a	c)(4) organi ı or 25b, or f	zations only). Form 990-EZ	, Part V, line	40b					
						(b) Description	of transportion			(c) (Correct	ed?	
1	(a) Name of disqualified person					(b) Description	or transaction				Yes	N	lo
											+		
M													
— I— (4/20) III												+	
under se	e amount of tax imposed on the organization maction 4958 e amount of tax, if any, on line 2, above, reimbu						,	▶ \$.=-		
Part II	Loans to and/or From Interested	Perso	ns.										
	Complete if the organization answered "Yes"	on Form	1 990,	Part IV, line 26,	or Form 99	0-EZ, Part V,	line 38a.	r					
(a	a) Name of interested person and purpose	or fro	oan to m the zation?	(c) Origir principal an		(d) Balai	nce due	(e) in (default?	(f) App by boo	ard or	(g) W agreer	
		То	From	****		206 931		Yes	No	Yes	No	Yes	No
VICTOR S			x		3,206				x	x		x	
		-			-								
		_											
				···		*********							
									ļ				
 Гotal			,		▶ \$		931						
Part III	Grants or Assistance Benefitting Complete if the organization answered "Yes"												
	(a) Name of interested person	0,,,,			nship betweer	n interested per	rson and the	(c)	Amoun	t and t	ype of	assista	ınce
					orga	nization							
									-		-		

Part IV	Business Transactions Involving Complete if the organization answered "Yes"				a, 28b, or 28	c.							
- sw-	(a) Name of interested person	(b)	Relation rested	onship between person and the	(c) Am	ount of action	(d) Descr	iption	of trans	saction		of o	haring org. nues?
			orga	anization								Yes	No
				010111									
												ļ	
		+										-	

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

RUSHMORE ELECTRIC POWER COOP	46-0226551
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEI	R RIGHTS
EACH MEMBER COOPERATIVE ELECTS ONE OF THEIR BOARD OF DIRE	CTORS TO BE ON THE
BOARD OF DIRECTORS OF RUSHMORE ELECTRIC POWER COOPERATIVE	ļ .
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO R	EVIEW FORM 990
MANAGEMENT HAS AN OUTSIDE CPA FIRM PREPARE THE FORM 990.	A COPY IS PROVIDED
TO THE BOARD OF DIRECTORS TO REVIEW AFTER FILING. MANAGEM	MENT REVIEWS AND
APPROVES THE FORM 990 BEFORE FILING.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS PO	DLICY
THE GENERAL MANAGER AND BOARD OF DIRECTORS ARE RESPONSIBL	E FOR MONITORING
AND ENFORCING THE CONFLICT OF INTEREST POLICY AT ALL COMM	NITTEE AND BOARD
MEETINGS.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TO	P OFFICIAL
A YEARLY COMPENSATION STUDY IS PREPARED BY THE NATIONAL F	RURAL ELECTRIC
COOPERATIVE ASSOCIATION. THE STUDY INCLUDES NATIONAL, RE	GIONAL, STATE AND
LOCAL WAGE COMPARISONS FOR EACH POSITION IN THE COOPERATI	VE. THE BOARD OF
DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE GE	NERAL MANAGER.
DOCUMENTATION OF COMPARABLE DATA IS MAINTAINED.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OF	FICERS
THE GENERAL MANAGER ALSO ASSUMES THE ROLE OF FINANCE OFFI	CER.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No. 1545-0047

Open to Public

(f)Direct controlling Inspection Employer identification number entity 46-0226551 (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity Attach to Form 990. RUSHMORE ELECTRIC POWER COOP (a) Name, address, and EIN of disregarded entity Name of the organization Parti

ause it	(f) Direct controlling entity		
art IV, line 34 beca	(e) Public charity status (if section 501(c)(3))		
es" to Form 990, P	(d) Exempt Code section		
zation answered "Y	(c) Legal domicile (state or foreign country)		
mplete if the organi the tax year.)	(b) Primary activity		
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(a) Name, address, and ElN of related organization		
Part			

Schedule R (Form 990) 2009

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

Page 2 (j) General or managing partner? Yes No amount in box 20 of Schedule K-1 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (i) Code V—UBI (Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (h) Dispro-portionate alloc.? Kes (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) 46-0226551 (d)
Direct controlling pentity (c) Legal domicile (state or country) foreign (b) Primary activity Schedule R (Form 990) 2009 RUSHMORE ELECTRIC POWER COOP Name, address, and EIN of related organization <u>a</u> Part IV Part III

(a) (b) (c) (d) (e)	(q)	(0)	(p)	(e)	(j)	(6)	(1)
Name address and FIN of related organization	Primary activity	Legal domicile	Direct controlling	Type of entity	Share of total income	Share of	Percentage
אמוופי, מעתופסט, מווע בווא טו ופומפע טו שמווגמעטו		(state or	entity	(C corp, S corp,		end-of-year assets	ownership
		foreign country)		or trust)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
RUSHMORE COMMUNICATIONS							
1715 CAMBELL ST							
RAPID CITY SD 57701							
46-0447025	COMMUNICAT	SD		บ	10,313	168,318	100.00000
			200				
					:		
						3	
DAA		7				Schedule F	Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) PartV

Note. Complete line 1 if any entity is listed in Parts II III or IV of this schedule.		Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		10000
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
		1h x
other assets to other organization(s)		1i X
k Performance of services or membership or fundralsing solicitations for other organization(s)		4 1 1
l Performance of services or membership or fundraising solicitations by other organization(s)		×
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		10 🛪
p Reimbursement paid by other organization for expenses		Tp x
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s)		1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transact	and transaction thresholds.	
(a)	(q)	(c)
Name of other organization	Transaction	Amount involved
	type (a-r)	
	ſ	
(1) RUSHMORE COMMUNICATIONS	ח	~ I
(2) RUSHMORE COMMUNICATIONS	ц	110,157
(3)		
(4)		
(5)		
(9)		
		Schedule R (Form 990) 2009

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

46-0226551

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

of gloss teveride, that was not a refaced organization. One manufactoris regarding exclusion	2	iletit partileisinps.			•		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	Are all partners section	(e) Share of end-of-year	Disproportionate allocations?	(9) Code V—UBI amount in box 20	General or managing
		country)	501(c)(3) organizations?	assets		of Schedule K-1 (Form 1065)	partner?
			Yes No		Yes No		Yes No
		,					
	·					·	
						:	
						Schedule R (F	Schedule R (Form 990) 2009

Form	990-T		Exempt Org (a	anization Businend proxy tax under	ess l sectio	ncome Tax R n 6033(e))	eturn		OMB No. 1545-0687
D	the tof the Treesury		For calendar ye	ar 2008 or other tax year			, and		pen to Public Inspection
Intern	rtment of the Treasury al Revenue Service		ending			See separate instru			01(c)(3) Organizations Only
A	Check box if address changed		Name of organization	(Check box if name ch	anged an	d see instructions.)			ification number
_	exempt under section			armompio pove	ac	NOT.		trust, se	ee instructions for Block D
2	X 501(C)(12)	Print		ELECTRIC POWE			on page 9.) 46-02	226	551
_	408(e) 220(e)	or		r suite no. If a P.O. box, see page 9 (of instructio	ns.			
-	408A 530(a)	Type	PO BOX 24						ness activity codes
	529(a)		City or town, state, and		D 57	700	9000		for Block E on page 9.)
	Book value of all assets		RAPID CIT				2000	<u> </u>	
ā	at end of year		roup exemption numb	er (See instructions for Bl		501(c) trust	401(a) trus	st .	Other trust
<u> </u>	Describe the organization				radon	1 1 30 1(0) 11 431	1 1 101(4) 1146		1 00,000
H	TOWER RENT		ary difficiated basiles	o douvity.					
			oration a subsidiary i	n an affiliated group or a p	arent-s	ubsidiary controlled	group?		Yes X No
	f "Yes," enter the name								
1			, ,	· ·					
J	The books are in care o	f ▶ V	ICTOR SIMM	ONS		Te	lephone number	<u>► 6</u>	05-342-4759
Aug 117 No.			e or Business In	come		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sale	S							
b	Less returns and allow	vances		c Balance ▶	1c			1. 1.0%	
2	Cost of goods sold (S	chedule	A, line 7)		2				
3	Gross profit. Subtract				ا د ا				
4a				.,.,.,.			1.00		
b	Net gain (loss) (Form	4797, Pa	art II, line 17) (attach	Form 4797)	4b				
С	Capital loss deduction	for trus	ts		4c				
5									
6	Rent income (Schedu	ile C)			6				
7	Unrelated debt-financ								
8	Interest, annuities, royalti	es, and re	ents from controlled organ	nizations (Schedule F)	8		<u> </u>		
9	Investment income of a s	ection 50	1(c)(7), (9), or (17) organi	zation (Schedule G)	9				
10	Exploited exempt acti	vity inco	me (Schedule I)		10				
11	Advertising income (S	Schedule	J)		11			eria cres.	1 500
12	Other income (See page 11 of	the instructi	ons; attach schedule.)	SEE STMT 1	12		8		1,608
13	Total Combine lines	3 throug	h 12		13	1,60		1 4!	1,608
P	art II Deduction	ns No	t Taken Elsewhe	ere (See page 11 of	the ins	structions for im	intations on dec	aucu	ons.)
				tions must be direct					Tincome.)
14				Schedule K)				14	-
15								16	
16								17	
17								18	
18								19	
19								20	161
20				ctions for limitation rules.)				20	
21	Depreciation (attach	Form 45	62)			21		22b	0
22				where on return				23	
23	Depletion		,					24	
24								25	
25								26	
26								27	
27								28	
28								29	1
29				roting loss doduction. Sub				30	
30				rating loss deduction. Sub				31	
31				t on line 30)				_	
32				33 instructions for excepti				33	
33				e 33 from line 32. If line 33				1	<u> </u>
34								34	447

