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

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

1. Name:	
2. Address:	
3. Email Address:	
4. Phone Number:	
* * * * *	
For Witnesses Representing Organizations:	
1. Name: R. Scott Corwin	
2. Name of Organization(s) You are Representing at the Hearing:	
Public Power Council	
3. Business Address: 825 NE Multnomah, Suite 1225 Portland, OR 97232	
4. Business Email Address: scorwin@ppcpdx.org	
5. Business Phone Number:	

For Individuals:

503-595-9775

#### For all Witnesses

Name/Organization - R. Scott Corwin, Public Power Council
Title/Date of Hearing - Oversight hearing on "The Power Marketing Administrations: A Ratepayer
Perspective" June 26, 2013

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- JD University of Washington School of Law; BA Dartmouth College
- 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.

District of Columbia Bar Assoc., Oregon Bar Assoc., APPA Advisory Committee and PMA Task Force, NRECA National Preference Customer Committee

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.

Executive Director, Public Power Council, former VP - PNGC Power, former US Senate Staff

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

None

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

#### **Witnesses Representing Organizations**

Name/Organization - R. Scott Corwin, Public Power Council

Title/Date of Hearing - Oversight hearing on "The Power Marketing Administrations: A Ratepayer Perspective." June 26, 2013

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

Secretary/Treasurer of PPC

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

No

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

Petitioners: **PPC**, other publics and trade groups, Investor Owned Utilities (IOUs)

Respondent: BPA

Ninth Circuit (Case Nos. 10-73393, etc.)

Whether BPA's Rate decisions in its WP-10 rate case are lawful; Pacific Northwest Power Planning and Conservation Act

Petitioners: **PPC**, other publics and trade groups, IOUs, State Commissions.

Respondent: BPA

Ninth Circuit (Case Nos. 09-73160, etc.)

Whether BPA's rate decisions from the WP-07 and WP-07 Supplemental Rate Cases are lawful; Pacific Northwest Power Planning and Conservation Act

Petitioners: **PPC**, other publics and trade groups, IOUs, APAC

Respondent: BPA

Intervenors: State PUCs, Citizens Utility Board (CUB)

Ninth Circuit (Case Nos. 08-74725, etc.)

Whether BPA lawfully determined the amount by which publics were overcharged in rates during FY 2002-2008 for costs of the Residential Exchange Program; Pacific Northwest Power Planning and Conservation Act

Petitioners: PPC, Alcoa, Canby, PNGC, Industrial Customers of Northwest Utilities (ICNU)

Respondent: BPA Intervenors: IOUs

Ninth Circuit (Case Nos. 10-70211, etc.)

Whether BPA's contract for service to Alcoa during FYs 2010-16 is lawful; Pacific Northwest Power Planning and Conservation Act

Petitioners: **PPC**, Canby, PNGC, Industrial Customers of Northwest Utilities (ICNU)

Respondent: BPA

Intervenors: IOUs, other trade groups Ninth Circuit (Case Nos. 11-71396, etc.)

Whether BPA's decision to forego recovery of payments made unlawfully to the DSIs is lawful; Pacific Northwest Power Planning and Conservation Act

Petitioners: PPC, another trade group, PacifiCorp; owners, producers and marketers of wind

Respondent: BPA

Intervenors: IOUs, publics, other trade groups, other wind parties

Ninth Circuit (Case No. 12-71634, etc.)

Whether BPA had lawful authority to adopt and implement the Oversupply Management Protocol; Pacific Northwest Power Planning and Conservation Act

Petitioners: PPC, NRU, The City of Seattle, NRECA, APPA, PNGC, Snohomish County PUD No. 1, BPA

Respondent: Federal Energy Regulatory Commission

Intervenors: IOUs, owners, producers and marketers of wind, other publics.

Ninth Circuit (Case Nos. 13-70391, etc.)

Whether FERC's order on BPA's 2011 Environmental Redisptach Policy is arbitrary and capricious; Pacific Northwest Power Planning and Conservation Act

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

#### None

l. 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)).

Attached as pdf files.

THE WEL GROUP, INC. 9755 SW BARNES ROAD, SUITE 660 PORTLAND, OR 97225

PUBLIC POWER COUNCIL 825 NE MULTNOMAH NO. 1225 PORTLAND, OR 97232

HaladadalaHadadlad

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

THE WEL GROUP, INC.

9755 SW Barnes Road, Suite 660

Portland, OR 97225
P (503) 233-1040 F (503) 233-1077

May 13, 2010

Public Power Council 825 NE Multnomah No. 1225 Portland, OR 97232

Public Power Council:

Enclosed is the organization's 2009 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

RICHARD CUNNINGHAM

## -orm **990**

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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
2009
Open to Public Inspection

A	or the	2009 ca	endar year, or tax year beginning and ending		
B	Check if applicable	e: Please	C Name of organization	D Employer identific	eation number
	Addres	label or print or	PUBLIC POWER COUNCIL		
	Name change	type.	Doing Business As	91-1	015971
	Initlal return Termin ated	See Specific Instruc-	Number and street (or P.O. box if mail is not delivered to street address) Room/st 8 2 5 NE MULTNOMAH 1225		595-9770
	Amend	ded tions.	City or town, state or country, and ZIP + 4	G Gross receipts \$	2679069.
	Applic	a-	PORTLAND, OR 97232	H(a) Is this a group re	turn
	pendir	F Nar	ne and address of principal officer:SCOTT CORWIN	for affiliates?	Yes X No
		361	6 SW 55TH DRIVE, PORTLAND, OR 97221	H(b) Are all affiliates inc	luded? Yes No
1	Гах-ехе	empt stati	us: X 501(c) ( 6	If "No," attach a	list. (see instructions)
			W.PPCPDX.ORG	H(c) Group exemption	
				ear of formation: $1977$ N	State of legal domicile: WA
P		Summ	<del> </del>		
ģ	1	Briefly de	+ + + + + + + + + + + + + + + + + + +	TE THE COMMON	
Activities & Governance	l .	OF CC	NSUMER-OWNED ELECTRIC UTILITIES. TO EN	SURE ACCESS T	O A
SLU3	2	Check thi	s box 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
Š	3	Number o	of voting members of the governing body (Part VI, line 1a)	3	21
<u>ه</u>			of independent voting members of the governing body (Part VI, line 1b)		0
es	5	Total num	ber of employees (Part V, line 2a)	5	10
Ν	6	Total num	nber of volunteers (estimate if necessary)	6	0
₹ct.	7a	Total gros	ss unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrel	ated business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
ē	8	Contribut	ions and grants (Part VIII, line 1h)		
ent	1	-	service revenue (Part VIII, line 2g)	2197295.	2574972.
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	18139.	28597.
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total reve	enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2215434.	2603569.
			nd similar amounts paid (Part IX, column (A), lines 1-3)		
			paid to or for members (Part IX, column (A), line 4)		
es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	1043049.	1158622.
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		
X	b		draising expenses (Part IX, column (D), line 25)		
ш	37		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	1219841.	1354262.
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2262890.	2512884.
	19	Revenue	less expenses. Subtract line 18 from line 12	-47456.	90685.
Net Assets or				Beginning of Current Year	End of Year
Sset	20		ets (Part X, line 16)	593811.	833602.
et A	21		ilities (Part X, line 26)	98635.	137092.
	22		ts or fund balances. Subtract line 21 from line 20	495176.	696510.
P	art II		Iture Block	nto, and to the heat of my knowled	as and hallof it is true, correct
		and compl	alties of perjury, I declare that I have examined this return, including accompanying schedules and stateme ete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	idge.	ge and belief, it is tide, correct,
Sig		তাল	nature of officer	L Date	
He	re			Dato	
		Tyr	COTT CORWIN, SEC/TREAS e or print name and title		
-			Inch	Check if Prepar	er's identifying number
Pai	d	Preparer' signature	5	self (see in	structions)
Pre	parer's	Firm's nam			
Use	Only	yours if self-emplo	THE WELL GROOF, THE.	EIN ▶	
		address, a	PORTLAND, OR 97225	Db /	503) 233-1040
N 4 -	u th = 11	ZIP + 4	s this return with the preparer shown above? (see instructions)	Phone no.	X Yes No
IVIA	w me l	DO DISCUS	es uns centro with the Diedater Shown above (1888 INSTRICTIONS)		144 I 185   IND

Par	t III   Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: TO REPRESENT THE COMMON INTERESTS OF CONSUMER-OWNED ELECTRIC UTILITIES
	IN THE PACIFIC NORTHWEST. TO ENHANCE THEIR COMPETITIVENESS AND
	ABILITY TO SERVE THEIR COMMUNITIES. TO ENSURE ACCESS TO A RELIABLE,
	LOW COST AND ENVIRONMENTALLY SOUND POWER SUPPLY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	10001110
4a	(Code: ) (Expenses \$ 1970644 • including grants of \$ ) (Revenue \$ 1964148 • )
	ASSIST MEMBER UTILITIES TO ENSURE THE CONTINUED STRENGTH OF
	CONSUMER-OWNED UTILITIES IN THEIR COMMUNITIES AND HEIGHTEN PUBLIC AND GOVERNMENT AWARENESS OF CONSUMER-OWNED UTILITY ISSUES. FACILITATE
	TRANSMISSION ACCESS IN THE REGION AND PRESERVE A LONG-TERM, STABLE
	SUPPLY OF ELECTRICITY AT THE LOWEST PRACTICABLE PRICE. WITH RESPECT TO
	ELECTRICITY GENERATION, MAINTAIN A SAFE AND HEALTHY ENVIRONMENT AND BE
	A RESPONSIBLE STEWARD OF THE REGION'S NATURAL RESOURCES.
	A REDICADIBLE DIEWARD OF THE REGION D NATOWARD REDOCKEDS.
4b	(Code: ) (Expenses \$ 483174 • including grants of \$ ) (Revenue \$ 483174 • )
	TO MAINTAIN REASONABLE AND COST EFFECTIVE MITIGATION FOR FISH AND
	WILDLIFE WITH RESPECT TO THE FEDERAL COLUMBIA RIVER POWER SYSTEM.
	E0066
4c	(Code: ) (Expenses \$ 59066. including grants of \$ ) (Revenue \$ 127650.)  TO MAINTAIN POWER DELIVERY UNDER PROVISIONS OF THE NORTHWEST POWER
	PLANNING AND CONSERVATION ACT.
	PHANNING AND CONSERVATION ACT.
4d	Other program services. (Describe in Schedule 0.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►\$ 2512884.
	Form 990 (2009)

