# **COMMITTEE ON NATURAL RESOURCES**

## **Disclosure Form**

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

Oversight hearing on "Increased Electricity Costs for American Families and Small Businesses: The Potential Impacts of the Chu Memorandum."

Fo	or Inc	dividuals:
1.	Naı	me:
2.	Ado	dress:
3.	Em	ail Address:
4.	Pho	one Number:
		* * * *
Fo	or W	itnesses 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: [Information redacted for privacy]

5. Business Phone Number:

503-595-9775

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

Title/Date of Hearing - Oversight hearing on "Increased Electricity Costs for American Families and Small Businesses: The Potential Impacts of the Chu Memorandum." April 26, 2012

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- 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.
- f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

### In addition, for witnesses representing organizations:

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

### Secretary/Treasurer of PPC

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

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

Title/Date of Hearing - Oversight hearing on "Increased Electricity Costs for American Families and Small Businesses: The Potential Impacts of the Chu Memorandum." April 26, 2012

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

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: IOUs Respondent: BPA

Intervenors: PPC, Other publics and trade groups, OPUC, IPUC, Alcoa, Assoc of Public Agency Customers (APAC)

Ninth Circuit (Case No. 09-73288, etc.)

Whether BPA's Non-Rate decisions, if any, in its WP-10 rate case are unlawful; Pacific Northwest Power Planning and Conservation Act

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

Respondent: BPA

Ninth Circuit (Case No. 09-73228, 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. 08-74811, 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 No. 10-70743, 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: Cannon Power Group, LLC and Windy Flats Partners, LLC, et. al.

Respondent: BPA Intervenors: **PPC**, et. al.

Ninth Circuit (Case No. 11-72059, 11-72167 etc.)

Whether determinations in BPA's ROD on Interim Environmental Redispatch and Negative Pricing Policy are lawful; Pacific Northwest Power Planning and Conservation Act.

- j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.
- k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

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

Haladaadaddadbaaddbaadd

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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**

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

OMB No. 1545-0047

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

Open to Public Inspection

A I	For the	2010 calendar year, or tax year beginning and	ending	_	
B	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	PUBLIC POWER COUNCIL			
	□Name □change □Initial	V		91-1	015971
Ļ	return	, , , , , , , , , , , , , , , , , , ,	Room/suite		
F	Termin- ated Amend		1225		<u>595-9770</u>
H	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 9722	1	for affiliates? <b>H(b)</b> Are all affiliates inc	
_	Tay aya	mpt status:		<b>⊣</b> ` ′	list. (see instructions)
<del>.</del>	Wehsit	e: ► WWW.PPCPDX.ORG	01 021	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	ı Year		A State of legal domicile: WA
Pá		Summary	<u> </u>		
_		Briefly describe the organization's mission or most significant activities: ${ t TO}$ P	ROMOTI	E THE COMMON	INTERESTS
Activities & Governance		OF CONSUMER-OWNED ELECTRIC UTILITIES. TO	O ENS	URE ACCESS T	O A
r n	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
∞ ∞		Number of independent voting members of the governing body (Part VI, fine 1b)			21
ies		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			11
Ĭ		Total number of volunteers (estimate if necessary)			0
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	l d	Net unrelated business taxable income from Form 990-T, line 34			
	, ,	Contributions and grants (Part VIII line 1h)		Prior Year 0 •	Current Year
Jue		Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)		2574972.	2521708.
Revenue		Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		28597.	53485.
æ		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.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1158622.	1153918.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b 1	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1354262.	1400287.
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2512884.	2554205.
- 10	19	Revenue less expenses. Subtract line 18 from line 12		90685.	20988.
is or			В	eginning of Current Year	End of Year
Ssel	20	Fotal assets (Part X, line 16)		833602. 137092.	875390.
Net Assets or Fund Balances	21	Fotal liabilities (Part X, line 26)		696510.	134068. 741322.
	art II	Net assets or fund balances. Subtract line 21 from line 20		030310•	/41322•
		ties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the hest of m	v knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			y miowiougo una sonon, ie io
	,	•			
Sig	n	Signature of officer		Date	
Her		SCOTT CORWIN, SEC/TREAS			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check If	PTIN
Pai		RICHARD CUNNINGHAM		04/22/11 self-employe	ed
	· +	Firm's name THE WEL GROUP, INC.		Firm's EIN ▶	
Use	Only	Firm's address 9755 SW BARNES ROAD, SUITE 660			<b>500</b> \ 000 10:5
		PORTLAND, OR 97225		Phone no. (	503) 233-1040
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t 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-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?
	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
42	allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2011721 • including grants of \$ ) (Revenue \$ 1979686 • )
44	(Code: ) (Expenses \$ 2011/21 including grants of \$ ) (Revenue \$ 1979686 including grants of \$ ) (Revenue \$ ) (Revenue \$ 1979686 including grants of \$ ) (Revenue \$ )
	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 REDIONDIBLE DIEWARD OF THE REGION D MATORAL REDOORCED:
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 • )
	TO MAINTAIN POWER DELIVERY UNDER PROGRAMS OF THE BONNEVILLE POWER
	ADMINISTRATION.
4-1	Other pregram continue (Decembe in Schedule O.)
4d	Other program services. (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 2554205 •
<u>4e</u>	Total program service expenses ► 2554205 • Earm 990 (2010)