Pa	irt III Tax Computation	mujetini M
35	Organizations Taxable as Corporations. See instructions for tax computation on page 15.	
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
	(1) \[\\$ \] (2) \[\\$ \] (3) \[\\$	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	
	(2) Additional 3% tax (not more than \$100,000)	35c 67
С	Income tax on the amount on line 34	35c 67
36	Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on	
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36
37	Proxy tax. See page 16 of the instructions	37
38	Alternative minimum tax	38 67
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39
Pa	Tax and Payments Forcing tay gradit (comparations attach Form 1118; trusts attach Form 1116) 40a	
40a	Poleigi Lax George Corporations attack of the first and the first attack of the first	
b	Other credits (see page 17 of the instruction)	
C	General business credit. Attack 1 cm cook	
d	Of Oak for prior year rimmer and (40e
е	Total credits. Add lines 40a through 40d	41 67
41	Subtract line 40e from line 39	42
42	Check if from: Form 4295 Form 6611 Form 6617 F	43 67
43	Payments: A 2007 overpayment credited to 2008	10
44a	2008 estimated tax payments	
b	Tax deposited with Form 8868 44c	1
c d	Foreign organizations: Tax paid or withheld at source (see instructions) 44d	
e	Backup withholding (see instructions) 44e	
f		
•	Other credits and payments: ☐ Form 2439 ☐ Other Total ► 44f ☐ 44f ☐ Compare the compared to the compared	
45	Total payments. Add lines 44a through 44f	45
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47 67
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48
49	Enter the amount of line 48 you want: Credited to 2009 estimated tax ▶ Refunded ▶	49
P	art V Statements Regarding Certain Activities and Other Information (see instructions of	n page 18)
1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial	Yes No
	account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign	X
	Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	· · · · · · · · · · · · · · · · · · ·
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign transferor to.	ust?
	If YES, see page 5 of the instructions for other forms the organization may have to file.	
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$	
Scl	hedule A—Cost of Goods Sold, Enter method of inventory valuation ▶	6
1	Inventory at beginning of year 1 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from	
2		7
3 4 a	COST OF IGNORAL PROPERTY OF THE COST OF TH	Yes No
+a b		
_	(attach schedule)	Seattle of the season of the s
5	Light regulities of parity. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believes	ef, it is true,
e:	correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge.	May the IRS discuss this return with
Sig		he preparer shown below (see
пе		nstructions)? X Yes No
	Date of the second of the seco	Preparer's SSN or PTIN
Pa		ed P00179985
	RETEL THORSTENSON, LLP	
	PO DOLV I I I I I I I I I I I I I I I I I I I	EIN 46-0257538
<u> </u>	address, and ZIP code RAPID CITY, SD 57709-3140	Phone no. 605-342-5630
		Form 990-T (2008)

Add columns 6 and 11.

Enter here and on page 1.

Part I, line 8, column (B).

Add columns 5 and 10.

Enter here and on page 1,

Part I, line 8, column (A).

(4)

Schedule G—Investment In (see instructions on page 2		ection	n 501(c)(7), (9)), or (17) Organ	izatio	n			
1 Description of income		2 /	Amount of income	3 Deductions directly connec (attach schedu	ted	I	-asides schedule)	l l	Total deductions d set-asides (col. 3 plus col.4)
(1) N/A			<u></u>						
(2)									
(3)									
(4)									
Totals	•	Enter Part	r here and on page 1, I, line 9, column (A).						er here and on page t I, line 9, column (B).
Schedule I—Exploited Exer	npt Activity I	ncon	ne, Other Thai	n Advertising Ir	ncome	e (see inst	ructions	on page	e 21)
1 Description of exploited activity	2 Gross unrelated business incom from trade or business	ne .	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gr from is no	ross income activity that of unrelated ness income	6 Exp	penses itable to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A									
(2)					ļ				
(3)					ļ				
(4)							<u> </u>		Forter base and
	Enter here and page 1, Part I line 10, col. (A		Enter here and on page 1, Part I, line 10, col. (B).						Enter here and on page 1, Part II, line 26.
Totals Schedule J—Advertising In	come (see ii	nstru	ctions on page	21)		<u> </u>	ec cours scamour se se		
Part I Income From F	Periodicals R	epor	ted on a Cons	olidated Basis					
1 Name of periodical	2 Gross advertising income		3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	Circulation Income	1	adership osts	7 Excess readersh costs (column 6 minus column 5, but not more than column 4).
(1) N/A (2) (3)									
Totals (carry to Part II, line (5)) > Part II Income From F	Periodicals R	Repor	ted on a Sepa	rate Basis (For	each	periodical	listed in	n Part II,	fill in
columns 2 thro	ugh 7 on a li	ne-by	/-line basis.)						
(1) N/A									
(2)									
(3)							ļ		
(4)				n waare in the street of the state of the state of	SATISFIES CONTROL	W. A CONTROL OF CONTRO		ark TVCSearAdZ	2
(5) Totals from Part I									
	Enter here and page 1, Part line 11, col. (A	ι,	Enter here and on page 1, Part I, line 11, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	1.000				tri ict;	0000000	30 00)		<u> </u>
Schedule K—Compensation	on of Officers	s, Dir	ectors, and Tr	rustees (See Ins	sti UCTI	3 Perce time devo busine	nt of ted to		nsation attributable to elated business
N/A				<u> </u>			%		
T# / 44							%		
							%		
							-1		

Total. Enter here and on page 1, Part II, line 14.

Federal Statements 46-0226551 Statement 1 - Form 990-T, Part I, Line 12 - Other Income Amount Description 1,608 TOWER RENT 1,608 TOTAL

Form

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)

OMB No. 1545-0047 2008 Open to Public Inspection

> Yes Form 990 (2008)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2008 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: Please C Name of organization use IRS RUSHMORE ELECTRIC POWER COOP Address change label or 46-0226551 Doing Business As print or Name change Room/suite Telephone number Number and street (or P.O. box if mail is not delivered to street address) type. Initial return See 605-342-4759 PO BOX 2414 Specific 42,278,900 Termination G Gross receipts\$ City or town, state or country, and ZIP + 4 Instruc-SD 57709 RAPID CITY Amended return tions. H(a) Is this a group return for F Name and address of principal officer: Application pending X No VICTOR SIMMONS affiliates? Yes H(b) Are all affiliates included? PO BOX 2414 SD 57709 RAPID CITY If "No," attach a list, (see instructions) **X** 501(c) (**12**) ◀ (insert no.) 4947(a)(1) or Website: WWW.RUSHELEC.COM H(c) Group exemption number ▶ Year of formation: 1950 Type of organization: X Corporation Trust M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: WHOLESALE POWER SUPPLIER TO DISTRIBUTION COMPANY Activities & Governance Check this box ▶ │ │ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 25 5 Total number of employees (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 1,608 7a 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34______ 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) Revenue 7,100,952 1,270,135 9 Program service revenue (Part VIII, line 2g) 41,310 43,836 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,406,957 2,268,507 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,549,219 3,582,478 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) 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,762,180 1,636,287 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) 1,042,691 1,175,318 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,678,978 2,937,498 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,611,721 903,500 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Year 5 31,239,105 24,783,831 20 Total assets (Part X, line 16) 3,040,958 4,249,499 21 Total liabilities (Part X, line 26) 21,742,873 26,989,606 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. Sign KETEL THORSTENSON, LLP. CPA'S Here Signature of officer VICTOR SIMMONS QUINCY ST. RAPID CITY. SD 57701 GENERAL MANAGER Type or print name and title Preparer's identifying number Check if Preparer's Paid P00179985 employed signature Preparer's 46-0257538 KETEL THORSTENSON. LLP EIN Firm's name (or yours Use Only PO BOX 3140 if self-employed), no. > 605-342-5630 address, and ZIP + 4 57709-3140 RAPID CITY, SD