Form 990 (2009) PUBLIC POWER
Part IV Checklist of Required Schedules

~~~~			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	,,,	<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	·	<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			İ
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	,		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			,,,
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			\ <sub>v</sub> ,
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			- V
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	١.	x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del>                                     </del>	<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	<del>                                     </del>	<del>  ^`</del>
10	complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	7, 50, 50, 50, 50, 50, 50, 50, 50, 50, 50		200	(0.0.00)

Form **990** (2009)

# Form 990 (2009) PUBLIC POWER COUNCIL Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		•	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
_ Iu	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		Х
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
<b>L</b>	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ļ
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	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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):	00-		x
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		122
Ū	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	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?	<del>ا</del>	<u> </u>	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			🕶
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O.	38		(2009)

orm 990	(2009)	PUBLIC	POWER	COUNCIL	
Part V	Statements	Regarding C	Other IRS	Filings and	Tax Compliance

18. Enter the number reported in Box 3 of Form 1996, Annual Summary and Transmittal of U.S. Information Returns. Enter 4. Third applicable 1. The 1.0 of 1.0						Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) without whener?  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.  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  If at least one is reported on line 2a, did the organization file all requires federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  If Virsa, ¹ has it filed a Form 990-T for this year? If 'No.¹ provide an explanation in Schedule O  3b If 'Yesa, ¹ has it filed a Form 990-T for this year? If 'No.² provide an explanation in Schedule O  3b If 'Yesa, ¹ has it filed a Form 990-T for this year? If 'No.² provide an explanation in Schedule O  3c If 'Yesa, ¹ the during the calendar year, did the organization the interest in, or a signature or other authority over, a financial Account, excurtise account, eccurtise account, or other financial account)?  4c If 'Yesa, ¹ the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax whether transaction at any time during the tax year?  5d Was the organization provide an explanation and the organization file form 8886 F. Disclosure by Trax-Exemple Entity Regarding Prohibited Tax Shelter Transaction?  5c Was the organization include with every solidation an express statement that such contributions or gifts were not tax deductible?  5c If 'Yes, ¹ did the organization include with every solidation an express statement that such contributions or gifts were not tax deductible?  5c If Yes, ¹ did the organization notify the donor of t				12			
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			1	ı	<u></u> -	1	<b>†</b>
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Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>		21		
b	Enter the number of voting members that are independent			<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					77
	officer, director, trustee, or key employee?			. 2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors or trustees, or key employees to a management company or other person? $\dots$					X
4	Did the organization make any significant changes to its organizational documents since the prior Fo					X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?				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 me	ember	s of the			
	governing body?				X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			. 7b	Х	<u>.</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year			
	by the following:					
а	The governing body?			<u>8a</u>	Х	
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 real	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	Pevenu	ie Code.)			,
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			<u>10a</u>	ļ	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates,			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling tl	ne form?	11	X	
11A						1
12a				12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co to conflicts?	_		12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If					
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			. 13	X	
14					Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	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 arrange	ment	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 eva	aluate	its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganiza	tion's			
	exempt status with respect to such arrangements?			16b	<u> </u>	
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 only) availa	ble 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,	conflic	t of interest policy	, and fina	ancial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a SCOTT CORWIN @ PUBLIC POWER COUNCIL - 503-595-9770		cords of the orgar	ization: 🕽	<b>-</b>	
	825 NE MULTNOMAH, SUITE 1225, PORTLAND, OR 97232					
-				Form	990	(2009)

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# 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."

Check this box if the organization did not compensate any current officer, director, or trustee.

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

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

(A)	(B)	1		((	2)			(D)	(E)	(F)
Name and Title	Average hours	(0)		Pos		app	Iνλ	Reportable compensation	Reportable compensation	Estimated amount of
	per	<u> </u>	IECT	all	IIIai	αρρ	ıy,	from	from related	other
	week	direct				, p		the	organizations	compensation
		stee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		lal trus	onal tr		ployee	comp ee		(** 2.7 1000 111100)		and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	• •		organizations
STEVE BOORMAN		<del> </del>				-				
CHAIRMAN	10.00	X		X				0.	0.	0.
PAUL ELIAS								_		_
VICE-CHAIRMAN	10.00	X		X			<u> </u>	0.	0.	0.
ED BROST	1000								_	
VICE-CHAIRMAN	10.00	X		X			<u> </u>	0.	0.	0.
PAT MCGARY VICE-CHAIRMAN	10.00	7.		x				0.	0.	_
RICK CRINKLAW	10.00	X		_	<del> </del>	-		U •	0.	0.
EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
TIM CULBERTSON	2.00	<u> </u>	<del> </del>	$\vdash$	<del>                                     </del>	├	<del> </del>	0.	U •	· ·
EXECUTIVE COMMITTEE	2.00	x						0.	٥.	0.
PAUL DAVIES		<del> </del>				╫				•
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
BILL GAINES							Г			
EXECUTIVE COMMITTEE	2.00	X					ĺ	0.	0.	0.
JOHN GERSTENBERGER		ļ								
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
TOM HUTCHINSON							_			
EXECUTIVE COMMITTEE	2.00	X				<u> </u>		0.	0.	0.
STEVE KLEIN							1			
EXECUTIVE COMMITTEE	2.00	X				_	<u> </u>	0.	0.	0.
FRED MITCHELL	1 2 00	,,								
EXECUTIVE COMMITTEE  DAVE MULLER	2.00	X	<u> </u>	ļ	_	<del> </del>	ļ	0.	0.	0.
EXECUTIVE COMMITTEE	2.00	x				ĺ		0.	0.	
CLAY NORRIS	2.00	^	<u> </u>	-	-	┢	┢		V •	0.
EXECUTIVE COMMITTEE	2.00	$ _{\mathbf{x}}$					1	0.	0.	0.
DAN PETERSON	2.00	+	├	┢	├	-	├	•		0.
EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
JIM SANDERS	<del>                                     </del>	╁	<del>                                     </del>	<del> </del>	$\vdash$	1	<del> </del>	<b>†</b>		l
EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
RAY SIELER		T	1	<u> </u>	Π		Π			
EXECUTIVE COMMITTEE	2.00	X		<u> </u>	<u>L</u>			0.	0.	0.
932007 02-04-10										Form <b>990</b> (2009)

932007 02-04-10

Form 990 (2009)

TOTAL 2003)									2 1010		1 0	900
Part VII Section A. Officers, Directors, Tru		nplo	yee	s, a	nd l	ligh	est		ees (continued)	·····		
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			Pos				Reportable	Reportable		timate	
	hours	(cl	neck	all	that	app	ly)	compensation	compensation		ount o	of
	per week	ctor						from the	from related organizations		other pensal	Hon
	week	or dire				ted		organization	(W-2/1099-MISC)		om the	
		stee (	ruste		do .	pensa		(W-2/1099-MISC)	(** 27 1000 111100)		anizati	
		ual tri	ional		ploye	t com	١.				d relate	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	- Orme			orga	ınizatio	วทร
BRIAN SKEAHAN	····	_	_	_		-	_					
EXECUTIVE COMMITTEE	2.00	X						0.	0.			0.
KEN SUGDEN	2.00		-	┢		$\vdash$	$\vdash$				***************************************	
EXECUTIVE COMMITTEE	2.00	х				1		0.	0.			0.
BILL WARD						╁	<del> </del>					
EXECUTIVE COMMITTEE	2.00	х						0.	0.			0.
JORGE CARRASCO									<del></del>			
EXECUTIVE COMMITTEE	2.00	Х						0.	0.			0.
SCOTT CORWIN					Г							
SEC/TREASURER	40.00			X	X	X		191460.	0.		300	00.
NANCY BAKER												
SENIOR TECH	40.00					Х		129439.	0.		200	00.
KEVIN O'MEARA												
DEPUTY DIRECTOR	40.00					X		128294.	0.		200	00.
MARK THOMPSOM			l					1010-0				
SENIOR TECH	40.00		<u> </u>	<u> </u>		X	<u> </u>	104359.	0.		200	00.
	:											
		<del> </del>	-		╁	├	┢					
1b Total						<b>&gt;</b>		553552.	0.		900	<u>00.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 in reportable			
compensation from the organization											Yes	4 No
O Did the sure leading that any famous officers	-11	. <b></b>						-		Γ	res	NO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su										一		
and related organizations greater than \$15										4	x	
5 Did any person listed on line 1a receive or												
the organization? If "Yes," complete Sched	•							•		5		х
Section B. Independent Contractors												
d. Canadata this table favorantina bishaat as	was a sala al lo	d a :a	d			t		that was alived many than	Φ±00 000 =£ =====		fuana	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
KANNER & ASSOCIATES, 400 NORTH CAPITOL ST NW #594, WASHINGTON, DC 20001	UTILITY CONSULTANT	186497.
2 Total number of independent contractors (including but not limited to those is \$100,000 in compensation from the organization.	ted above) who received more than	

Form **990** (2009)

**Business Code** 

11 a

Miscellaneous Revenue

#### Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (C) Management and (B) Do not include amounts reported on lines 6b. Program service Fundraisina 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 553552 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 294772. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 89723 150123. Other employee benefits ..... 9 70452. Payroll taxes ..... 10 Fees for services (non-employees): Management ..... 1944. b Legal ..... 59172. Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees ..... 866562. Other \_\_\_\_\_ Advertising and promotion ..... 12 13617. Office expenses 13 Information technology ..... 14 Royalties 15 151692. 16 Occupancy 57662. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 71196. Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates ..... 21 11507. 22 Depreciation, depletion, and amortization ..... 5241. 23 Insurance Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) SLICE EXPENDITURES 59066. TELEPHONE 23837. DUPLICATION AND DISTRIB 16347. DUES MEMBERSHIPS AND PU 11579. EDUCATION & TRAINING 4840. All other expenses 2512884. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here 
if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2009)
Part X | Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2550.	1	2550.
	2	Savings and temporary cash investments	331774.	2	171076.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	29619.	4	1573.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
t3	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges	1724.	9	1724.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 140650	.		
	b	Less: accumulated depreciation 10b 100972	48127.	10c	39678.