## 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		X			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect						
	during the tax year? If "Yes," complete Schedule C, Part II	4					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or						
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 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		Х			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete						
	Schedule D, Part III	8		X			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide						
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?						
	If "Yes," complete Schedule D, Part V	10		X			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X						
	as applicable.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
	Part VI	11a	X				
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х			
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			.,			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			1 37			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X			
	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			Х			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f					
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	х				
	Schedule D, Parts XI, XII, and XIII	12a					
a	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.	401-		X			
40		12b		X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X			
14a b		14a					
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140					
.5	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						
	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			
20a		20a		Х			
	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)	20b					
				_			

Form **990** (2010)

# Part IV Checklist of Required Schedules (continued)

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, commin (A), line 17 If "Yes," compilete Schedule I, Parts I and If    22				Yes	No
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 21 if "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. But IV seems that all any of the year, that was sissed after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IV It "Yes," to go to line 25 Schedule IV. If "Not," go to line 25 Schedule IV. Part II IV. If "Not," go to line 25 Schedule IV. Part II IV. If "Not," go to line 25 Schedule IV. Part III IV. If "Not," go to line 25 Schedule IV. Part III IV. If "Not, go to go	21				37
column (A), line 2? If "Yes," complete Schedule I, Parts I and III  22			21		X
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   23   X   24   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 24 through 24d and complete Schedule I, "No", or to line 25   24a   X   X   24b   C   Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	22		22		Х
Schedule J  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  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  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 December 1, 2001  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b  25b Uses 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 25b  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, sughty compensated employee, or disqualified person outstanding as of the end of the organization is a year? If "Yes," complete Schedule L, Part II 25b  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee If "Yes," complete Schedule L, Part IV 25b  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 25c  Did the organi	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 fine 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b 27  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c 24d 24d 25c 3cetton 501(x)3) and 501(x)40 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				3,7	
schedule K. If "No"; go to line 25  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  d Did the organization maintain an escrow account other than a refunding escrew at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did 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 is prior Forms 990 or 990 E2? If "Yes," complete Schedule L, Part II   25b   25			23	X	
Schedule K. If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d  25d  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  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-E27 If "Yes," complete Schedule L, Part I  25d  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  25d  Was at he organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee, or a family member of a current or former officer, director, trustee, or key employee (if "Yes," complete Schedule L, Part IV  25d  26 A neathly of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or ke	24a				
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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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  32 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  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 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			28c		Х
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Did the organization liquidate, terminate, or dissolve and cease operations?   If "Yes," complete Schedule N, Part I   31	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
Did the organization liquidate, terminate, or dissolve and cease operations?   If "Yes," complete Schedule N, Part I   31		contributions? If "Yes," complete Schedule M	30		Х
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section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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			35		Λ
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  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	а				
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Note. All Form 990 filers are required to complete Schedule O		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			