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

Form 990 (2008)

_ Pe	art IV Checklist of Required Schedules		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	
1		1		x
2	complete Schedule A 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			1
-	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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,"	ł		
	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			1
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			l
	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		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	١		
	Parts VI, VII, 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	40	v	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	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 U.S.?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14b		x
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	140		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	13		 -
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		x
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	17		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e. If 17es, complete Schedule G, Part II. Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	<u> </u>	Х
18	Did the organization report more than \$15,000 total on Fart VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
19	Did the organization report more than \$15,000 on Part vin, line sai in Tes, complete Schedule B. Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20		х
20	Did the organization operate one of more hospitals? If "Fes," complete Schedule I, Parts I and If	21		x
21 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			
23	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 questions			
	24b–24d and complete Schedule K. If "No," go to question 25.	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		}	
_	to defease any tax-exempt bonds?	24c	<u> </u>	
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	<u> </u>	<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			1
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	ļ	<u> </u>
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, or			45
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	X (2000)

Part IV Checklist of Required Schedules (continued)		Yes	No
B During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a 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,			
	28a		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	28b		x
and the state of t			
	28c		X
And and the state of the state			X
and the second s			
	30		x
conservation contributions? If "Yes," complete Schedule M		-	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
Part I		1	
2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complet	32		x
Schedule N, Part II		 	
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	1	$ \mathbf{x} $
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		-	
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		\mathbf{x}	
III, IV, and V, line 1	34	 ^	\vdash
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
6 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relate	d		ļ
organization? If "Yes," complete Schedule R, Part V, line 2	36		—
7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ı		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
VI		m 99 0	X

	Р	age 5
	Yes	No
10	X	
2b 3a	X	
3b	Х	
4a 5a		X
5b		X
5c 6a		X
6b 7a 7b		X
7c 7e		x
7f 7g		x
7h 8	1	
9a		
30		

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	3-8
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			İ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			v
	account)?	4a		<u> </u>
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		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	100		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	5c		
_	Regarding Prohibited Tax Shelter Transaction? Did the organization solicit any contributions that were not tax deductible?	6a		х
6a -	Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	10	6b		
7	giπs were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
' a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		33.5	
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		x
	required?	711		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8	28.800.00	C. 200 200
_	organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
9	Did the organization make any taxable distributions under section 4966?	9a	120.00000000	
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]]		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a 35,284,203	1 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		23000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