	11	Investments - publicly traded securities	180017.	11	525764.
	12	Investments - other securities. See Part IV, line 11		12	91237.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	593811.	16	833602.
	17	Accounts payable and accrued expenses	60960.	17	62850.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
jap		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L	***************************************	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	37675.	25	74242.
	26	Total liabilities. Add lines 17 through 25	98635.	26	137092.
		Organizations that follow SFAS 117, check here			
SeS		lines 27 through 29, and lines 33 and 34.	105156		607006
au	27	Unrestricted net assets		27	627926.
Ba	28	Temporarily restricted net assets		28	68584.
ind	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117, check here			
SO		complete lines 30 through 34.		_	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	COCE10
_	33	Total net assets or fund balances		33	696510.
	34	Total liabilities and net assets/fund balances	1 2A20TT.	34	833602.

Form **990** (2009)

Pa	rt XI   Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:		·	1
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	ļ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2000)

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

PUBLIC POWER COUNCIL.

Employer identification number 91 – 1 0 1 5 9 7 1

Par	t I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Fu	nds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		•
B		(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)		THE PROPERTY OF THE PROPERTY O
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor a	dvised funds
ŭ	are the organization's property, subject to the organization's exclu	-	
6	Did the organization inform all grantees, donors, and donor adviso		
Ŭ	for charitable purposes and not for the benefit of the donor or don		· · · · · · · · · · · · · · · · · · ·
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organiza	ation answered "Yes" to Form 99	00. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization (cl		
•	Preservation of land for public use (e.g., recreation or pleasu	, , , , ,	n historically important land area
	Protection of natural habitat	· —	certified historic structure
	Preservation of open space	reconvation of a	ooranioa rhotorio ottadata.o
2	Complete lines 2a through 2d if the organization held a qualified c	onservation contribution in the f	orm of a conservation easement on the last
_	day of the tax year.	oridor variori doritination in trio is	or a consorvation casement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b		**************************************	
C	Number of conservation easements on a certified historic structur		***************************************
d	Number of conservation easements included in (c) acquired after		
3	Number of conservation easements modified, transferred, release		\
•	year >	2, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	, the organization daming the tan
4	Number of states where property subject to conservation easeme	nt is located ▶	
5	Does the organization have a written policy regarding the periodic		n of
_	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfor		
8	Does each conservation easement reported on line 2(d) above sat		
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIV, describe how the organization reports conservation ea		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	include, if applicable, the text of the footnote to the organization's	•	-
	conservation easements.		ŭ
Pa	t III   Organizations Maintaining Collections of Ar	t, Historical Treasures, c	r Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 8.	
-			
1a	If the organization elected, as permitted under SFAS 116, not to re	eport in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educate	ion, or research in furtherance c	f 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	rt in its revenue statement and b	alance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or rese	earch in furtherance of public se	rvice, provide the following amounts relating to
	these items:	•	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>.</b> .
2	If the organization received or held works of art, historical treasure		
	the following amounts required to be reported under SFAS 116 re		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X	,,,	<b>&gt;</b> \$
			· · · · · · · · · · · · · · · · · · ·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  $^{932051}_{\ 02-01-10}$ 

Schedule D (Form 990) 2009

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

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See	e Form 990, Part X, line	12.		······································
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuated or end-of-year mark	
Financial derivatives				
Closely-held equity interests				
Other OF DEDOCT	0100	7 TENTO OTE VI	3 70 M 7 TO TO TO TO TO	TAT TITE
CERTIFICATE OF DEPOSIT	9123	/ END-OF-YE	EAR MARKET	VALUE
	<del></del>			
T-1-1 (O-1/h)	9123	7		· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. Se				
			(c) Method of valua	tion:
(a) Description of investment type	(b) Book value		t or end-of-year mar	
<b>J.</b>				
<del></del>				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
	<del></del>			
	·	.,		
-				
			·····	
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15 )			
Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		(b) Amount		
Federal income taxes				
COMPENSATED ABSENSES		74242.		
		***************************************		
				•
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)	74242.		

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. 932053 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

#### SCHEDULE J (Form 990)

Department of the Treasury

### **Compensation Information**

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

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

91-1015971 PUBLIC POWER COUNCIL Part I **Questions Regarding Compensation** Yes Νo 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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? 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. X Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee J Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 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 compensation contingent on the net earnings of: a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part I!I 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 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

932111

Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

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

PUBLIC POWER COUNCIL

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

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

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(0)	(D)	(E)	(F)
(A) Name	-1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(î)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	191460.			21061.	8939.	221460.	183127.
SCOTT CORWIN	€		t.					
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	(E)							
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				,			Schedul	Schedule J (Form 990) 2009

#### **SCHEDULE O**

(Form 990)

Department of the Treasury

### 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. Inspection Internal Revenue Service Name of the organization **Employer identification number** PUBLIC POWER COUNCIL 91-1015971 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELIABLE, LOW COST AND ENVIRONMENTALLY SOUND WHOLESALE POWER SUPPLY. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS CONSIST OF PUBLICLY-OWNED AND OTHER CONSUMER-OWNED ELECTRIC UTILITIES. FORM 990, PART VI, SECTION A, LINE 7A: ANY ELIGIBLE UTILITY THAT HAS SUPPORTED THE COUNCIL FINANCIALLY BY CONTRIBUTING VOLUNTARY MEMBER DUES AND ASSESSMENTS DURING THE YEAR IS ENTITLED TO PARTICIPATE IN THE ELECTION OF THE GOVERNING BODY BY CASTING A VOTE(S). FORM 990, PART VI, SECTION A, LINE 7B: BUDGETS ARE APPROVED BY THE MEMBERS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE SECRETARY/TREASURER AND PRESENTED TO THE EXECUTIVE COMMITTEE BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS DISCUSSED AT LEAST ANNUALY AT EXECUTIVE COMMITTEE MEETINGS AND AN AFFIDAVIT IS OBTAINED FROM EXECUTIVE COMMITTEE MEMBERS AND OFFICERS AT LEAST ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR THE BUDGET COMMITTEE PROPOSES SALARY RANGES BASED ON POSITION, EXPERIENCE AND COMPARABILITY DATA FOR THE EXECUTIVE COMMITTEE TO APPROVE AS PART OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.

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Schedule O (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.



Name of the organization  PUBLIC POWER COUNCIL	Employer identification number 91-1015971
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC:
STEVE BOORMAN - PO BOX 149, BONNERS FERRY, ID 83805	
PAUL ELIAS - PO BOX 638, MCMINNVILLE , OR 97128-0638	
ED BROST - PO BOX 2407, PASCO, WA 99302	
PAT MCGARY - PO BOX 8900, VANCOUVER, WA 98668	
PART XI, LINE 2C	
AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE EXECUTIVE	7E DIRECTOR AND THE
EXECUTIVE COMMITTEE. THIS PROCESS HAS NOT CHANGED FROM E	PRIOR YEARS.

#### IRS e-file Signature Authorization OMB No. 1545-1878 Form 8879-EO for an Exempt Organization For calendar year 2009, or fiscal year beginning , 2009, and ending Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ➤ See instructions. Employer identification number Name of exempt organization 91-1015971 PUBLIC POWER COUNCIL Name and title of officer SCOTT CORWIN SEC/TREAS Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b \_\_\_\_ 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b \_\_\_\_ 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_ 3b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) 5b 5a Form 8868 check here ▶ **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize THE WEL GROUP, INC. ERO firm name Enter five numbers, but as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🛮 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication Part III 93094097225 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

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

Date ightharpoonup 05/13/10**ERO Must Retain This Form - See Instructions** 

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

Form 8879-EO (2009)

ERO's signature

THE WEL GROUP, INC. 9755 SW BARNES ROAD, SUITE 660 PORTLAND, OR 97225

PUBLIC POWER COUNCIL 825 NE MULTNOMAH NO. 1225 PORTLAND, OR 97232

Haladaadaddadbaaddbaadl

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



THE WEL GROUP, INC.

9755 SW Barnes Road, Suite 660

Portland, OR 97225
P (503) 233-1040 F (503) 233-1077

April 22, 2011

Public Power Council 825 NE Multnomah No. 1225 Portland, OR 97232

Public Power Council:

Enclosed is the organization's 2010 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

RICHARD CUNNINGHAM

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

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.

ΑI	For the	2010 calendar year, or tax year beginning and	ending			
В	Check if applicable	C Name of organization		D Employer identifi	cation number	
	Addres change	PUBLIC POWER COUNCIL				
	Name change	-			015971	
Ļ	Initial return	,	Room/suite			
F	Termin ated Amenc		1225		595-9770	
F	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	3130854.	
	tion pendin	FORTHAND, OR 9/232		H(a) Is this a group re	eturn Yes X No	
		3616 SW 55TH DRIVE, PORTLAND, OR 97221	1	for affiliates? <b>H(b)</b> Are all affiliates ind		
_	Tay aya	mpt status: $\square$ 501(c)(3) $\square$ 501(c) ( 6 ) $\blacktriangleleft$ (insert no.) $\square$ 4947(a)(1) of		<b>⊣</b> ` ′	list. (see instructions)	
<u> </u>	Wehsit	e: WWW.PPCPDX.ORG	021	H(c) Group exemptio	,	
		organization: X Corporation Trust Association Other	ı Year		State of legal domicile: WA	
		Summary	<u> </u>			
_	1	Briefly describe the organization's mission or most significant activities: ${ m { t TO}}$ ${ m { t PI}}$	ROMOTI	THE COMMON	INTERESTS	
Activities & Governance		OF CONSUMER-OWNED ELECTRIC UTILITIES. TO	O ENSU	JRE ACCESS T	O A	
erns	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as		