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
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming			
Ŭ	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i				
	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			2b	Х	
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
За				За		Х
	If IIV a II has it filed a Farm COOT for this was of if IIV a II provide an explanation in Cobadula O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		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	Accou	nts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b				5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	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 set	rvices p	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	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	contrac	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file February			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	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.			_		
а	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:	۔مد ا	1			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
ь 11	Section 501(c)(12) organizations. Enter:	מטו				
''	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
b	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		?	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.		1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			-		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	<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 da, ob, or too solon, decomes the directions, proceeded, or ordings in contended of coordinates.			v
<u> </u>	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		V	N
4.	Enter the number of voting members of the governing body at the end of the tax year 2.3	1	Yes	No
	and the same of th			
b	Enter the number of voting members included in line 1a, above, who are independent			
2		2		х
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			-25
3	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		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, stockholders, or other persons who may elect one or more members of the	<u> </u>		
, .	governing body?	7a	Х	
h	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	1.0		
•	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
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
р	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	4Ch		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	\ NOTE			
17 10	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	o for		
18	public inspection. Indicate how you make these available. Check all that apply.	101		
	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,	and find	ncial	
פו	statements available to the public.	ariu illia	ıııcıdı	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation: 🖿	•	
20	SCOTT CORWIN @ PUBLIC POWER COUNCIL - 503-595-9770	ation.	_	
	825 NE MULTNOMAH, SUITE 1225, PORTLAND, OR 97232			
	, -, -, -, -, -, -, -, -, -, -, -, -, -,	Form	990	(2010)

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

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

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

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

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)	(B)	Ĭ		(0	-			(D)	(E)	(F)
Name and Title	Average hours per	(6)		Pos			dv)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule	ustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STEVE BOORMAN	O)	-	_		×	Τ θ	-			
CHAIRMAN	10.00	x		x				0.	0.	0.
PAUL ELIAS						Ť				
VICE-CHAIRMAN	10.00	x		X				0.	0.	0.
ED BROST										
VICE-CHAIRMAN	10.00	Х		Х	١.,			0.	0.	0.
PAT MCGARY										
VICE-CHAIRMAN	10.00	X		Х				0.	0.	0.
RICK CRINKLAW										
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
JOHN GERSTENBERGER										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
TOM HUTCHINSON										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
STEVE KLEIN										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
FRED MITCHELL									_	
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
DAVE MULLER										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
CLAY NORRIS		l								•
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
DAN PETERSON	2 00	37						0.	0.	0
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
JIM SANDERS EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
RAY SIELER	2.00	^						0.	0.	<u> </u>
EXECUTIVE COMMITTEE	2.00	х						0.	0.	0.
BRIAN SKEAHAN	2.00							0.	0.	
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
KEN SUGDEN	2.00	<del> </del>								<u></u>
EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
JORGE CARRASCO		† <u>-</u> -								
EXECUTIVE COMMITTEE	2.00	x	1		l		l	0.	0.	0.

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Form **990** (2010)