For each "Yes' response to lines 2-75 bollow, and for a "No" response to lines 8 or 95 below, describe the cramatamoses, processes, or changes in Schedule O. See Instructions. If all 8	Sec	tion A. Governing Body and Management			Т	<u> </u>
communications, processes, or changes in Schedule O. See instructions. Enter the number of voling members that are independent. Did any officer, director, trustee, or key employees? Obtain officer, director, trustee, or key employees? Obtain officer, director, trustee, or key employees? Obtain officer, director, trustee, or key employees to a management during by our under the direct supervision officers, directors or trustees, or key employees to a management of the direct supervision officers, directors or trustees, or key employees to a management officers officers or trustees. It is a supervision of officers, directors or trustees, or key employees to a management officers of the organization have members or stockholders? Obtain organization have members or stockholders? Does the organization have members of stockholders? Obsess the organization have members of stockholders? Obsess the organization have members, stockholders, or other persons who may elect one or more members of the governing body? The governing body? A The governing body? A The governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body subset to approve the very try to following: A The governing body? B Each committee with authority to act on behalf of the governing body subset to approve the very try to following: A The governing body? B Each committee with authority to act on behalf of the governing body and the subset of the organization was set that operations are consistent with those of the organization? B W S S S S S S S S S S S S S S S S S S					Yes	No
1s Enter the number of voling members of the governing body 1st 1st 2st 1st 2st 2st 2st 2st 2st 2st 2st 2st 2st 2		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	e the			
be find in the number of voting members that are Independent District in the number of voting members that are Independent District in the number of voting members that are Independent District in the number of voting members at any problems of any other officer, director, trustee, or key employee to any other officer, director, trustee, or key employee to a management outside sustainably or under the direct supervision of riferoar, directors or trustees, or key employee to a management company or other person? Did the organization have members or stockholders? Did the organization have members or stockholders? Does the organization have members or stockholders? To Does the organization have members or stockholders? To Does the organization have members or stockholders? To Does the organization have members or stockholders? To Does the organization have members or stockholders? To Does the organization have members or stockholders? To Does the organization have members or stockholders? To Does the organization have members or stockholders? To Does the organization have members or stockholders? The year by the following: The governing body? Bissource the following: The governing body? Bissource the following: The governing body? Bissource the organization have well the policies and procedures governing the activities of such chapters. Bissource the organization have well the policies and procedures governing the activities of such chapters. Bissource the organization have well the policies and procedures governing the activities of such chapters. Bissource the organization have well the policies and procedures governing the activities of such chapters. Bissource the organization have well the policies and procedures governing the activities of such chapters. Bissource the organization well and the policies and procedures governing the activities of such chapters. Bissource the organization have a written policies or the organization to reached at the organization or such activities and		circumstances, processes, or changes in Schedule O. See instructions.				
be enter the number of voting members that are independent any other officer, director, trusted, or five yemployee 7 2	1a			4-1		
any other officer, director, fuselise, or key employee? 3 Did the organization delegate control over management dusies customarily performed by or under the direct supervision of officers, directors of trustees, or key employees to a management company or other person? 5 Did the organization have make any significant changes to its organization and couments since the prior Form 900 was filed? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 A rar any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 The governing body? 5 A rar any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Does the organization have written policies and procedures governing the schilders of such chapters, branches, or affiliates, and branches to ensure their operations are consistent with those of the organization? 9 Does the organization have written policies and procedures governing the schilders of such chapters, branches, or affiliates, and branches to answer their operations are consistent with those of the organization? 10 Was a copy of the Form 900 provided to the organization spowering body referre it was flied? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 900 10 X 11 Is there any officer, director or trustee, or key employee itself in Part VII, Section A, Who cannot be reached at the organization have a written document retention and destruction policy? 10 Does the organization have a written document retention and destruction policy? 11 Is the result of the process if favry, the organization of th	b	Enter the number of voting members that are independent		_		
any other officer, director, fuselise, or key employee? 3 Did the organization delegate control over management dusies customarily performed by or under the direct supervision of officers, directors of trustees, or key employees to a management company or other person? 5 Did the organization have make any significant changes to its organization and couments since the prior Form 900 was filed? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 A rar any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 The governing body? 5 A rar any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Does the organization have written policies and procedures governing the schilders of such chapters, branches, or affiliates, and branches to ensure their operations are consistent with those of the organization? 9 Does the organization have written policies and procedures governing the schilders of such chapters, branches, or affiliates, and branches to answer their operations are consistent with those of the organization? 10 Was a copy of the Form 900 provided to the organization spowering body referre it was flied? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 900 10 X 11 Is there any officer, director or trustee, or key employee itself in Part VII, Section A, Who cannot be reached at the organization have a written document retention and destruction policy? 10 Does the organization have a written document retention and destruction policy? 11 Is the result of the process if favry, the organization of th	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with			
Section B. Policies Section Se		any other officer, director, trustee, or key employee?		2		<u> </u>
supervision of officers, directors or frustees, or key employees to a management company or other person? A X Did the organization become aware during the year of a material diversion of the organization? B X Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? D oes the organization contemporaneously document the meetings held or written actions undertaken during the year of the governing body? D Are any decisions of the governing body subject to approval by members, stockholders, or other persons? D Are any decisions of the governing body? D Are any decisions of the governing body? B D Are any decisions of the governing body? B D Are any decisions of the governing body? B D Are any decisions of the governing body? B E Each committee with authority to act on behalf of the governing body? B D E Each committee with authority to act on behalf of the governing body? B D E E E organization have to cal chapters, branches, or affiliates? 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? D W Sas a copy of the Form 990 provided to the organization's governing body before it was filed? All organization must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 W Sas a copy of the Form 990 provided to the organization's governing body before it was filed? All organization must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 W S Is here any officer, director or rustee, or key employee island in Part VII, Section A, who cannot be reached at the organization have a written conflict of interest policy? If "No," go to line 13 D D Ses the organization have a written conflict of interest policy? If "No," go to line 13 D D Ses the organization have a written conflict of interest policy or procedur	3	Did the organization delegate control over management duties customarily performed by or under the	e direct			
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 X 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Does the organization have members or stockholders? 8 Does the organization have members or stockholders? 9 Does the organization nave members or stockholders? 10 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 11 Description of the governing body? 12 Description of the governing body? 13 Description have been been provided to the organization of the governing the activities of such chapters, affiritiates, and branches to ensure their operations are consistent with those of the organization? 12 Description of the Governing browledge the organization uses to review the Form 990 13 Description B. Politicies 14 Description B. Politicies 15 Description B. Politicies 16 Description B. Politicies 17 Description B. Politicies 18 Description B. Politicies 19 Description in Schedule O the process, if any, the organization uses to review the Form 990 14 Description B. Politicies 15 Description B. Politicies 16 Description B. Politicies 17 Description B. Politicies 18 Description B. Politicies 19 Description in Schedule O how this is done 19 Description in Schedule O how this is done 10 Description in Schedule O how this is done 10 Description in Schedule O how this is done 11 Description in Schedule O how this is done 12 Description in Schedule O with the organization of the following persons include a review and approval by independent persons, comprehility data, and contemporareous usubstantiation of the desiberation and desiston: 15 Description or New Year propriets of the organization of the following persons include a review and approval by i		supervision of officers, directors or trustees, or key employees to a management company or other per	erson?	3		
5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Dees the organization have members or stockholders. 7b Ava any decisions of the governing body? 8b Ava any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Ava any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Ava any decisions of the governing body subject to approval by members, stockholders, or other persons? 7c Ava the governing body? 8c Ava any decisions of the governing body subject to approval by members, stockholders, or other persons? 7c Ava the governing body? 8c Ava the governing body? 8c Ava the governing body? 8c Ava the governing body? 9c Does the organization have local chapters, branches, or affiliates? 9c Does the organization have boal chapters, branches, or affiliates? 9c 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 Ava a copy of the Form 90 provided to the organization's governing body sefore It was flied? All organizations must describe in Schedule O the process, if any, the organization's governing body sefore It was flied? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 900 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 have a written conflict of interest policy? If "No." go to line 13 12e X 12e Ava officers, directors or frustees, and key employees required to disclose annually interests that could give rise to conflicts? 12e Does the organization have a written obstitely monitor and enforce compliance with the policy? If "Yes," described in Schedule O how this is toole 12e Does the organization ha	4	Did the organization make any significant changes to its organizational documents since the prior For	rm 990 was filed?			
6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Does the organization that surhority to act on behalf of the governing body? 9 Does the organization have local chapters, branches, or affiliates? 9 Does the organization have local chapters, branches, or affiliates? 9 If "Yes," foes 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? 9 Was a copy of the Form 990 provided to the organization uses to review the Form 990 provided to the organization uses to review the Form 990 provided to the organization uses to review the Form 990 provided the organization uses to review the Form 990 provided to the organization uses to review the Form 990 provided to the organization uses to review the Form 990 provided to the organization uses to review the Form 990 provided to the organization uses to review the Form 990 provided to the organization that the organization have a written conflict of interest policy? If "No," go to line 13 10 Does the organization have a written conflict of interest policy? If "No," go to line 13 11 Vas Note the organization have a written conflict of interest policy? If "No," go to line 13 12 Does the organization have a written organization and destruction policy? 13 Does the organization have a written organization and destruction policy? 14 X Does the organization have a written developed provided to the organization have a written organization? 15 Does the organization have a written developed to the organization of the deliberation and decision: 15 Does th	5			5		<u> </u>
7a	6	Does the organization have members or stockholders?	,	6	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the foliowing: 8 a X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the foliowing: 8 a X 9 a Does the organization have local chapters, branches, or affiliates? 9 a Does the organization have written policides and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 b If Yes,* does the organization have written policides and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 b Was a copy of the Form 990 provided to the organization regulation? 10 Was a copy of the Form 990 provided to the organization uses to review the Form 990 11 is there any officer, director or frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If Yes,* provide the names and addresses in Schedule O. 11 Section B. Policies 12 Does the organization have a written conflict of interest policy? If "No." go to line 13 12 A Text officers, directors or frustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the foliowing persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 15 Time organization's CEO, Execulti	7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers			
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		of the governing body?		7a	X	
the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization? b If "Yes," does the organization have written policies and procedures governing body before it was filted? All organizations must describe in Schodule O the process, if any, the organization soles to review the Form 990 10 Was a copy of the Form 990 provided to the organization is governing body before it was filted? All organizations must describe in Schodule O the process, if any, the organization uses to review the Form 990 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 12 Dees the organization have a written conflict of interest policy? If "No," go to line 13 12a Dees the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12b X 12c X 13 Dees the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Dees the organization have a written document retention and destruction policy? 13 X 14 Dees the organization have a written document retention and destruction policy? 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: 15 The organization have a written document retention	b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	sons?	7b	S 000 100 00 00 00	<u> X</u>
The governing body? 2 The governing body? 2 Each committee with suthority to act on behalf of the governing body? 3 Does the organization have local chapters, branches, or affiliates? 3 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? 3 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? 3 If yes, and the organizations 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 3 If yes, and the organization is mailing address? If "Yes," provide the names and addresses in Schedule O 4 If yes, and the organization have a written conflict of interest policy? If "No," go to line 13 5 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 4 Does the organization have a written whistleblower policy? 5 Does the organization have a written whistleblower policy? 4 Does the organization have a written whistleblower policy? 4 Does the organization have a written document retention and destruction policy? 5 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: 4 The organization's CEO, Executive Director, or top management official? 5 Did the process for determining compensation? 5 Describe the process for determining compensation? 6 Describe the process for determining compensation? 6 Describe the process for determining compensation? 7 Describe the process for determining compensation? 8 Describe the process for determining compensation? 8 Describe the process for det	8					
a The governing body? b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? 9b I**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 I** 9a I**X bi I**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 I** 9c I**						
b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? 9b Tey's, '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 Usas a copy of the Form 890 provided to the organization sycowning body before it was frieid? 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 maling address? If "Yes," provide the names and addresses in Schedule O 11 X Section B. Policies 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistletolower policy? 13	а			8a_		
9a Does the organization have local chapters, branches, or affiliates? 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				8b	X	
b ff "Yes," does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization spoverning body before it was flied? 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 malling address? If "Yes," provide the names and addresses in Schedule O 11 X Section B. Policies 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: 15a X b Other officers or key employees of the organization? 15a X b Other officers or key employees of the organization? 15a X b Other officers or key employees of the organization? 15a X b Other officers or key employees of the organization? 15a X b Other officers or key employees of the organization? 15a X b Other officers or key employees of the organization? 15a X b Other officers or key employees of the organization and entry the organization to evaluate its participation in joint venture arrangement with a taxable entity during the year? 15a X b Other officers or k				9a		<u> </u>
affiliates, and branches to ensure their operations are consistent with those of the organization? 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 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 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 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: 15a X 15b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements? 15a X 15b Constitution in Joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in venture arrangements. If you make these available. Check all that apply. 15b Own website organization be make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspect				İ		
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. 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 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this Is done 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this Is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 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: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? 15a X 15b X 15b X 15b X 15b X 15c X 15b X 15c X 15c X 15c X 15c X 15d B Y 15		affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		+2.5+
must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Is there any officier, 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 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this Is done 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this Is done 14 Does the organization have a written document retention and destruction policy? 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: a The organization's CEO, Executive Director, or top management official? 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 15 Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 18 Section 6.104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization m	10					
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 Yes No 12a Does the organization have a written conflict of interest policy? if "No." go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? if "Yes," describe in Schedule O how this is done 12b X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O, (see instructions) 16a Did the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15 Disclosure 16 Describe in Schedule O. Another's website [X] Upon request 19 Describe in Schedule O. 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, and financial statements available to the public. State the name, physical address, and telephonen number of the person who possesses the books and records of the organization: VICTOR SIMMONS PO BOX 2414				10	Х	
the organization's mailling address? If "Yes," provide the names and addresses in Schedule O Yes No Yes No 12a Does the organization have a written conflict of interest policy? if "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Does the organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization have a written document retention and destruction policy? The organization's CEO, Executive Director, or top management official? Did the process in Schedule O. (see instructions) Describe the process in Schedule O. (see instructions) The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? The organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements? Section C. Disclosure The organization's exempt status with respect to such arrangements? NONE Section C. Disclosure The states with which a copy of this Form 990 is required to be filed NONE Section G. Ordanical statements available to the public. Unon website Another's website Dupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the publi	11					
Section B. Policies Yes No.		the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>	11		<u> </u>
Yes No	Sec					
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ▼ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414			•			No
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15 List the states with which a copy of this Form 990 is required to be filed NONE Section C. Disclosure 16 Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: VICTOR SIMMONS PO BOX 2414	12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 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: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 75 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: VICTOR SIMMONS PO BOX 2414		Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give			:
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: VICTOR SIMMONS PO BOX 2414				12b	X	
describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13	С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"			
13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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: 15 The organization's CEO, Executive Director, or top management official? 15 Other officers or key employees of the organization? 15 Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X 16a X 16a X 16b V Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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 financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: VICTOR SIMMONS PO BOX 2414				12c	X	
14	13			13		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website ☐ Another's website ▼ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414				14	X	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414		Did the process for determining compensation of the following persons include a review and approva	l by			
a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website □ Another's website ▼ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414		independent persons, comparability data, and contemporaneous substantiation of the deliberation ar	nd decision:			
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414	а			15a		
Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 1					Х	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414						
with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ▼ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414	16a		ment			
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414				16a		X
its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414	b		uate			
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website ☐ Another's website ☒ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414	~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to sa	feguard			
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ▼ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414				16b		
17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ VICTOR SIMMONS PO BOX 2414	Sec					
Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Vulpon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► VICTOR SIMMONS PO BOX 2414						
available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► VICTOR SIMMONS PO BOX 2414		Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T				
Own website Another's website Vopon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: VICTOR SIMMONS PO BOX 2414	. •					
Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► VICTOR SIMMONS PO BOX 2414						
policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: VICTOR SIMMONS PO BOX 2414	19		conflict of interest			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: VICTOR SIMMONS PO BOX 2414	19					
organization: VICTOR SIMMONS PO BOX 2414	20	State the name, physical address, and telephone number of the person who possesses the books ar	nd records of the			
GD E7700 60E-242-4750	_0	DO BOY 2414				
	R	***************************************	SD 57709 60	05 - 34	2-4	759