Š		Number of voting members of the governing body (Part VI, line 1a)		3	21	
۵		Number of independent voting members of the governing body (Part VI, fine 1b)			21	
ijes		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			11	
Ę		Total number of volunteers (estimate if necessary)			0.	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	D	Net unrelated business taxable income from Form 990-T, line 34	·····			
Revenue	8	Contributions and grants (Part VIII, line 1h)	_	Prior Year 0 •	Current Year 0 .	
		Program service revenue (Part VIII, line 2g)	I .	2574972.	2521708.	
	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		28597.	53485.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2603569.	2575193.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1158622.	1153918.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	1254060	1.40000	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1354262.	1400287.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2512884.	2554205.	
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		90685.	20988.	
ance		Fatal assats (Dark V. Bras 40)		eginning of Current Year 833602.	End of Year 875390 •	
Asse Ball	20 21	Fotal assets (Part X, line 16)  Total liabilities (Part X, line 26)		137092.	134068.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		696510.	741322.	
Pa	art II	Signature Block		000000	, ======	
		ties of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of m	y knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.		
Sig	n	Signature of officer		Date		
Hei	e	SCOTT CORWIN, SEC/TREAS				
		Type or print name and title		Date Check	PTIN	
D-:	.	Print/Type preparer's name Preparer's signature		l <sub>if</sub> ∟	<b></b>	
Pai		RICHARD CUNNINGHAM  Firm's name THE WEL GROUP, INC.		04/22/11 self-employ	ed	
	parer Only			Firm's EIN		
USE	Only	Firm's address > 9755 SW BARNES ROAD, SUITE 660 PORTLAND, OR 97225		Phone no. (	503) 233-1040	
	, +b > 15			Filolie IIO. (	Tee	
ivia	y trie iF	S discuss this return with the preparer shown above? (see instructions)			🔼 Yes 📖 No	

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO REPRESENT THE COMMON INTERESTS OF CONSUMER-OWNED ELECTRIC UTILITIES
	IN THE PACIFIC NORTHWEST. TO ENHANCE THEIR COMPETITIVENESS AND
	ABILITY TO SERVE THEIR COMMUNITIES. TO ENSURE ACCESS TO A RELIABLE,
	LOW COST AND ENVIRONMENTALLY SOUND POWER SUPPLY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-F7?  Yes X No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(===== /(====== /(======= /(======= /(======= /(========
	ASSIST MEMBER UTILITIES TO ENSURE THE CONTINUED STRENGTH OF
	CONSUMER-OWNED UTILITIES IN THEIR COMMUNITIES AND HEIGHTEN PUBLIC AND
	GOVERNMENT AWARENESS OF CONSUMER-OWNED UTILITY ISSUES. FACILITATE
	TRANSMISSION ACCESS IN THE REGION AND PRESERVE A LONG-TERM, STABLE
	SUPPLY OF ELECTRICITY AT THE LOWEST PRACTICABLE PRICE. WITH RESPECT TO
	ELECTRICITY GENERATION, MAINTAIN A SAFE AND HEALTHY ENVIRONMENT AND BE
	A RESPONSIBLE STEWARD OF THE REGION'S NATURAL RESOURCES.
4b	(Code: ) (Expenses \$ 483174 • including grants of \$ ) (Revenue \$ 483174 • )
	TO MAINTAIN REASONABLE AND COST EFFECTIVE MITIGATION FOR FISH AND
	WILDLIFE WITH RESPECT TO THE FEDERAL COLUMBIA RIVER POWER SYSTEM.
4c	(Code:) (Expenses \$59310 • including grants of \$) (Revenue \$58848 • )
70	TO MAINTAIN POWER DELIVERY UNDER PROGRAMS OF THE BONNEVILLE POWER
	ADMINISTRATION.
4d	Other program services. (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 2554205 •
76	Form <b>990</b> (2010)

032002 12-21-10

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Α.
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	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	•		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			х
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	<b>20</b> b		

Form **990** (2010)

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			х
00	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	04-		
a	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
<b>2</b> 5a	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	200		
~	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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):			37
a	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		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		<del></del>
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			~~~	

Form **990** (2010)

### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
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	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ľ	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		ľ	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c		
Va	any contributions that were not tax deductible?			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			- Ou		<del></del>
-	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 ser	vices p	rovided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7с		
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 c		•	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		The state of the s	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations.			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a			0		
9	Sponsoring organizations maintaining donor advised funds.	arry tiir	le during the year:	8		
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
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	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ŀ			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
J.	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
^	Enter the amount of reserves on hand	13c				
	Billi i ii i i i i i i i i i i i i i i i			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
	· · · · · · · · · · · · · · · · · · ·		•		<b>990</b> (	(2010)

91-1015971 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to into ea, e.e, or real second, december the encumentarious, proceeded, or enaliged in contention of the encumentarion.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  Enter the number of voting members included in line 1a, above, who are independent  1b 21			
a	Enter the manuser of voting members included in line (4, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
•	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		Α.
3		3		х
4	of officers, directors or trustees, or key employees to a management company or other person?  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	Х	
7a	Does the organization have members of stockholders, or other persons who may elect one or more members of the	۰		
	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	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	Х	
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		Х
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		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	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		٦,	
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	. v	
40	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13 14	X	
14 15	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14	_ A	
15				
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	х	
h	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.)	100		
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		Х
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 only) 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 interest policy, a	nd fina	ncial	
	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 organiza	tion:		
	SCOTT CORWIN @ PUBLIC POWER COUNCIL - 503-595-9770 825 NE MULTNOMAH, SUITE 1225, PORTLAND, OR 97232			
	825 NE MULTNOMAH, SUITE 1225, PORTLAND, OR 97232	Form	990	(2010)
		ı UIIII	330	~U IU)

# 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)  Name and Title	(B) Average	Jag			C)		nout	(D)  Reportable	(E) Reportable	<b>(F)</b> Estimated
Name and Tide	hours per week	H	heck				ly)	compensation from	compensation from related	amount of other
	(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)	compensation from the organization and related organizations
STEVE BOORMAN								_	_	_
CHAIRMAN	10.00	X		X				0.	0.	0.
PAUL ELIAS										
VICE-CHAIRMAN	10.00	X	14	Х				0.	0.	0.
ED BROST										
VICE-CHAIRMAN	10.00	X		X				0.	0.	0.
PAT MCGARY									_	_
VICE-CHAIRMAN	10.00	X		X				0.	0.	0.
RICK CRINKLAW								_	_	_
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
JOHN GERSTENBERGER										
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
TOM HUTCHINSON										
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
STEVE KLEIN										
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
FRED MITCHELL										
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
DAVE MULLER										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
CLAY NORRIS										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
DAN PETERSON								_	_	_
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
JIM SANDERS										
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
RAY SIELER								_	_	_
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
BRIAN SKEAHAN		1.						_	_	_
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
KEN SUGDEN		<u> </u>						_	_	_
EXECUTIVE COMMITTEE	2.00	Х	_					0.	0.	0.
JORGE CARRASCO								_		_
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.

032007 12-21-10

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PUBLIC POWER COUNCIL 91-1015971 Form 990 (2010) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (B) (F) (A) (D) (E) Average Position Name and title Reportable Reportable Estimated hours per (check all that apply) compensation compensation amount of week from from related other (describe the organizations compensation hours for organization (W-2/1099-MISC) from the ndividual trustee or related (W-2/1099-MISC) organization organizations and related in Schedule organizations O) TIM CULBERTSON Х EXECUTIVE COMMITTEE 2.00 0. 0 0. PAUL DAVIES Х 2.00 0. 0. 0. EXECUTIVE COMMITTEE BILL GAINES 2.00 EXECUTIVE COMMITTEE Х 0. 0. 0. BILL WARD 2.00 Х 0. 0. 0. EXECUTIVE COMMITTEE SCOTT CORWIN  $x \mid x$ 40.00 X 201365. 0 30000. SEC/TREASURER NANCY BAKER SENIOR TECH 40.00 X 129938. 0. 20000. KEVIN O'MEARA 40.00 136752 0. 20000. DEPUTY DIRECTOR MARK THOMPSOM 40.00 114701 0. SENIOR TECH 20000. 90000 582756 0. Ω. 0. c Total from continuation sheets to Part VII, Section A 582756. 90000. 0. d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
KANNER & ASSOCIATES, 400 NORTH CAPITOL ST		
NW #594, WASHINGTON, DC 20001	UTILITY CONSULTANT	204021.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

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\$100,000 in compensation from the organization

PUBLIC POWER COUNCIL 91-1015971 Form 990 (2010) Part VIII Statement of Revenue (D) (A) (B) (C) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns **b** Membership dues ..... 1b Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f. **Business Code** 2 a MEMBERS' DUES 1975866. Program Service Revenue 221000 1975866. b MEMBER FISH ASSESSMENT 221000 483174. 483174. SLICE ASSESSMENTS 221000 58848. 58848. 3820. 3820. 221000 EXPENSE REIMBURSEMENTS е All other program service revenue 2521708. Total. Add lines 2a-2f Investment income (including dividends, interest, and 41883. 41883. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses ...... Rental income or (loss) **d** Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 567263. assets other than inventory b Less: cost or other basis 555661. and sales expenses **c** Gain or (loss) 11602. 11602. d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses \_\_\_\_\_\_b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

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53485.

d All other revenue

Total revenue. See instructions.

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

b

032009

2575193.

2521708.

### Part IX Statement of Functional Expenses

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

*** **				(0)
All other organizations must con	nolete column (A) bi	ut are not required to	complete columns (R)	(C) and (D)

	All other organizations must composite include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> 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	672756.			
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	294903.			