Form 990 (2010) PUBLIC P									91-1015	9/1	Pa	age <b>8</b>
Part VII   Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)			-	C)			(D)	(E)		(F)	
Name and title	Average	١,		Pos				Reportable	Reportable	Est	imate	d
	hours per	(C	heck	k all	that	app	ly)	compensation	compensation	l	ount o	of
	week (describe	to						from the	from related	l	other	tion
	hours for	director				pe		organization	organizations (W-2/1099-MISC)	comp	om the	
	related	trustee or	ustee			ensat		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	l	nizati	
	organizations	al trus	nal tr		loyee	comp		,			relate	
	in Schedule	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			orgai	nizatio	ons
	O)	릴	Si.	#0	, Ke	iž, ie	요					
TIM CULBERTSON												
EXECUTIVE COMMITTEE	2.00	Х						0.	0.			0.
PAUL DAVIES												_
EXECUTIVE COMMITTEE	2.00	Х						0.	0.			0.
BILL GAINES												_
EXECUTIVE COMMITTEE	2.00	X						0.	0.			0.
BILL WARD		l										_
EXECUTIVE COMMITTEE	2.00	Х						0.	0.			0.
SCOTT CORWIN	40.00			l	l	l		001065		_ ا		^ ^
SEC/TREASURER	40.00			Х	X	Х		201365.	0.	- :	300	JU.
NANCY BAKER	40.00							100000		, ا		^ ^
SENIOR TECH	40.00	_				X		129938.	0.	4	200	<u> </u>
KEVIN O'MEARA	40.00							126752		؍ ا		^ ^
DEPUTY DIRECTOR	40.00	<u> </u>				X		136752.	0.		200	JU.
MARK THOMPSOM	1000					7.		114701.		؍ ا	200	Λ Λ
SENIOR TECH	40.00					X		114/01.	0.		200	<del>JU.</del>
								582756.	0.		900	<u> </u>
1b Sub-total								0.	0.	3	000	00.
c Total from continuation sheets to Part V								582756.	0.	-	9000	
d Total (add lines 1b and 1c)						-\i					000	<del>,</del>
2 Total number of individuals (including but r	not limited to tr	iose	IIST	ed a	DOV	e) WI	no re	eceived more than \$100	J,000 in reportable			/
compensation from the organization										,	Yes	No
3 Did the organization list any <b>former</b> officer	director or tru	otoc	ko	v on	مامد		or h	sighast companyated or	mplayaa an			
line 1a? If "Yes," complete Schedule J for s				-				•	•	3		Х
, ,								har companation from		3		
4 For any individual listed on line 1a, is the sand related organizations greater than \$15	•							-	•	4	х	
<ul><li>5 Did any person listed on line 1a receive or</li></ul>										4	43	
rendered to the organization? If "Yes," con	•				•			•		5		Х
rendered to the organization? If Tes, Con	ipiete Scriedul	e u I	UI SI	uUII	pers	OII				<u> </u>		

### **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	

Form **990** (2010)

\$100,000 in compensation from the organization

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	1b 1c 1d ions) 1e ts, and ve 1f					
<u>a</u> 0	h	Total. Add lines 1a-1f						
Program Service Revenue	b	MEMBERS' DUES MEMBER FISH ASS SLICE ASSESSMEN EXPENSE REIMBUR	ITS	Business Code 221000 221000 221000 221000	1975866. 483174. 58848. 3820.	1975866. 483174. 58848. 3820.		
<u> P</u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			2521708.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond ¡	oroceeds	41883.			41883.
	6 a b	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 567263.	(ii) Other				
		Net gain or (loss)			11602.			11602.
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18	g events (not of 1c). See a					
됩		Less: direct expenses						
		Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	ctivities. See	<b>&gt;</b>				
		Less: direct expenses  Net income or (loss) from gam	b					
	b	Gross sales of inventory, less and allowances	a					
t	<u> </u>	Net income or (loss) from sale  Miscellaneous Revenu		Business Code				
-	11 a			Dualitess Code				
	b							
	С	·						
		All other revenue						
	e 12	<b>Total.</b> Add lines 11a-11d <b>Total revenue</b> . See instructions.			2575193.	2521708.	0.	53485.

## Part IX | Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	te columns (B), (C), and (I (C) Management and	( <b>D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	1	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,	60000			
	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)				
	and section 403(b) employer contributions)	32521.			
9	Other employee benefits	85284.			
10	Payroll taxes	68454.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	1686.			
С	Accounting	62594.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	965140.			
12	Advertising and promotion				
13	Office expenses	14050.			
14	Information technology				
15	Royalties				
16	Occupancy	157284.			
17	Travel	48849.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	73564.			
20	Interest				
21	Payments to affiliates				
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.) '	22500			
a	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	2554205			
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

Form **990** (2010)