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 <u>compensated employees</u>; and former such persons.

Check this box if the o	rganization did not comp	ensate	e any	offi	cer,	direc	ctor,	trustee, or key employee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Posit						Reportable compensation	Reportable compensation	Estimated amount of
	hours per week	Indi or c	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related	other
		direc	ituti	cer	/ err	bes Boy	mer	the organization	organizations (W-2/1099-MISC)	compensation from the
		jo ja	ona		plo	8 8		(W-2/1099-MISC)	(VV-2/1093-WIGC)	organization
		Individual trustee or director	tru		/ee	npe		·		and related organizations
		99	stee			nsa				organizationo
						ted				
JOHN VAN BEI										•
DIRECTOR	6	X						9,388	0	0
DARRELL NICH					ŀ					•
V PRESIDENT	3	X			<u> </u>		_	5,688	0	0
ALAN JOHNSON								F 475	0	·0
DIRECTOR	3	X		-		 		5,475	0	<u> </u>
GLEN REASER								E 300	0	0
TREASURER	3	x	_	ļ	_	-	-	5,300	<u> </u>	
JERRY HAMMEI		7.		l				4,838	0	0
PRESIDENT	3	X	┝		-	-	<u> </u>	4,000		
ROY IRELAND	3	\ .						4,238	0	0
DIRECTOR	3	X		_		\vdash	┼─	4,250		<u> </u>
CHARLES OLLI SECRETARY	3	x						4,063	0	0
JAMES NEWBOI		-			\vdash	1		2,000		
DIRECTOR	2	\mathbf{x}					•	3,275	0	0
VICTOR SIMMO		 			1					
GEN MANAGER	40			x				123,802	0	45,168
MICHAEL BOW										
ENGIN. MGR	40		ļ	<u> </u>		X		102,408	0	33,795
		5								
			-							
						1	T			
	1		1	1			1			

Part VII Section A	A. Officers, Directors, Trus	tees	, Ke	y Er	nplo	yees	, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	Avelage	Posit	-		k all t			(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
•										
•										
•										
•										
1b Total		. <u></u>					<u> </u>	268,475		78,963
2 Total number of ind organization ▶ 2	lividuals (including those in	1a) v	who	rece	eivec	l mor	e th	an \$100,000 in reportable o	compensation from the	
employee on line 1a 4 For any individual li the organization and individual	a? If "Yes," complete Sche sted on line 1a, is the sum d related organizations gre	dule of re ater t	J for port than 	suc able \$15 	con con 0,00	divida npen: 00? If n froi	ual satio "Y∈ m ai	oyee, or highest compensa on and other compensation es," complete Schedule J fo ny unrelated organization fo	from r such	4 X
		" cor	nple	te S	che	dule .	J for	such person		5 X
Section B. Independent 1 Complete this table compensation from	for your five highest comp	ensa	ted	inde	pend	dent	conf	tractors that received more	than \$100,000 of	
- Compensation wom	(A) Name and business address						Ţ.	Descrip	(B) otion of services	(C) Compensation
							L			
				<u> </u>						
							_			
					- 4\	l		sixed more than \$400,000 is	2	
2 Total number of ind compensation from		uaing	, tric	se II	1 1)	wno	ece	eived more than \$100,000 in	1	0
DAA										Form 990 (2008)

Pa	rt VI	II Statement of Rev	venue		(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		Federated campaigns	1a		18.5			
P S		Membership dues	1b					
ifts,		Fundraising events	1c					
s, g		Related organizations	1e					ng.
Sir		Government grants (contributions) All other contributions, gifts, grants,	16					
the	•	and similar amounts not included above	1f ^					
ntri	а	Noncash contributions included in lines						
ခ မ	-	Total. Add lines 1a-1f			\$1.00 miles (10 / 17) 1 (10 miles (10 / 10 miles (10 mi			
ne Le				Busn. Code				
ě	2a	G&T CAPITAL CREDI	TS		6,404,109	6,404,109		
§.	b	ENGINEERING REVENU	UE		688,397	688,397		
Ş.	С	OTHER CAPITAL CREI	DITS		8,446	8,446		
Program Service Revenue	d							
ra l	е							
ē.		All other program service re			7 100 053			
4		Total. Add lines 2a-2f			7,100,952			
	3	Investment income (including			30,310			30,310
	4	other similar amounts) Income from investment of	tax-exempt he	and proceeds	30,525			
	4	Royalties						
	5	(i) Rea		(ii) Personal				
	6a	<u></u>	9,240	5,503				
		Less: rental exps.						
			9,240	5,503				
	d	Net rental income or (loss)			44,743	3,895	1,608	39,240
	7a	Gross amount from (i) Secur		(ii) Other				
		sales of assets other than inventory	1,000					
	b	Less: cost or other						
		basis & sales exps.						
	С	Gain or (loss) 1	1,000					44 000
	d	Net gain or (loss)	<u></u>	<u>,</u>	11,000			11,000
	8a	Gross income from fundraising e	events					
Jue		(not including \$						
ver		of contributions reported on line	: 1c).					
Other Reven		See Part IV, line 18			-			
thei		Less: direct expenses						3.00
Ò		Net income or (loss) from fu		ents				
	9a	Gross income from gaming activ	1					
		See Part IV, line 19 Less: direct expenses			1			
		Net income or (loss) from g		es Þ				
		Gross sales of inventory, le		<u> </u>				
	ioa	1 11	a	34,598,298				
	b	Less: cost of goods sold	b	32,729,681				
		Net income or (loss) from s	ales of invent		1,868,617	1,868,617		
		Miscellaneous Reve		Busn. Code		San Staff		
	11a	LEASED EMPLOYEES-C	REDIT UNIO	й	259,392			259,392
	b	PAYROLL REIMBURSE-I	RCI		231,205			231,205
	С	ADMIN SERVICES - CI	REDIT UNIO	Ŋ	3,000	1		3,000
	d	All other revenue						
	е	Total. Add lines 11a-11d			493,597			
	12	Total Revenue. Add lines 1				0.0=0.45	1	F74 147
		9c, 10c, and 11e	<u> </u>	<u></u>	9,549,219	8,973,464	1,608	574,147

Statement of Functional Expenses Part IX

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).