8	Pension plan contributions (include section 401(k)		A		
-	and section 403(b) employer contributions)	32521.			
9	Other employee benefits	85284.			
10	Payroll taxes	68454.			
11	Fees for services (non-employees):				
а	Management				
_		1686.			
b	Legal	62594.			
ن	Accounting	02334.			
d	Lobbying Professional fundraising convices. See Part IV, line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	965140.			
g	Other	303140.			
12	Advertising and promotion	14050.			
13	Office expenses	14030.			
14	Information technology				
15	Royalties	157284.			
16	Occupancy	48849.			
17	Travel	40049.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	72564			
19	Conferences, conventions, and meetings	73564.			
20	Interest				
21	Payments to affiliates	1000			
22	Depreciation, depletion, and amortization	10867.			
23	Insurance	6344.			
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 0.)	00500			
а	DUPLICATION AND DISTRIB	22588.			
b	TELEPHONE	22014.			
С	DUES MEMBERSHIPS AND PU	10336.			
d	EDUCATION & TRAINING	3739.			
е	TAXES & LICENSES	1232.			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2554205.			
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				Form <b>990</b> (2010

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Ра	rt X	Balance Sheet		T		Т
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		2550.	1	2550.
	2	Savings and temporary cash investments		171076.	2	112111.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1573.	4	37744.
	5	Receivables from current and former officers, dire				
		employees, and highest compensated employees	s. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as o	efined under section			
		4958(f)(1)), persons described in section 4958(c)(	3)(B), and contributing			
		employers and sponsoring organizations of section	on 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instruc	tions)		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	5		1724.	9	1256.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 126197.			
	b	Less: accumulated depreciation	10ы 97386.	39678.	10c	28811.
	11	Investments - publicly traded securities		525764.	11	692918.
	12	Investments - other securities. See Part IV, line 17		91237.	12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		833602.	16	875390.
	17	Accounts payable and accrued expenses		62850.	17	77276.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors	, trustees, key employees,			
iab		highest compensated employees, and disqualifie	d persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities. Complete Part X of Schedule D		74242.	25	56792.
	26	Total liabilities. Add lines 17 through 25		137092.	26	134068.
		Organizations that follow SFAS 117, check her	e ▶ X and complete			
es		lines 27 through 29, and lines 33 and 34.		40-004		4-00-4
anc	27	Unrestricted net assets		627926.	27	673054.
Bal	28	Temporarily restricted net assets		68584.	28	68268.
pu	29				29	
Ξ		Organizations that do not follow SFAS 117, ch	eck here 🕨 📖 and			
ō		complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equ			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc		606540	32	E 44 2 2 2
~	33	Total net assets or fund balances		696510.	33	741322.
	34	Total liabilities and net assets/fund balances		833602.	34	875390.

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Form	1990 (2010) FUBLIC POWER COUNCIL	3T-TOT	$\mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I} \mathcal{I}$	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u></u>			X	
				751		
1	1 Total revenue (must equal Part VIII, column (A), line 12)					
2	2		05. 88.			
3 Revenue less expenses. Subtract line 2 from line 1 3						
4	4		10.			
<ul> <li>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</li> <li>Other changes in net assets or fund balances (explain in Schedule O)</li> <li>5</li> </ul>					24.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7	413	<u>22.</u>	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	<u></u>				
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X	
<b>b</b> Were the organization's financial statements audited by an independent accountant?						
c 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.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-				
	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 requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	3b	000	<u> </u>	
			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.

2010
Open to Public Inspection

Name of the organization PUBLIC POWER COUNCIL

Employer identification number 91 – 1 0 1 5 9 7 1

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
	<u> </u>	(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 v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
<b>D</b>	conservation easements.	( Aut III and a I Too a source of C	Nilson O'see'llees Asses to
Par	t III Organizations Maintaining Collections of	-	otner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	· ·	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		<b>•</b> •
	(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 treation of all purious areas with a fell purious areas with		ai gain, provide
_	the following amounts required to be reported under SFAS 1		<b>•</b> •
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		

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

-	t III Organizations Maintaining C	collections of A		reasures, or Ot	her Sim			nued)			
	Using the organization's acquisition, accessing										
3	(check all that apply):	on, and other record	is, check any or the	Fioliowing that are a	a sigi iiiicai	it use of its	CONSCIO	TILETTIS			
а	Public exhibition	٨	Loop or ove	shanga programa							
b	Scholarly research	е	U Other								
C	Preservation for future generations										
4	Provide a description of the organization's co						rt XIV.				
5	During the year, did the organization solicit o						٦				
D	to be sold to raise funds rather than to be ma						Yes	No			
Pai	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, Par										
1a	Is the organization an agent, trustee, custodi						_				
	on Form 990, Part X?					∟	_ Yes	└── No			
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:		_						
							Amount				
	Beginning balance										
d	Additions during the year				1d						
е	Distributions during the year				1e						
f	Ending balance				1f						
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?	<u> </u>		L	Yes	└── No			
b	If "Yes," explain the arrangement in Part XIV.										
Pai	t V Endowment Funds. Complete it	f the organization an	swered "Yes" to Fo	orm 990, Part IV, lin	e 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years back			
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the year		· C	1							
a	Board designated or quasi-endowment	r cha balance nela a	%								
b	Permanent endowment	%									
		<del></del>									
		, <u>-</u>	ation that are hold r	and administered fa	r the erec	nization					
Sa	Are there endowment funds not in the posse	ssion of the organiza	ation that are new a	and administered ic	i tile orga	IIIZation	Г	Van Na			
	by:							Yes No			
	(i) unrelated organizations										
	(ii) related organizations						3a(ii)				
b	If "Yes" to 3a(ii), are the related organizations						3b				
Do:	Describe in Part XIV the intended uses of the										
Pal	t VI Land, Buildings, and Equipm		<u> </u>	, 1		1	, n =				
	Description of investment	(a) Cost or or basis (investn	' '		Accumula depreciation		(d) Bool	( value			
1a	Land										
	Buildings										
	Leasehold improvements		821.		30	062.		13759.			
	Equipment		376.		67	324.		15052.			
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)		ightharpoonup		28811.			

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		Method of valua end-of-year mar	
		0031 01	cha or year mar	Not value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B) (C)				
(D)				
(E) (F)				
(G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990. Part X. line 1:	3.		
(a) Description of investment type			Method of valua	ition:
(a) Description of investment type	(b) Book value	Cost or	end-of-year mar	ket value
(1)				
(2)				
(3)				
(4)	4			
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶				
Intal (Colto) mile equal form 990 Part X coltes line 13 1				
	15			
Part IX Other Assets. See Form 990, Part X, line				(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a)	15. Description			(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a)				(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a) (1) (2)				(b) Book value
Part IX Other Assets. See Form 990, Part X, line (a)  (1) (2) (3)				(b) Book value
Part IX   Other Assets. See Form 990, Part X, line (a)				(b) Book value
Part IX   Other Assets. See Form 990, Part X, line (a)				(b) Book value
Part IX   Other Assets. See Form 990, Part X, line (a) (1) (2) (3) (4) (5) (6)				(b) Book value
Part IX   Other Assets. See Form 990, Part X, line (a) (1) (2) (3) (4) (5) (6) (7)				(b) Book value
Part IX   Other Assets. See Form 990, Part X, line (a) (1) (2) (3) (4) (5) (6) (7) (8)				(b) Book value
Part IX   Other Assets. See Form 990, Part X, line (a) (1) (2) (3) (4) (5) (6) (7)				(b) Book value
Part IX   Other Assets. See Form 990, Part X, line (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Description			(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description			(b) Book value
Part IX   Other Assets. See Form 990, Part X, line (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Description	(b) Amount		(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description			(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description	(b) Amount 56792.	<b>&gt;</b>	(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description		<b>•</b>	(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description			(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description			(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description			(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description		<b>&gt;</b>	(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description		•	(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description			(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description			(b) Book value
Part IX   Other Assets. See Form 990, Part X, line	Description  e 15.) line 25.			(b) Book value

032053

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audito	ed Financial S	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			2575193.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2554205.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			20988.
4	Net unrealized gains (losses) on investments			23824.
5	Donated services and use of facilities	5		
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8			23824.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			44812.
	rt XII Reconciliation of Revenue per Audited Financial Statements Wi		er Return	
1	Total revenue, gains, and other support per audited financial statements			2599017.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
_ a		238	24.	
b				
c				
	Other (Describe in Part XIV.)			
	Add lines 2a through 2d		2e	23824.
3				2575193.
4	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:			2373233
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
			4-	0.
_				2575193.
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XIII Reconciliation of Expenses per Audited Financial Statements W	ith Evnenses		
	Total expenses and losses per audited financial statements			2554205.
1			·····   · ·	2334203•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a				
b	, ,			
	Other losses 2c			
	Other (Describe in Part XIV.)			0.
_	Add lines 2a through 2d			2554205.
3	Subtract line 2e from line 1		3	2554205.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	, , , ,			
	Other (Describe in Part XIV.)			0
С	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2554205.
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1			
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this	part to provide a	ny additional ir	formation.

## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

### **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PUBLIC POWER COUNCIL

Employer identification number 91-1015971