Pa	rt X	Balance Sheet				
				(A) 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, direct				
		employees, and highest compensated employees.	Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as def				
		4958(f)(1)), persons described in section 4958(c)(3)	B), and contributing			
		employers and sponsoring organizations of section	501(c)(9) voluntary			
10		employees' beneficiary organizations (see instruction	ons)		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1724.	9	1256.
	10a	Land, buildings, and equipment: cost or other	10410-			
		basis. Complete Part VI of Schedule D10				
	b	Less: accumulated depreciation 10	рь 97386.		10c	28811.
	11	Investments - publicly traded securities		525764.	11	692918.
	12	Investments - other securities. See Part IV, line 11 .		91237.	12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	022600	15	075200	
	16	Total assets. Add lines 1 through 15 (must equal lines)		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	
Liabilities	21	Escrow or custodial account liability. Complete Part			21	
≣i	22	Payables to current and former officers, directors, t				
Lia		highest compensated employees, and disqualified				
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated			24	
	25	Unsecured notes and loans payable to unrelated the Other liabilities. Complete Part X of Schedule D		74242.	25	56792.
	26	Total liabilities Add lines 17 thus on OF		137092.		134068.
	20	Organizations that follow SFAS 117, check here	▶ X and complete	20.002.	20	
ý		lines 27 through 29, and lines 33 and 34.	una complete			
nce	27	Unrestricted net assets		627926.	27	673054.
ala	28	Temporarily restricted net assets		68584.	28	68268.
В	29				29	
Ë		Organizations that do not follow SFAS 117, chec				
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equip			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated incor			32	
Ž	33	Total net assets or fund balances		696510.	33	741322.
	34	Total liabilities and net assets/fund balances		833602.	34	875390.

Form **990** (2010)

Forn	1990 (2010) FOBLIC POWER COUNCIL	3T-T0T	J	Pa	ge 12	
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		$\frac{751}{542}$		
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3 Revenue less expenses. Subtract line 2 from line 1 3						
4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5		238		
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	22.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X	
b Were the organization's financial statements audited by an independent accountant?				X		
С	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					
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 Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			
			Form	<b>990</b> (	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 91-1015971

Pai	τl	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)		
3	Aggre	egate grants from (during year)		
4	Aggre	egate value at end of year		
5		ne organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
	are th	ne organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did th	ne organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only
	for ch	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impei	missible private benefit?		Yes No
Pai	t II	Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpo	ose(s) of conservation easements held by the organization	on (check all that apply).	
	Ш	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hi	storically important land area
	Ш	Protection of natural habitat	Preservation of a cer	tified historic structure
		Preservation of open space		
2	Comp	plete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day o	f the tax year.		
				Held at the End of the Tax Year
а				
b		acreage restricted by conservation easements		
С	Numb	per of conservation easements on a certified historic stru	cture included in (a)	2c
d		per of conservation easements included in (c) acquired a		ture
		in the National Register		2d
3	Numb	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year			
4		per of states where property subject to conservation eas		
5	Does	the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
		ions, and enforcement of the conservation easements it		
6		and volunteer hours devoted to monitoring, inspecting, a		
7		ant of expenses incurred in monitoring, inspecting, and e		
8		each conservation easement reported on line 2(d) above		
		ection 170(h)(4)(B)(ii)?		
9		rt XIV, describe how the organization reports conservation		
		de, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the organization's accounting for
<u> </u>		ervation easements.	Ast Illiated at Tonganous and	Nils and O'res' land Assessed
Pai	τIII	Organizations Maintaining Collections of		other Similar Assets.
		Complete if the organization answered "Yes" to Form S		
1a		organization elected, as permitted under SFAS 116 (ASC		
		rical treasures, or other similar assets held for public exhi		ance of public service, provide, in Part XIV,
		ext of the footnote to its financial statements that describ		
b		organization elected, as permitted under SFAS 116 (ASC		
		ures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	ublic service, provide the following amounts
		ng to these items:		<b>.</b> •
		evenues included in Form 990, Part VIII, line 1		
2		organization received or held works of art, historical trea		al gain, provide
		ollowing amounts required to be reported under SFAS 11		<b>.</b> •
а		nues included in Form 990, Part VIII, line 1		
b	Asset	s included in Form 990, Part X		• \$