	All other organizations must o		(B)	(C)	(D)
Do	not include amounts reported on lines 6b,	(A) Total expenses	Program service	Management and	Fundraising
<u>7b,</u>	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
4					
5	Compensation of current officers, directors,	166,067			
	trustees, and key employees	100,007			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,105,825			
8	Pension plan contributions (include section 401(k)	_			
	and section 403(b) employer contributions)	262,079			
9	Other employee benefits	130,446			
10	Payroll taxes	97,763			
11	Fees for services (non-employees):				
a	Management				
		6,914			
b	Legal	11,872			
C	Accounting	11/0/2			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2 267			1
g	Other	2,267			
12	Advertising and promotion	120,114			
13	Office expenses	38,273			
14	Information technology	92,598			
15	Royalties				
16	Occupancy	105,253			
17	Travel	45,496			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	86,708			
20					
	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	306,042			
22		500,042			
23	Insurance				
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.)	116 501			
а	EQUIPMENT AND VEHICLE	146,591			
b	SCADA CONTROL EQ. EXPENSE	118,085			
С	DUES AND SUBSCRIPTIONS	68,066			
d	MISCELLANEOUS	27,039			
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,937,498			
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	<u> </u>			Form 990 (2008)

Page 10

Ti	art A	Balance Sneet			(4)		(5)
					(A)		(B) End of year
					Beginning of year		Ello of year
	1	Cash—non-interest bearing				1	
	2	Savings and temporary cash investments			539,306	2	786,321
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		1	3,218,739	4	4,405,772
	5	Receivables from current and former officers, directors, t					
	J	employees, or other related parties. Complete Part II of S			1,926	5	1,629
	_	Receivables from other disqualified persons (as defined					
	6	• , ,					
		4958(f)(1)) and persons described in section 4958(c)(3)(6				6	
		Part II of Schedule L				7	
ts	7	Notes and loans receivable, net	<i></i> .				
Assets	8	Inventories for sale or use			32.006	8	25 105
As	9	Prepaid expenses and deferred charges	, ,		32,806	9	35,195
	10a	Land, buildings, and equipment: cost basis	10a	4,819,831			
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	10b	3,179,809	1,655,164	10c	1,640,022
	11					11_	
	12				117,277	12	113,407
	13	Investments—program-related. See Part IV, line 11			19,217,573	13	24,256,759
						14	
	14	Intangible assets			1,040		
	15				24,783,831		31,239,105
	16	Total assets. Add lines 1 through 15 (must equal line 34			2,912,852		4,111,191
	17	Accounts payable and accrued expenses	<i></i>		2,312,032		<u> </u>
	18	Grants payable				18	1,900
	19	Deferred revenue				19	1,900
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D)			21	
≝	22	Payables to current and former officers, directors, trustee	es, key				
ğ	ļ	employees, highest compensated employees, and disqu	alified				
Ë		O I I De III et Cabadula I				22	
	23	Secured mortgages and notes payable to unrelated third				23	
	24					24	
	25	Other liabilities. Complete Part X of Schedule D			128,106	25	136,408
	l	Total liabilities. Add lines 17 through 25			3,040,958	26	4,249,499
	26	Organizations that follow SFAS 117, check here	and				
nces			_ allu				
Ĕ		complete lines 27 through 29, and lines 33 and 34.				27	
Bala	27	Unrestricted net assets				28	
8	28	Temporarily restricted net assets				 	
2	29	Permanently restricted net assets	· · · · · · ·			29	
Fund			re▶ X				
ō		and complete lines 30 through 34.					000
	30	Capital stock or trust principal, or current funds	<i></i> .		800	30	800
Assets	31	Paid-in or capital surplus, or land, building, or equipment	t fund			31	
Si	32	Retained earnings, endowment, accumulated income, o	r other fu	nds	21,742,073		26,988,806
7	33				21,742,873		26,989,606
Net	34	Total liabilities and net assets/fund balances			24,783,831	. 34	31,239,105
	art)						
	ait i	1 manda otatemente ana reporting					Yes No
		continue weath adveced to property the Form 900:	Cash 3	Accrual C	Other		
1	Ac	Counting mounds door to properly					2a X
2:		ere the organization's financial statements compiled or rev					
ŀ	o W	ere the organization's financial statements audited by an i	naepende	ent accountant?			
•	c If'	Yes" to lines 2a or 2b, does the organization have a comm	mittee tha	it assumes responsibilit	y for oversight of		2c X
	th	e audit, review, or compilation of its financial statements a	and selec	tion of an independent a	accountant?		2c X
3	a As	a result of a federal award, was the organization required					
		e Single Audit Act and OMB Circular A-133?			, ,		3a X
I	<u>o</u> [f '	'Yes," did the organization undergo the required audit or a	udits?			<u></u>	3b
							Form 990 (2008)

DAA

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

Employer identification number

RI	JSHMORE ELECTRIC POWER COOP		46-0226551
	ort I Organizations Maintaining Donor Advised Further the organization answered "Yes" to Form 990, I	nds or Other Similar Funds or Part IV, line 6.	Accounts. Complete if
	the organization and the second	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
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	t the assets held in donor advised	
5	funds are the organization's property, subject to the organization's excl		Yes No
•	Did the organization inform all grantees, donors, and donor advisors in		
6	used only for charitable purposes and not for the benefit of the donor o		
			Yes No
D-	impermissible private benefit? int II Conservation Easements. Complete if the organized in	anization answered "Yes" to For	
-	Purpose(s) of conservation easements held by the organization (check		
1	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically in	nportant land area
	Protection of natural habitat	Preservation of certified historic	
	Preservation of open space		
•	Complete lines 2a–2d if the organization held a qualified conservation	contribution in the form of a conservation	n easement
2	on the last day of the tax year.	SOMMODULO I I THE TOTAL OF A SOMEON VALOR	, odobinom
	of the last day of the tax year.		Held at the End of the Year
9	Total number of conservation easements		2a
a b	Total acreage restricted by conservation easements		اما
C	Number of conservation easements on a certified historic structure incl		1 - 1
d	Number of conservation easements included in (c) acquired after 8/17/		, i
3	Number of conservation easements modified, transferred, released, ex		
3	the taxable year	, ,	-
4	Number of states where property subject to conservation easement is	located ►	
5	Does the organization have a written policy regarding the periodic mon		
Ŭ			Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	easements during the year 🕨 💲	
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes Mo
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense statem	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	describes
	the organization's accounting for conservation easements.		
Pa	organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to	Form 990, Fartiv, line o.	
	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and halance of	heet works of
1a	art, historical treasures, or other similar assets held for public exhibition	n education or research in furtherance	of public service
	provide, in Part XIV, the text of the footnote to its financial statements	that describes these items	or public dol vido;
	provide, in Part XIV, the text of the loothole to its infancial statements	that describes these terre.	
h	If the organization elected, as permitted under SFAS 116, to report in i	ts revenue statement and balance sheet	t works of art,
b	historical treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of p	ublic service,
	provide 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		L A
•	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, o	provide the
2	following amounts required to be reported under SFAS 116 relating to		
_			> \$
a	Revenues included in Form 990, Part VIII, line 1		. .
þ	Assets included in Form 990, Part X		′ *

Sche	dule D (Form 990) 2008 RUSHMORE I	ELECTRIC P	OWER COOP		226551	Page 2
0.0000000000000000000000000000000000000	rt III Organizations Maintaining	Collections of	Art, Historical Treas	sures, or Other	Similar Asset	s (continued)
	Using the organization's accession and other ritems (check all that apply):					
		. □ .	oan or exchange progran	ne		
а	Public exhibition		oan or exchange program Other			***
b	Scholarly research	e 🗀 (oner			
С	Preservation for future generations					
4	Provide a description of the organization's coll Part XIV.	ections and explain	how they further the orga	nization's exempt p	urpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as pa	art of the organization's co	ollection?		Yes No
Pa	Trust, Escrow and Custodi Part IV, line 9, or reported a	al Arrangement	ts. Complete if orga orm 990 Part X line	nization answe - 21	red "Yes" to ⊦o	orm 990,
4.0	Is the organization an agent, trustee, custodia					
та	_					Yes No
	included on Form 990, Part X?	and complete the following				
b	If "Yes," explain the arrangement in Part XIV a	and complete the lor	lowing table.			Amount
					1c	
	Beginning balance				4.1	
	Additions during the year				4-	
	Distributions during the year					
f	Ending balance				1f	
2a	Did the organization include an amount on For	rm 990, Part X, line	21?			_ Yes _ No
	If "Yes," explain the arrangement in Part XIV.		1 (() ()	. E 000 D	- 4 D / E 40	
Pa	rt V Endowment Funds. Comple			to Form 990, P	art IV, line 10.	(2) 5
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance				1	
	Contributions					
	Grants or scholarships					
	Other expenditures for facilities					
•	·					
	and programs					
	Administrative expenses					
	End of year balance					
2	Provide the estimated percentage of the year		5.			
а	Board designated or quasi-endowment	· — — — [%]				
b	Permanent endowment ▶%					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held and adr	ninistered for the		V-a Na
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?			3b
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds.			
Pa	rt VI Investments—Land, Buildi	ngs, and Equip	ment. See Form 99	00, Part X, line	10	
	Description of investment	(a) Cost or other			epreciation	(d) Book value
	·	(investment)	basis (othe	r)		
10	Land		194	,716		194,716
	Land	1		,305	413,978	448,327
	Buildings			-		
	Leasehold improvements		3,762	2.810 2	,765,831	996,979
	Equipment		3,.02			
<u>е</u>	Other	form 990 Part V ca	lumn (B) line 10(c))		D	1,640,022
ı ota.	ı. Add imes Ta-Te. (Column (d) Should edual F	OHIL DOO, LAILA, CO	(<i>D)</i> , 10(0 <u>/1/</u>	<u> </u>	<u> </u>	