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			1
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		37
	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		lacksquare
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
·	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
(i		0.	0.	22000.	8000.	231365.	0.
1 SCOTT CORWIN (ii		0.	0.	0.	0.	0.	0.
2 KEVIN O'MEARA (i	0.	0.	0.	15000.	5000. 0.	156752. 0.	0.
_3 (i							
4 (i							
(i 6	)						
7 (ii	)						
(i							
8 (ii	)						
9 (i	)						
	)						
(i 12							
13 (i							
14 (ii							
(i							
15 (ii							

### SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

PUBLIC POWER COUNCIL

Employer identification number 91-1015971

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

RELIABLE, LOW COST AND ENVIRONMENTALLY SOUND WHOLESALE POWER SUPPLY.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS CONSIST OF PUBLICLY-OWNED AND OTHER CONSUMER-OWNED ELECTRIC UTILITIES.

FORM 990, PART VI, SECTION A, LINE 7A: ANY ELIGIBLE UTILITY THAT HAS

SUPPORTED THE COUNCIL FINANCIALLY BY CONTRIBUTING VOLUNTARY MEMBER DUES AND

ASSESSMENTS DURING THE YEAR IS ENTITLED TO PARTICIPATE IN THE ELECTION OF

THE GOVERNING BODY BY CASTING A VOTE(S).

FORM 990, PART VI, SECTION A, LINE 7B: BUDGETS ARE APPROVED BY THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE SECRETARY/TREASURER AND PRESENTED TO THE EXECUTIVE COMMITTEE BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS DISCUSSED AT LEAST

ANNUALY AT EXECUTIVE COMMITTEE MEETINGS AND AN AFFIDAVIT IS OBTAINED FROM

EXECUTIVE COMMITTEE MEMBERS AND OFFICERS AT LEAST ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR THE BUDGET COMMITTEE

PROPOSES SALARY RANGES BASED ON POSITION, EXPERIENCE AND COMPARABILITY DATA

FOR THE EXECUTIVE COMMITTEE TO APPROVE AS PART OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

PUBLIC POWER COUNCIL	91-1015971
EODM 000 DADM VII COMMACH ADDDECCEC EOD OFFICEDC DIDECM	ODC EMC.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, EIC:
STEVE BOORMAN - PO BOX 149, BONNERS FERRY, ID 83805	
PAUL ELIAS - PO BOX 638, MCMINNVILLE, OR 97128-0638	
ED BROST - PO BOX 2407, PASCO, WA 99302	
PAT MCGARY - PO BOX 8900, VANCOUVER, WA 98668	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	23824.
PART XI, LINE 2C	
AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE EXECUTIV	E DIRECTOR AND THE
EXECUTIVE COMMITTEE. THIS PROCESS HAS NOT CHANGED FROM P	
EXECUTIVE COMMITTEE: THIS PROCESS HAS NOT CHANGED FROM P	KIOK IEAKS:

### Form 8879-EO

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

For calendar year 2010, or fiscal year beginning	, 2010, and ending
--	--------------------

Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ➤ See instructions.

Employer identification number

OMB No. 1545-1878

PUBLIC POWER COUNCIL Name and title of officer

91-1015971

SCOTT CORWIN SEC/TREAS

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

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

1a	Form 990 check here   Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2575193
2a	Form 990-EZ check here    D  D  D  Total revenue, if any (Form 990-EZ, line 9)	<b>2</b> b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here   b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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

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

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

icei 3 Filv. Cileck	one bo	A Offiny					
X I authorize	THE	WEL	GROUP,	INC.		to enter my PIN	97232
					ERO firm name		Enter five numbers, do not enter all zero

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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

Officer's signature

#### **Certification and Authentication** Part III

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

93094097225 do not enter all zeros

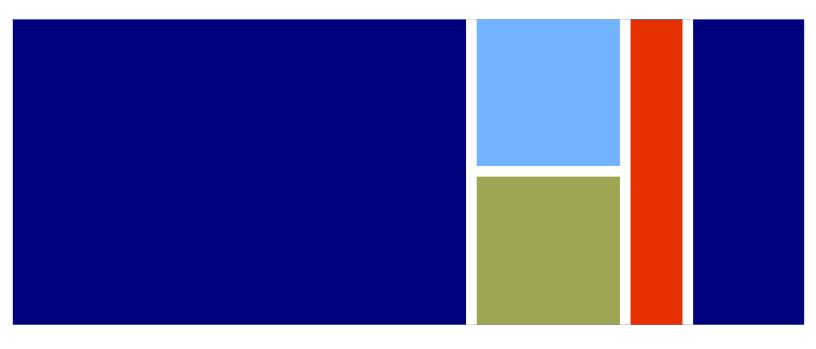
I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file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

ERO's signature

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

LHA For Paperwork Reduction Act Notice, see instructions. 12-27-10

Form **8879-EO** (2010)



## PUBLIC POWER COUNCIL

**Exempt Organizaton Income Tax Return** 

For Year Ended 12/31/11



**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

А	LOL IL	e 2011 Calendar year, or tax year beginning all	na enumy		
В	Check it applicat	C Name of organization		D Employer identi	fication number
	Addr chan				
	Nam- Lichan	Doing Business As		91-3	1015971
	Initia retun		Room/suit	E Telephone numb	er
Ē	Term		1225		-595-9770
Ē	Amer	ided C.,		G Gross receipts \$	3683619.
F	Appi			H(a) Is this a group	
	pend	F Name and address of principal officer:SCOTT CORWIN		for affiliates?	Yes X No
		3616 SW 55TH DRIVE, PORTLAND, OR 972	21		
_				H(b) Are all affiliates in	
		empt status:501(c)(3)X501(c)( 6 ) ◀ (insert no.) 4947(a)(	1) or 52		a list. (see instructions)
		te: ► WWW.PPCPDX.ORG	,	H(c) Group exempti	
		forganization: X Corporation Trust Association Other ►	L Yea	r of formation: 1977	M State of legal domicile: WA
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO	PROMOT	E THE COMMON	N INTERESTS
2		OF CONSUMER-OWNED ELECTRIC UTILITIES. T	O ENSU	RE ACCESS TO	RELIABLE,
rna	2	Check this box if the organization discontinued its operations or dis	posed of mo	re than 25% of its net a	issets.
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	21
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b			21
ά	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			
Activities & Governance	6	Total number of volunteers (estimate if necessary)			<del>                                       </del>
ξ	7.	Total unrelated business revenue from Part VIII, column (C), line 12			
Ă	/ a			····	<del> </del>
	B	Net unrelated business taxable income from Form 990-T, line 34	·····		·
		0 (4 2 ) 1 (5 ) (100 ) 413	-	Prior Year 0	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		2521708	<u> </u>
Revenue	9	Program service revenue (Part VIII, line 2g)	-		
é	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53485	.1
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	)	2575193	·
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	•
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.		
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		1153918.	1052266.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
Expenses	1	Total fundraising expenses (Part IX, column (D), line 25)	0.		Consequence of the project of the pr
щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1400287.	1714136.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2554205.	1
	19	Revenue less expenses, Subtract line 18 from line 12		20988.	1
OF		Heveride (cas expenses, outlined into normale 12		eginning of Current Year	.l
ats c	20	Total agents (Dout V line 16)		875390	925090.
Net Assets Fund Baland	20	Total assets (Part X, line 16)	·····	134068	135806.
lot/	21	Total liabilities (Part X, line 26)	·····	741322.	789284.
	22	Net assets or fund balances. Subtract line 21 from line 20		741322.	709204.
		Signature Block			1 1 1 11 12 12 12 1
		lities of perjury, I declare that I have examined this return, including accompanying schedu			ny knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.	· · · · · · · · · · · · · · · · · · ·
				D-1-	
Sig	n	Signature of officer		Date	
Her	re	SCOTT CORWIN, SEC/TREAS			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature Rill		Date Check	PTIN
Paid	d	RICHARD CUNNINGHAM, CPA RICHARD CUNNI	4/18/12 if self-emplo	yed P00013398	
Pre	parer	Firm's name AKT LLP		Firm's EIN ▶	93-0623286
	Only	Firm's address 5665 SW MEADOWS RD., SUITE 200			
	•	LAKE OSWEGO, OR 97035		Phone no. (	503) 620-4489
	u tha II	RS discuss this return with the preparer shown above? (see instructions)		1 Honorius 1	X Yes No
ivid'	y u ic li	to discuss this return with the preparer shown abover (see instructions)			

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO REPRESENT THE COMMON INTERESTS OF CONSUMER-OWNED ELECTRIC UTILITIES
	IN THE PACIFIC NORTHWEST AND ENHANCE THEIR COMPETITIVENESS AND ABILITY
	TO SERVE THEIR COMMUNITIES. TO ENSURE ACCESS TO A RELIABLE, LOW COST
	AND ENVIRONMENTALLY SOUND POWER SUPPLY.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 2008641. including grants of \$ ) (Revenue \$ 1895121.)
	ASSIST MEMBER UTILITIES TO ENSURE THE CONTINUED STRENGTH OF
	CONSUMER-OWNED UTILITIES IN THEIR COMMUNITIES AND HEIGHTEN PUBLIC AND
	GOVERNMENT AWARENESS OF CONSUMER-OWNED UTILITY ISSUES. FACILITATE TRANSMISSION ACCESS IN THE REGION AND PRESERVE A LONG-TERM, STABLE
	SUPPLY OF ELECTRICITY AT THE LOWEST PRACTICABLE PRICE. WITH RESPECT TO
	ELECTRICITY GENERATION, MAINTAIN A SAFE AND HEALTHY ENVIRONMENT AND BE
	A RESPONSIBLE STEWARD OF THE REGION'S NATURAL RESOURCES.
4b	(Code:) (Expenses \$
	TO MAINTAIN REASONABLE AND COST EFFECTIVE MITIGATION FOR FISH AND
	WILDLIFE WITH RESPECT TO THE FEDERAL COLUMBIA RIVER POWER SYSTEM.
_	
4c	(Code:) (Expenses \$
	TO MAINTAIN POWER DELIVERY UNDER PROGRAMS OF THE BONNEVILLE POWER
	ADMINISTRATION.
	<del></del>
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 2766402.
_	

# Form 990 (2011) PUBLIC POWER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		Х	
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Λ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
		20a 20b		- 22
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		

# Form 990 (2011) PUBLIC POWER COUNCE Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		Х
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		Х
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
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		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 21
30	13 13 Off Il Van II named ata Calendal da Mi	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	KING a line and the October 1 to N. Do I I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<b>U</b> _	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

# Form 990 (2011) PUBLIC POWER COUNCIL Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V						
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	14				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ıble gaming				
	(gambling) winnings to prize winners?			1c	X		
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	11				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X	
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A					77	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			٥-		х	
h	any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contribut			6a			
b	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).			0.0			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?			7c			
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 of	ontra	ct?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di						
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.						
	Did the organization make any taxable distributions under section 4966?			9a			
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	I				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	100					
	Gross income from members or shareholders	11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
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	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	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	ı					
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c				37	
				14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	υ		14b	000 (	0044	

Form 990 (2011) PUBLIC POWER COUNCIL

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b	х	
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
	The governing body?	8a	х	
	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	OD		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000	tion B. Folloics (This occitor B requests information about policies not required by the internal revenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13		13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
 15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	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).	.55		
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		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	.00		