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

Schedule D (Form 990) 2010

Pai	t III Organizations Maintaining C	ollections of A	rt, Historical 1	Treasures, o	r Other	Similar	Asse	<b>ts</b> (conti	nued)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of th	ne following that	are a sigr	ificant use	e of its	collection	n items
	(check all that apply):								
а	Public exhibition	d	Loan or ex	xchange prograi	ns				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organizatio	n's exemp	t purpose	in Par	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, historical tre	easures, or othe	r similar a	ssets		_	
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "`	Yes" to Fo	rm 990, P	art IV,	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi							7	
	on Form 990, Part X?						<u>L</u>	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
								Amount	
	Beginning balance					1c			
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?				└─	<b>∐</b> Yes	└── No
	If "Yes," explain the arrangement in Part XIV.								
Pai	t V Endowment Funds. Complete it	the organization an	swered "Yes" to I						
		(a) Current year	(b) Prior year	(c) Two years	back (d	Three year	rs back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities			` <b> </b>					
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	is:						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	<del>//</del> 6							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	l and administer	ed for the	organizati	ion		
	by:	_				-			Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?					3b	
4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Description of investment	(a) Cost or o	· · · · · · · · · · · · · · · · · · ·	st or other	(c) Acc	umulated		(d) Bool	value
		basis (investr	1 ' '	is (other)		ciation		(-,	
1a	Land								
	Buildings								
	Leasehold improvements		821.			30062	2.		13759.
	Equipment		376.			67324	1.		15052.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	= 10(c).)		<b>)</b>			28811.

Schedule D (Form 990) 2010

(including name of security)	(b) Book value		or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, I		
(a) Description of investment type	(b) Book value		c) Method of valuation:
(a) 2000 pilon or invocation sypt	(b) Doon raids	Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)		4	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		<u> </u>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lin	e 15		
	) Description		(b) Book value
(1)	,		(2) = 2 2 3 3 3 3 3 3 3
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X	(, line 25.	(1) A	
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2) COMPENSATED ABSENSES		56792.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
· · ·	ne 25.)	56792.	
Total. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740).	to the organization's financial	statements that reports the organiza	tion's liability for uncertain tax positions under
032053 12-20-10			Schedule D (Form 990) 2010
12 ZU 1U			2011cddic D (1 01111 990) 20 10

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Aug	dited Finan	cial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2575193.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2554205.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		20988.
4	Net unrealized gains (losses) on investments		4		23824.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		23824.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10		44812.
	rt XII Reconciliation of Revenue per Audited Financial Statements		nue per	Return	
1	Total revenue, gains, and other support per audited financial statements			. 1	2599017.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	a	23824		
b		b			
С		С			
	Other (Describe in Part XIV.)				
	Add lines 2a through 2d	•		2e	23824.
3	Subtract line <b>2e</b> from line <b>1</b>				2575193.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
-	Investment expenses not included on Form 990, Part VIII, line 7b	a			
	Other (Describe in Part XIV.)			-	
	A 11 F			4c	0.
5				. — —	2575193.
	rt XIII Reconciliation of Expenses per Audited Financial Statements	With Expe	nses p		
1	Total expenses and losses per audited financial statements				2554205.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a		a			
b		_		-	
	Other losses 20			-	
	Other (Describe in Part XIV.)			-	
	Add lines 2a through 2d	•		2e	0.
3					2554205.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			. 3	23312031
-		ا ،			
a	0.1 (5 11 1 5 1.10)			-	
		<u> </u>		- 40	0.
_	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			. 4c	2554205.
5 Pai	rt XIV Supplemental Information			.   3	2334203
		o 10 and 4: Da	ut IV lines	1b and Ob	Dort V. line 4: Dort
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete t				
Λ, ΙΙΙΙ	e 2, Fart AI, line 6, Fart AII, lines 20 and 4b, and Fart AIII, lines 20 and 4b. Also complete t	ins part to pro	vide arry a	additional in	iornation.