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

ightharpoons

136,408

Ps	edule D (Form 990) 2008 RODIMOTE 222011120 1011211 0001		
2000	art XI Reconciliation of Change in Net Assets from Form 990 to Financial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		9,549,219
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,937,498
3	Excess or (deficit) for the year. Subtract line 2 from line 1		6,611,721
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)		-1,364,988
9	Total adjustments (net). Add lines 4-8		-1,364,988
10			5,246,733
	art XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue per Return	
1			41,863,567
2			
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	Trecoveries of prior year granto	807,945	
	Add lines 2a through 2d		32,807,945
3			9,055,622
_			
4			
a	a involution expenses not included on the involution of the involu	493,597	
	Other (Describe III are No.)	140	493,597
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part 1, line 12.)		9,549,219
D.	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	nses per Retu	
		1	36,616,834
1			
2			
a	a Donated services and use of facilities 2a 2a	100,000	
	Prior year adjustments 2b	364 988	
С	Prior year adjustments Losses reported on Form 990, Part IX, line 25 2b 2c 1,	364,988	
c d	Prior year adjustments 2b 2 Losses reported on Form 990, Part IX, line 25 2c 1, 3 3 Other (Describe in Part XIV) 2d 32, 5	807,945	34 172 933
c d	Prior year adjustments 2b 2 Losses reported on Form 990, Part IX, line 25 2c 1, 3 3 Other (Describe in Part XIV) 2d 32, 5 4 Add lines 2a through 2d 32, 5	807,945 2e	34,172,933
c d	Prior year adjustments 2b 2 Losses reported on Form 990, Part IX, line 25 2c 1, 2d 3 Other (Describe in Part XIV) 2d 32, 3d 4 Add lines 2a through 2d 32, 3d 5 Subtract line 2e from line 1 32, 3d	807,945 2e	34,172,933 2,443,901
c d e	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	807,945 2e	34,172,933 2,443,901
c d e 3 4 a	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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	807,945 2e 3	34,172,933 2,443,901
c d e 3 4 a	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV)	807,945 2e 3	
c d e 3 4 a b	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV) Add lines 4a and 4b	807,945 2e 3 493,597	493,597
c d e 3 4 a b c	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	807,945 2e 3	
c d e 3 4 a b c 5	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information	807,945 2e 3 493,597 4c 5	493,597
c d e 3 4 a b c 5	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Implete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	807,945 2e 3 493,597 4c 5	493,597
c d e 3 4 a b c 5 P? Com	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b.	807,945 2e 3 493,597 4c 5	493,597
c d e 3 4 a b c 5 P? Com	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Implete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	807,945 2e 3 493,597 4c 5	493,597
c d e 3 4 a b c 5 P? Command	Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b.	807,945 2e 3 493,597 4c 5	493,597
c d e 3 4 a b c 5 P? Com and —	Prior year adjustments Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. PART XI, LINE 8 – RECONCILATION OF CHANGES – OTHER LOSSES REPORTED ON RETURN INTER-COMPANY ELIMINATING ACTIVITY – ENGINEERING	807,945 2e 3 493,597 4c 5 IV, lines 1b	493,597 2,937,498 1,364,988 78,264
c d e 3 4 a b c 5 P? Comand —	Prior year adjustments Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. PART XI, LINE 8 - RECONCILATION OF CHANGES - OTHER LOSSES REPORTED ON RETURN INTER-COMPANY ELIMINATING ACTIVITY - ENGINEERING COST OF POWER	807,945 2e 3 493,597 4c 5 IV, lines 1b	493,597 2,937,498 1,364,988 78,264 32,729,681
c d e 3 4 a b c 5 P? Comand —	Prior year adjustments C Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. PART XI, LINE 8 - RECONCILATION OF CHANGES - OTHER LOSSES REPORTED ON RETURN INTER-COMPANY ELIMINATING ACTIVITY - ENGINEERING COST OF POWER LEASED EMPLOYEES AND ADMIN FEE - CU	807,945 2e 3 493,597 4c 5 IV, lines 1b	493,597 2,937,498 1,364,988 78,264 78,264 32,729,681 262,392
c d e 3 4 a b c 5 P? Command — — — — — — — — — — — — — — — — — — —	Prior year adjustments C Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 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 Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II, 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. PART XI, LINE 8 - RECONCILATION OF CHANGES - OTHER LOSSES REPORTED ON RETURN INTER-COMPANY ELIMINATING ACTIVITY - ENGINEERING COST OF POWER LEASED EMPLOYEES AND ADMIN FEE - CU	807,945 2e 3 493,597 4c 5 IV, lines 1b	493,597 2,937,498 2,937,498 1,364,988 78,264 262,392 262,392 231,205

Part XIV Supplemental Information (continued)		
_COST_OF_POWER	_ \$3	2 <u>,729</u> ,681
_LEASED_EMPLOYEES_AND_ADMIN_FEECU	\$	_262 <u>,</u> 392
_PAYROLL_REIM-RCI	\$	_231,205_
PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIAL	Lso <u>T</u>	HER
_INTER-COMPANY_ELIMINATING_ACTIVITYENGINEERING	\$	_ <u>78,264</u> _
COST OF POWER	_ \$_ 3	2 <u>,</u> 729 <u>,</u> 681
PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN -	OTHER_	
LEASED EMPLOYEES AND ADMIN FEE - CU	\$	_262 <u>,</u> 392
PAYROLL REIMBURSE-RCI	\$	_231,205_
PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIA	ALS - C	THER
_INTER-COMPANY_ELIMINATING_ACTIVITYENGINEERING	\$	_ <u>78,264</u> _
COST OF POWER	_ \$_ 3	2 <u>,</u> 7 <u>2</u> 9 <u>,</u> 6 <u>8</u> 1
PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN	OTHER	<u> </u>
LEASED EMPLOYEES AND ADMIN FEE - CU		
_PAYROLL_REIM-RCI	\$	_231,205
		.
PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION		
PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER		
RETIREMENT OF CAPITAL CREDITS	\$-1,3 <u>6</u>	54 <u>,</u> 988
		. <u> </u>
		<i></i>

SCHEDULE J

(Form 990)

Compensation Information

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

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

OMB No. 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RUSHMORE ELECTRIC POWER COOP

Employer identification number 46-0226551

Pa	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			
	H · · · · · · · · · · · · · · · · · · ·			
	H			100
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
b	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
-	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the 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 X 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:			7.7
а	Receive a severance payment or change of control payment?			X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	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:	5a	30-20-00	
а		5b		
b	Any related organization?			
_	If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
6	compensation contingent on the net earnings of:			
_		6a		
	The organization? Any related organization?	6b		
b	Any related organization? 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			1
,	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		
		hedule J (Fo	· 00:	W SUUE

Page 2

Schedule J (Form 990) 2008 RUSHMORE ELECTRIC POWER COOP

Part II Officers, Directors, Trustees, Key Employees, and High

46-0226551

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		C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)–(D)	reported in prior Form 990 or Form 990-EZ
VICTOR SIMMONS	() 123,80	0	0	0	46,087	688'69T	0
	0 (ii)		0	0			0
	(E)						
	(II) (i)						
	(t) (t)						
`	(n) (n)			•••••			
	(i)						
	(ii)						
	(E)						
	(ii)						
	(0)						
	(E)						
	(II)						
	(n)						
	(ii)						
	(11)						
	(11)						
		- -				Schedul	Schedule J (Form 990) 2008

SCHEDULE L

(Form 990 or 990-EZ) Department of the Treasury **Transactions With Interested Persons**

► Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that 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.