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 (Section 501(c)(3)s only) a	availah	le	
	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.	u iiilal	.o.ai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
_0	SCOTT CORWIN & PIIRLIC POWER COINCIL = 503-595-9770	don.		

SUITE 1225, PORTLAND,

97232

825 NE MULTNOMAH,

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

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

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

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

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

(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (describe	- Lo					Ė	from the	from related organizations	other compensation
	hours for	or director				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)		organization
	organizations	al trustee	nal tr		loyee	comp				and related
	in Schedule O)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN GERSTENBERGER		드	드	5	포	포 등	요			
VICE-CHAIRMAN	10.00	x		x				0.	0.	0.
(2) TED COATES		<del> </del>							•	•
VICE-CHAIRMAN	10.00	X		Х				0.	0.	0.
(3) ED BROST										
VICE-CHAIRMAN	10.00	Х		Х				0.	0.	0.
(4) PAT MCGARY										
CHAIRMAN	10.00	X		Х				0.	0.	0.
(5) RICK CRINKLAW		l								
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
(6) DWIGHT LANGER	0.00								_	_
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
(7) TOM HUTCHINSON	2 00	7.						0.	0.	_
(8) STEVE KLEIN	2.00	Х				<u> </u>	_	0.	0.	0.
EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
(9) FRED MITCHELL	2.00	122						0.	0.	0.
EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
(10) STEVE BOORMAN		┢▔								
EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
(11) CLAY NORRIS										
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
(12) DAN PETERSON										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
(13) JIM SANDERS										
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
(14) BRIAN SKEAHAN										
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
(15) KEN SUGDEN		,,							_	_
EXECUTIVE COMMITTEE	2.00	<del> </del> X		_	<u> </u>	<u> </u>		0.	0.	0.
(16) JORGE CARRASCO	2 00	<del>.</del>						0.	0.	_
EXECUTIVE COMMITTEE (17) BOB GEDDES	2.00	┝	_	_	$\vdash$	<u> </u>	$\vdash$	0.	0.	0.
EXECUTIVE COMMITTEE	2.00	\v_						0.	0.	0.
EARCULIVE COMMITTEE	4.00	$\Gamma_{\mathbf{V}}$						1 0.	U •	U •

132007 01-23-12 Form **990** (2011)

Form 990 (2011) PUBLIC PO									91-10	<u>1 T 2</u>	9/1	Р	age 8	
Part VII   Section A. Officers, Directors, Tru	stees, Key E	mplo	oyee			High	est	Compensated Employ	ees (continued)					
(A)	(B)				<b>C</b> )			(D)	(E)			(F)		
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		Es	timat	ed	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio			nount		
	week (describe	-		14 4 4	T CCI	1744	1	from	from related			other		
	hours for	or director						the organization	organizations (W-2/1099-MIS			pensa om th		
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-10113	,C)		aniza		
	organizations		al trus		ee/	m per		(** 27 1000 141100)			_	d relat		
	in Schedule	Individual	Institutional trustee	<u>~</u>	Key employee	est co	er					anizat		
	O)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form							
(18) JOE NOLAND														
EXECUTIVE COMMITTEE	2.00	Х						0.		0.			0.	
(19) KEVIN OWENS														
EXECUTIVE COMMITTEE	2.00	Х						0.		0.			0.	
(20) ROBIN REGO														
EXECUTIVE COMMITTEE	2.00	Х						0.		0.			0.	
(21) BOB LINAHAN														
EXECUTIVE COMMITTEE	2.00	Х						0.		0.			0.	
(22) SCOTT CORWIN														
SEC/TREASURER	40.00			Х	Х	X		200882.		0.		0. 460		00.
(23) NANCY BAKER										_				
SENIOR TECH	40.00					Х		133854.		0.			00.	
(24) KEVIN O'MEARA														
DEPUTY DIRECTOR	40.00					Х		139129.		0. 26000			00.	
						<u> </u>		452065			- 1	000	0.0	
1b Sub-total								473865.		0.	109000.			
c Total from continuation sheets to Part VI								0.		0.				
d Total (add lines 1b and 1c)								473865.				090	00.	
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportabl	е			2	
compensation from the organization												V	3	
												Yes	No	
3 Did the organization list any <b>former</b> officer,	•		e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				77	
line 1a? If "Yes," complete Schedule J for s											3		Х	
4 For any individual listed on line 1a, is the su											_	37		
and related organizations greater than \$150											4	X		
5 Did any person listed on line 1a receive or a	-				-			-			_		v	
rendered to the organization? If "Yes," com	plete Schedul	e J t	or su	ucn	pers	son					5		X	
Section B. Independent Contractors									<b>A</b> 400 000 f		,			
1 Complete this table for your five highest co										ıpens	ation t	rom		
the organization. Report compensation for	tne calendar y	ear (	endi	ng v	vitn	or w	rithir		year.					
<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	envices	C	O) ompe		n	
KANNER & ASSOCIATES, 400		ז גי	ם ד ת	ד חיד	- ,	сm	$\dashv$	Description of s	SCIVICCS		ompe	isatic	<i>,</i> ,,	
NW #594, WASHINGTON, DC 2		CAI		LOI	_ ;	3 I	ļ	UTILITY CONS	TIT. TI A NITT		2	205	26.	
ACME BUSINESS CONSULTING		2 2 .	<b>Σ</b> τ.	NT C	יחיב			OTTHILL CONS	OTIVNI			<u> </u>	40.	
12TH AVE, SUITE 101, PORT	-					a	Į,	SLICE CONSUL	<sub>тамт</sub>		1	ງຊາ	93.	
TAIN AVE, BOILE IOI, POR.	י תאווח '	OI		, , ,	<u>.</u> U .		-	CTICE CONSOT	TUINT			<u> </u>		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 

2

\$100,000 of compensation from the organization

91-1015971

Pa	rt VII	Statement of Rever	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo' Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and ve 1f 1a-1f: \$					
Program Service Revenue	2 a b c d	MEMBERS' DUES MEMBER FISH ASS SLICE ASSESSMEN	SESSMENT ITS	Business Code 221000 221000 221000	1895121. 483174. 473900.	1895121. 483174. 473900.		
		All other program service reversed. Add lines 2a-2f			2852195.			
	3	Investment income (including other similar amounts) Income from investment of tax	dividends, inter	est, and  oroceeds	41253.			41253.
	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 775786	(ii) Other				
nue	d	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraisinincluding \$	g events (not	<b>&gt;</b>	21020.			21020.
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func	1c). See a					
	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	ctivities. See a					
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a					
		Miscellaneous Revenu EXPENSE REIMBUR	SEMENTS	Business Code	14385.			14385.
		All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.		<b>&gt;</b>	14385. 2928853.	2852195.	0.	76658.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members										
5	Compensation of current officers, directors,										
3	trustees, and key employees	246882.									
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	567264.									
8	Pension plan accruals and contributions (include										
	section 401(k) and section 403(b) employer contributions)	58753.									
9	Other employee benefits	118743.									
10	Payroll taxes	60624.									
11	Fees for services (non-employees):										
a	Management	480.									
b c	LegalAccounting	64252.									
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other	1286998.									
12	Advertising and promotion	04.65									
13	Office expenses	8165.									
14	Information technology										
15	Royalties	160842.									
16	Occupancy	52609.									
17 18	Payments of travel or entertainment expenses	320031									
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	72632.									
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	11403.									
23	Insurance	5494.									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line										
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а	TELEPHONE	22950.									
b	DUPLICATION AND DISTRIB	20361.									
C	DUES MEMBERSHIPS AND PU	6662.									
d	TAXES & LICENSES	987.									
е	All other expenses	301.									
25	Total functional expenses. Add lines 1 through 24e	2766402.									
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)										
	(A30 306-720)			1	l						

Form 990 (2011)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		2550.	1	2550.
	2	Savings and temporary cash investments		112111.	2	369961.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		37744.	4	37932.
	5	Receivables from current and former officers, direct				
		employees, and highest compensated employees.	· · · · · · · · · · · · · · · · · · ·			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as de				
		4958(f)(1)), persons described in section 4958(c)(3				
		employers and sponsoring organizations of section				
		employees' beneficiary organizations (see instructi			6	
Assets	7	Notes and loans receivable, net			7	
\ss	8	Inventories for sale or use			8	
~	9	B :1		1256.	9	1255.
	1	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D1	129973.			
	b	Less: accumulated depreciation		28811.	10c	21184.
	11	Investments - publicly traded securities		692918.	11	492208.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal I		875390.	16	925090.
	17	Accounts payable and accrued expenses		77276.	17	57256.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
w	21	Escrow or custodial account liability. Complete Pa			21	
Liabilities	22	Payables to current and former officers, directors,				
ig		highest compensated employees, and disqualified				
Ë		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated t			24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1				
				56792.	25	78550.
	26	Total liabilities. Add lines 17 through 25		134068.	26	135806.
		Organizations that follow SFAS 117, check here				
Ω		lines 27 through 29, and lines 33 and 34.				
၁၁	27	Unrestricted net assets		673054.	27	267960.
alaı	28	Temporarily restricted net assets		68268.	28	521324.
В	29				29	
Š		Organizations that do not follow SFAS 117, che	ck here			
Ĕ		complete lines 30 through 34.				
ţş	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equi			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco			32	
Se	33	Total net assets or fund balances		741322.	33	789284.
	34	Total liabilities and net assets/fund balances		875390.	34	925090.
	104	וייייי אווייייייייייייייייייייייייייייי		3,3330.		22000

Form **990** (2011)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	292	88	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2			02.
3	Revenue less expenses. Subtract line 2 from line 1	3		16	24	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		74	13	22.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-	-11	44	<u>89.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		78	92	84.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
	· · · · · · · · · · · · · · · · · · ·				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?	•		la		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit	T		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			ь		

Form **990** (2011)

### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

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

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

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

<ul><li>Section</li></ul>	501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of or	9			Empl	oyer identification number
		POWER COUNCIL			91-1015971
Part I-A	Complete if the org	ganization is exempt unde	r section 501(c)	or is a section 527 o	rganization.
2 Politic	al expenditures	zation's direct and indirect politica		<b>▶</b> \$	
Part I-B		ganization is exempt unde	r section 501(c)(	3).	
1 Enter	the amount of any excise tax	incurred by the organization unde	r section 4955	▶\$	
		incurred by organization manager			
3 If the	organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
<b>4a</b> Was a	correction made?				Yes No
	s," describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt unde	r section 501(c),	except section 501	(c)(3).
1 Enter	the amount directly expended	d by the filing organization for sect	ion 527 exempt functi	on activities > \$	
2 Enter	the amount of the filing organ	nization's funds contributed to other	er organizations for se	ction 527	
exemp	ot function activities			▶\$	
		s. Add lines 1 and 2. Enter here an	,		