# 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.

2010

Open to Public Inspection

Name of the organization

PUBLIC POWER COUNCIL

Employer identification number 91-1015971

Test Cleck 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	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	No
First-class or charter travel  Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Tay 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.  Compensation committee  Independent compensation consultant  Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)  It b  Tay 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  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2	
Travel for companions  Tax indemnification and gross-up payments  Health or social club dues or initiation fees  Personal services (e.g., maid, chauffeur, chef)  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 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.  Compensation committee  Independent compensation consultant  Written employment contract  Compensation survey or study	
Tax indemnification and gross-up payments  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.  Compensation committee  Independent compensation consultant  Written employment contract  Compensation survey or study	
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.  Compensation committee  Independent compensation consultant  Written employment contract  Compensation survey or study	
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	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
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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.  Compensation committee  Independent compensation consultant  Compensation survey or study	
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  Independent compensation consultant  Written employment contract  Compensation survey or study	
CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  Compensation survey or study	
CEO/Executive Director. Check all that apply.  Compensation committee  Independent compensation consultant  Compensation survey or study	
Compensation committee  Independent compensation consultant  Written employment contract  Compensation survey or study	
Independent compensation consultant Compensation survey or study	
Form 990 of other organizations  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:	
a Receive a severance payment or change-of-control payment from the organization or a related organization?  4a	<u> </u>
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of:	
a The organization?  b Any related organization?  5b	
b Any related organization?  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:  a The organization?  6a	
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	
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	
9 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.

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (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.

	T (	(B) Breakdown of \	N-2 and/or 1099-MIS	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
(		201365.	0.	0.	22000.	8000.	231365.	0.
1 SCOTT CORWIN (i	_	0.	0.	0.	0.	0.	0.	0.
2 KEVIN O'MEARA (i	i)	136752. 0.	0. 0.	0. 0.	15000.	5000. 0.	156752. 0.	0.
3								
	i)							
_5 (i								
6 (i								
8 (1								
8 (i	_							
9 (i	i)							
10 (i								
11 (								
<u>12</u> (i								
(								
13 (i								
14 (i								
15 (i								

## 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
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	
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	RIOR YEARS.

## Form 8879-EO

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

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

20	4	N

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

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

➤ See instructions.

Employer identification number

PUBLIC POWER COUNCIL

91-1015971

.20

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 being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2575193
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
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.

### Off

icer's PIN: check one box only		
X   authorize THE WEL GROUP,	INC.	to enter my PIN 97232
	ERO firm name	Enter five numbers, bu do not enter all zeros
, ,	year 2010 electronically filed return. If I have indicated within	• •

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

Date  $\triangleright$  04/22/11

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 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)

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

Haladaadaddadbaaddbaadd

**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

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)