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number 46-0226551 RUSHMORE ELECTRIC POWER COOP

Part I	Excess Benefit Transactions (s To be completed by organizations that ar	ection 501(c)(3) es" or	and section 501 Form 990, Par	(c)(4) organ t IV. line 25:	iizations only). a or 25b. or Fol	rm 990-E2	z, Par	t V. lir	ne 40I	o.		
			01	300,. 41		b) Description of					(c) C	orrecte	ed?
1	(a) Name of disqualified person		,			b) Description of	ransaction				Yes	N	0
												-	
									-			+	
under se	e amount of tax imposed on the organization							► \$ ► \$				<u></u>	
Part II	e amount of tax, if any, on line 2, above, re Loans to and/or From Intereste	ed Perso	ns.										
	To be completed by organizations that ar				1					(f) Ap	arauad	(g) W	rittor
(a) Name of interested person and purpose		oan to m the zation?	(c) Origin principal am		(d) Balance	e due	(e) in (default?	by bo		agreer		
		То	From					Yes	No	Yes	No	Yes	No
VICTOR COMPUTE	SIMMONS R		x		3,206		1,629		x	х		x	
			,										
								<u> </u>					
					<u> </u>		1,629					j	
Part III	Grants or Assistance Benefitti To be completed by organizations that a	ng Intere	estec	I Persons.			1,023			1			
	(a) Name of interested person	, jovi or or			ship between	interested perso	n and the	(c) Amo		grant o tance	r type	of
												_	
					"								
5 (1)(D. J. T. Stilled Involve	a later	2010	d Parsons									
Part IV	Business Transactions Involvi To be completed by organizations that a	nswered "Y	es" o	n Form 990, Pa	rt IV, line 28	3a, 28b, or 28c.						1 () 0	
	(a) Name of interested person		rested	nship between person and the	(c) Amo	ount of action	(d) Desc	ription	of tran	saction	1	(e) S of reve	ora.
			orga	anization								Yes	N

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RUSHMORE ELECTRIC POWER COOP	46-0226551
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOC	KHOLDERS
8 VOTING MEMBERS	
BODM OOO DADE UT IINE 78 - EIECHTON OF MEMPERS AND T	HETR RIGHTS
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND T	
EACH MEMBER COOPERATIVE ELECTS ONE OF THEIR BOARD OF D	
BOARD OF DIRECTORS OF RUSHMORE ELECTRIC POWER COOPERAT	IVE.
FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS US	ED TO REVIEW FORM 990
MANAGEMENT HAS AN OUTSIDE CPA FIRM PREPARE THE FORM 99	0. A COPY IS
PROVIDED TO THE BOARD OF DIRECTORS TO REVIEW AFTER FIL	ING. MANAGEMENT
REVIEWS AND APPROVES THE FORM 990 BEFORE FILING.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS	POLICY
THE GENERAL MANAGER AND BOARD OF DIRECTORS ARE RESPONS	IBLE FOR MONITORING
AND ENFORCING THE CONFLICT OF INTEREST POLICY AT ALL C	OMMITTEE AND BOARD
MEETINGS.	
TORK OOD DERWIT TIME 152 COMPENSATION DROCESS FOR	TOD OFFICIAL
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR	
A YEARLY COMPENSATION STUDY IS PREPARED BY THE NATIONA	L RURAL ELECTRIC
COOPERATIVE ASSOCIATION. THE STUDY INCLUDES NATIONAL,	REGIONAL, STATE AND
LOCAL WAGE COMPARISONS FOR EACH POSITION IN THE COOPER	ATIVE. THE BOARD OF
DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE	GENERAL MANAGER.
DOCUMENTATION OF COMPARABLE DATA IS MAINTAINED.	
TORY OLD DARR UT I THE 15D COMPENSATION PROCESS FOR	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR	OFFICERS

Name of the organization RUSHMORE ELECTRIC POWER COOP	Employer identification number 46-0226551
THE GENERAL MANAGER ALSO ASSUMES THE ROLE OF FINANCE O	FFICER.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCL	OSURE EXPLANATION
UPON WRITTEN REQUEST THE COOPERATIVE WILL MAIL OUT ANN	UAL REPORTS, RUS
REPORTS AND THE ARTICLES OF INCORPORATION TO NON-MEMBE	
RECEIVE THE ARTICLES OF INCORPORATION, BYLAWS, BOARD P	
RATE SCHEDULE, AUDIT REPORTS, MANAGEMENT AUDITS, POWER	
ENGINEERING STUDIES, LOAD STUDIES, ANNUAL REPORTS, RUS	REPORTS AND RATE
STUDIES.	
······································	

SCHEDULE R (Form 990)	Related Organ	Related Organizations and Unrelated Partnerships	related Partne	ships		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	► Attach to Form 990. To be completed by or	by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.	ered "Yes" to Form 990 uctions.	Part IV, line 33, 34, 35,	36, or 37.	Open to Public Inspection
Name of the organization	RUSHMORE ELECTRIC POWER COOP				Employer identific 46-0226551	Employer identification number 46–0226551
Part I Identific	Identification of Disregarded Entities					
Na	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
				,		
Part II Identific	Identification of Related Tax-Exempt Organizations					
	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
For Privacy Act and Pape	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	990.			Sch	Schedule R (Form 990) 2008

46-0226551

ŝ

Yes

× ×

19 10 ၁ 19

<u>4</u>

Schedule R (Form 990) 2008 RUSHMORE ELECTRIC POWER COOP

Transactions With Related Organizations

Part V

Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses e Loans or loan guarantees by other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Sharing of paid employees d Loans or loan guarantees to or for other organization(s) Lease of facilities, equipment, or other assets to other organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Transaction type (a-r) А ч 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Name of other organization(s) RUSHMORE COMMUNICATIONS RUSHMORE COMMUNICATIONS Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from other organization(s) r Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV. Gift, grant, or capital contribution to other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) h Exchange of assets Ε 0 ۵ $\widehat{\Xi}$ 3 3 3 N

×

×

×

× ×

19 무

#

×

×

ξ

×

×

9

19 ÷

(2)

9

Schedule R (Form 990) 2008

100,000

Amount involved

<u>ල</u>

93,536

Part VI Unrelated Organizations Taxable as a Partnership

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

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partners in pa-	ciusion loi certain inve	semileric parcificioni					
(A) Name address and FIN of entity	(B) Primary activity	(C) Legal domicile	(D) Are all partners	(E) Share of	(F) Disproportionate	(G) Code V—UBI	(H) General or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
			Yes No		Yes No		Yes No
					:	Schedule R (F	Schedule R (Form 990) 2008

Forms 990 / 990-PF

Receivables Due from Officers, Directors, Trustees, and Key Employees

, and ending

2008

Name

For calendar year 2008, or tax year beginning

RUSHMORE ELECTRIC POWER COOP

Employer Identification Number

46-0226551

		e of borrower			Title	
	VICTOR SIMMONS			GENERAL MA	ANAGER	
(2)						
(3)						
(4)						
(5)						
(<u>6)</u>						
(7)						
(8)						
(9)						
(10)						
			NA -4			Interest
	Original amount borrowed	Date of loan	Maturity date	Ren	payment terms	rate
(1)	3,206	VARIOUS	VARIOUS	36 MONTHS		0.000
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
		ided by borrower			Purpose of loan	
(1)	NONE			COMPUTER		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	Our of Least transfer for			Balance due at	Balance due at end of year	Fair market value (990-PF only)
(4)	Consideration fur	nished by lender		beginning of year 1,926	1,629	(000 1 1 0.11)
(1)				- 1/320		
(2)						· · · · · · · · · · · · · · · · · · ·
(3)					,	
(4)						
(5)						
(5)			ı	1		
(5) (6)						
(5) (6) (7)						
(2) (3) (4) (5) (6) (7) (8)						
(5) (6) (7) (8) (9)					1,629	

Federal Statements

Form 990 - Federal General Footnote

Description

AS DISCLOSED IN PART VI, LINE 7A, AND ATTACHMENT O, THE 8 MEMBER COOPERATIVES EACH ELECT ONE OF THEIR BOARD MEMBERS TO BE ON THE BOARD OF DIRECTORS OF RUSHMORE ELECTRIC POWER COOPERATIVE. AS A POWER SUPPLY COOPERATIVE, WE PROVIDE ELECTICAL POWER TO THESE 8 COOPERATIVES, WHO IN TURN DISTRIBUTETHE POWER TO THEIR MEMBERS. IN ADDITION, WE PROVIDE CERTAIN OTHER SERVICES TO OUR MEMBER COOPERATIVES, INCLUDING ENGINEERING SERVICES. ALL SERVICES AND ACTIVITES ARE PROVIDED ON SIMILAR TERMS WITH ALL MEMBERS. ALL ACTIVITIES ARE CONDUCTED AS THE INTEGRAL PART OF OUR TAX EXEMPT PURPOSE FOR OUR COOPERATIVE.