4 Did th	e filing organization file <b>Form</b>	1120-POL for this year?			Ves L No
	•	mployer identification number (EIN	•	•	0 0
		ation listed, enter the amount paid			
	•	omptly and directly delivered to a			ite segregated fund or a
politic	al action committee (PAC). If	additional space is needed, provid	le information in Part I	V.	
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
	·				

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

Schedule C (Form 990 or 990-EZ) 2011

			- La till oagii Li oii pt		
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures	_				

Schedule C (Form 990 or 990-EZ) 2011

## Schedule C (Form 990 or 990-EZ) 2011 PUBLIC POWER COUNCIL 91-101595 | Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b	)
	Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(5	), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members		b) Part	III-A, lin	e 3, is
i Dues, assessments and similar amounts non-members		11		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		. 1		
expenses for which the section 527(f) tax was paid).	cal			
expenses for which the section 527(f) tax was paid).  a Current year	cal	2a		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	cal	2a 2b		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	cal	2a 2b 2c		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	cal	2a 2b 2c		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	cal	2a 2b 2c		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	cess	2a 2b 2c 3		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cess	2a 2b 2c 3		
<ul> <li>expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>	cess	2a 2b 2c 3		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information	cess	2a 2b 2c 3		
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	cess	2a 2b 2c 3	e 1. Also, c	complete
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	cess	2a 2b 2c 3	e 1. Also, c	complete
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	cess	2a 2b 2c 3	e 1. Also, c	complete
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	cess	2a 2b 2c 3	e 1. Also, c	complete
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	cess	2a 2b 2c 3	e 1. Also, c	complete
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	cess	2a 2b 2c 3	e 1. Also, c	complete
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	cess	2a 2b 2c 3	e 1. Also, c	complete
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)	cess	2a 2b 2c 3	e 1. Also, c	complete
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	cess	2a 2b 2c 3	e 1. Also, c	complete
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	cess	2a 2b 2c 3	e 1. Also, c	complete

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

PUBLIC POWER COUNCIL

Employer identification number 91-1015971

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		corically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year <b>&gt;</b>	, , ,	3
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	•	
	conservation easements.		3
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descril	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical treat		<u> </u>
	the following amounts required to be reported under SFAS 1:		
а	Revenues included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		

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

	t III   Organizations Maintaining C	ollections of A		torical Tr	easures.	or Other	Simil		ets (cont		
3	Using the organization's acquisition, accession										
Ū	(check all that apply):	on, and other record	ao, onco	carry or the	Tollowing the	at are a sign	mount	400 01 110	CONCOLIO	111011	
а	Public exhibition	c		l nan or evo	hange progr	ame					
b	Scholarly research	e			mange progr						
	Preservation for future generations	•	<del>,</del>	Oti 16i							
C	_	llootions and ovalo	in how th	ov further t	ho organizat	ion's overn	t nurne	ooo in Do	4 VIV		
4	Provide a description of the organization's co							ose III ra	IL AIV.		
5	During the year, did the organization solicit or to be sold to raise funds rather than to be ma								Yes		] Na
Par	t IV Escrow and Custodial Arran										<u> No</u>
ı aı	reported an amount on Form 990, Par		ete ii trie	organizatio	n answered	res to ro	1111 990	, Part IV,	iirie 9, or		
12	Is the organization an agent, trustee, custodi		diany for	contribution	ac or other as	seate not in	cludod				
ıa									Yes		No
<b>h</b>	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIV								⊔ res		」 NO
Ь	in res, explain the arrangement in Part XIV	and complete the ic	bilowing	table.					Λ m α ι ι m		
_	Designation belongs						40		Amoun		
	Beginning balance						1c 1d				
	Additions during the year						1e				
	Distributions during the year						1f				
f	Ending balance	000 Dart V line					$\overline{}$		Yes		TN <sub>2</sub>
	Did the organization include an amount on Fo	orm 990, Part X, line	21?					└	⊔ Yes		J No
	b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
ı uı	Endownient i anas. Complete ii				(c) Two yea		Three	vaare hack	(e) Four	Veare	hack
4.	Designing of year halance	(a) Current year	(B) P	rior year	(C) TWO yea	15 Dack (a)	тинее у	Gai S Dack	(e) i oui	years	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
	End of year balance		<u> </u>								
	Provide the estimated percentage of the curr	ent year end baland	-	g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should be a sh	-									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd administe	ered for the	organiz	zation	ı		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Land, Buildings, and Equipm	i									
	Description of property	(a) Cost or o			or other	(c) Accı		ed	( <b>d</b> ) Boo	k valu	е
		basis (investr	nent)	basis	(other)	depre	ciation				
	Land										
	Buildings		001				255				0.4
	Leasehold improvements	···	821.				357				84.
d	Equipment	86	152.				730	52.		131	<u> </u>
е	Other										

Part VII Investments - Other Securities. See Form 990, Part X, line 12.	rage e
(a) Description of security or category (including name of security)  (b) Book value  (c) Method of value  Cost or end-of-year materials	
(1) Financial derivatives	
(2) Closely-held equity interests	
(3) Other	
(A)	
(B)	
(C) (D)	
(E)	
(F)	
(G)	
(H)	
(1)	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	
Part VIII Investments - Program Related. See Form 990, Part X, line 13.	
(a) Description of investment type (b) Book value (c) Method of value Cost or end-of-year materials	
(1)	
(2)	
(3)	
(4) (5)	
(6)	
(8)	
(9)	
(10)	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	
Part IX Other Assets. See Form 990, Part X, line 15.	(la) Dankwalius
(a) Description	(b) Book value
<u>(1)</u>	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.	<u> </u>
1. (a) Description of liability (b) Book value  (1) Federal income taxes	
(2) COMPENSATED ABSENSES 78550.	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)  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 flability for uncer 2. FIN 48 (ASC 740).	

		Reconciliation of Change in Net Assets from Form 990 to	Audite	d Finan	cial S	taten	nents	rage :
1		evenue (Form 990, Part VIII, column (A), line 12)			1			2928853.
2		expenses (Form 990, Part IX, column (A), line 25)			2			2766402.
3		s or (deficit) for the year. Subtract line 2 from line 1			3			162451.
4		realized gains (losses) on investments			4			-114489.
5		ed services and use of facilities			5			
6		ment expenses			6			
7		period adjustments			7			
8		(Describe in Part XIV.)			8			
9		adjustments (net). Add lines 4 through 8			9			-114489.
10		s or (deficit) for the year per audited financial statements. Combine lines 3 and			10			47962.
		Reconciliation of Revenue per Audited Financial Statemen				er Re	turn	
1	Total r	evenue, gains, and other support per audited financial statements					1	2814364.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:						
а		realized gains on investments	2a	-1	1448	39.		
b		ed services and use of facilities	-					
С		eries of prior year grants						
d		(Describe in Part XIV.)						
e		nes <b>2a</b> through <b>2d</b>					2e	-114489.
3		act line <b>2e</b> from line <b>1</b>				····· <b>–</b>	3	2928853.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:						
a		ment expenses not included on Form 990, Part VIII, line 7b	4a					
b		(Describe in Part XIV.)						
c		nes <b>4a</b> and <b>4b</b>					4c	0.
5		evenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> 12.)					5	2928853.
	rt XIII	Reconciliation of Expenses per Audited Financial Statemen	ents Wi	th Expe	nses	per F		
1		expenses and losses per audited financial statements					1	2766402.
2		nts included on line 1 but not on Form 990, Part IX, line 25:						
а		ed services and use of facilities	2a					
b		ear adjustments						
С		losses	1 - 1					
d		(Describe in Part XIV.)	-					
		nes <b>2a</b> through <b>2d</b>					2e	0.
3		act line <b>2e</b> from line <b>1</b>				·····	3	2766402.
4		nts included on Form 990, Part IX, line 25, but not on line <b>1</b> :						
а		ment expenses not included on Form 990, Part VIII, line 7b	4a					
		(Describe in Part XIV.)	4b					
		nes <b>4a</b> and <b>4b</b>					4c	0.
5		expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)					5	2766402.
		Supplemental Information					<u> </u>	
		is part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III						
X, lin	e 2; Par	t XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	lete this p	part to pro	vide an	ıy addi	tional inf	ormation.

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

Department of the Treasury

Internal Revenue Service

### Compensation Information

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

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

➤ Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PUBLIC POWER COUNCIL

**Employer identification number** 91-1015971

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

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

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C)	(D)	<b>(E)</b> Total of columns	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(i)	200882.	0.	0.	22000.	24000.	246882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	
	(i)	133854.	0.	0.	15000.	22000.	170854.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	139129.	0.	0.	15000.	11000.	165129.	
3 KEVIN O'MEARA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							_
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i) (ii)							
	(i) (i)							
	(ii)							
10	(")							

### SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

PUBLIC POWER COUNCIL

Employer identification number 91-1015971

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

LOW COST AND ENVIRONMENTALLY SOUND WHOLESALE POWER SUPPLY.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS CONSIST OF PUBLICLY-OWNED AND OTHER CONSUMER-OWNED ELECTRIC UTILITIES.

FORM 990, PART VI, SECTION A, LINE 7A: ANY ELIGIBLE UTILITY THAT HAS

SUPPORTED THE COUNCIL FINANCIALLY BY CONTRIBUTING VOLUNTARY MEMBER DUES AND

ASSESSMENTS DURING THE YEAR IS ENTITLED TO PARTICIPATE IN THE ELECTION OF

THE GOVERNING BODY BY CASTING A VOTE(S).

FORM 990, PART VI, SECTION A, LINE 7B: BUDGETS ARE APPROVED BY THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE SECRETARY/TREASURER AND PRESENTED TO THE EXECUTIVE COMMITTEE BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS DISCUSSED AT LEAST

ANNUALLY AT EXECUTIVE COMMITTEE MEETINGS AND AN AFFIDAVIT IS OBTAINED FROM

EXECUTIVE COMMITTEE MEMBERS AND OFFICERS AT LEAST ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR THE BUDGET COMMITTEE

PROPOSES SALARY RANGES BASED ON POSITION, EXPERIENCE AND COMPARABILITY DATA

FOR THE EXECUTIVE COMMITTEE TO APPROVE AS PART OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.

Name of the organization PUBLIC POWER COUNCIL	Employer identification number 91-1015971
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC:
JOHN GERSTENBERGER - 3521 DAVIS DRIVE, HOOD RIVER, OR 970	31
TED COATES - PO BOX 11007, TACOMA, WA 98411	
ED BROST - PO BOX 2407, PASCO, WA 99302	
PAT MCGARY - PO BOX 8900, VANCOUVER, WA 98668	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-114489.
PART XII, LINE 2C	
AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE EXECUTIVE	E DIRECTOR AND THE
EXECUTIVE COMMITTEE. THIS PROCESS HAS NOT CHANGED FROM PR	TIOR YEARS.