Inspection

OMB No. 1545-0047

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

Open to Public

B Check This box	<u>A I</u>	For the	e 2009 calendar year, or tax year beginning and ending	<u> </u>	
Description   Public Power   Double   Description   Descript	В	Check if applicabl	e. Ficase	D Employer identific	cation number
Seption   Sep		Addre chang			
Tax-exempts status:   X   Solicy   For   Total programs   Total program		chang	e type. Doing Business As		
Part   Summary   Single Constitutions and grants (Part VIII, line 1th)   Single Constitutions and grants (Part VIII, line 1th)   Single Grown (Part VIII, li	F	return		Suite E Telephone number	, 
City of town, state of county, and a pr + 4   City of town, and a p	F	-Jated	dod time		
Tax-exempts status   X   Solid City   Yes   X   No	F	∟return	City or town, state or country, and ZIP + 4		
Solid SW 55TH DRIVE, PORTLAND, OR 97221   High Area latilities included?   Yes   No. * attack altilities   Yes		⊥ltion	FORTHAND, OR 9/232	<b>—</b> ' ' ' '	
Tax-exempt status:			3616 CW 55mu DRIVE DODMIND OR 07221		
Website: ▶ WWW. PPCPDX. ORG	_	<b>-</b>			
Form of organization:					
Briefly describe the organization's mission or most significant activities: TO PROMOTE THE COMMON INTERESTS OF CONSUMER - OWNED BLECTRIC UTILITIES. TO ENSURE ACCESS TO A CONSUMER - OWNED BLECTRIC UTILITIES. THE ACCESS TO A CONSUMER - OWNED BLECTRIC UTILITIES. The OWNED BLECTRIC UTILITIES. TO ENSURE ACCESS TO A CONSUMER - OWNED BLECTRIC UTILITIES. TO ENSURE ACCESS TO A CONSUMER - OWNED BLECTRIC UTILITIES. TO ENSURE ACCESS TO A CONSUMER - OWNED BLECTRIC UTILITIES. TO ENSURE ACCESS TO A CONSUMER - OWNED BLECTRIC UTILITIES. TO ENSURE ACCESS TO A CONSUMER - OWNED BLECTRIC UTILITIES. TO ENSURE ACCESS TO A CONSUMER - OWNED BLECTRIC UTILITIES. TO ENSURE ACCESS TO A CONSUMER - OWNED BLECTRIC UTILITIES. TO ENSURE ACCESS TO A CONSUMER - OWNED BLEC					
Briefly describe the organization's mission or most significant activities: TO PROMOTE THE COMMON INTERESTS OF CONSUMER OWNED BLECTRIC UTILITIES. TO ENSURE ACCESS TO A  2 Check this box № if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of employees (Part VI, line 2a)  6 Total number of organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of employees (Part VI, line 2a)  6 Total number of organization discontinued in programs of the governing body (Part VI, line 1b)  7 Total gross unrelated business revenue from Part VIII, column (C), line 12  7 Total revenue (Part VIII, line 1b)  9 Program service revenue (Part VIII, line 1b)  10 Investment income (Part VIII, column (A), line 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 4)  13 Grants and similar amounts paid (Part IX, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 12)  15 Total revenue (Part VIII, column (A), line 14)  15 Total revenue (Part VIII, column (A), line 15)  16 Total provenue less expenses (Part IX, column (A), line 15)  17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24f)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets or fund balances. Subtract line 18 from line 12  21 Total liabilities (Part X, line 26)  22 Total assets or fund balances. Subtract line 21 from line 20  23 Total assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (P				real of formation. ± 5 7 7 10	Otate of legal dofficile, 1121
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B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (D), line 11e) 16 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), lines 11-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Part II Signature Block  10 Jale 24 Preparer's Signature Officer 25 Signature Officer 26 Signature Officer 26 Preparer's Signature Officer 27 Preparer's Signature Officer 28 Signature Officer 28 Signature Officer 29 Preparer's Signature Officer 20 Total substitute of officer O	Acti				
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (D, line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II   Signature Block  Under penalties of pairy, I declete that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge.  Paid  Preparer's Signature RICHARD CUNNINGHAM Preparer's Firm's name (or THE WRI, GROUP INC)	_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2215434 · 2603569 ·  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block    Value penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than officer)   Signature Preparer's signature   RICHARD CUNNINGHAM   Preparer's identifying number (see instructions)				Prior Year	Current Year
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 8d, 9d, 10d, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other revenue (Part VIII, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11e)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  24 Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Paid  26 Preparer's Signature Preparer's Signature Preparer's Signature Preparer's INF AND CUNNINGHAM Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's GROUP INC.	ne	1		2107205	2574072
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 8d, 9d, 10d, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other revenue (Part VIII, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11e)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  24 Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Paid  26 Preparer's Signature Preparer's Signature Preparer's Signature Preparer's INF AND CUNNINGHAM Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's GROUP INC.	ven				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Be	1		10139.	40397•
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1043049				2215434	2603560
14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1043049	_			2213434.	2003309.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1043049.   1158622.     16a Professional fundraising fees (Part IX, column (D), line 25)		1			
16a Professional fundraising fees (Part IX, column (A), line 11e)	"			1043049	1158622.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24t)   1219-641	ses			10130130	1130011
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24t)   1219-641	per	1	· ·		
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Paid Preparer's  Preparer's  RICHARD CUNNINGHAM  Preparer's  Firm's name (or THE WEIL GROUP TNC)  PINC A 2512884  - 47456  90685  Beginning of Current Year  End of Year  End	Щ	1		1219841.	1354262.
19 Revenue less expenses. Subtract line 18 from line 12   -47456				2262890.	2512884.
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature   Signature of officer   Date		19		-47456.	90685.
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature   Signature of officer   Date	ces		·		
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature   Signature of officer   Date	sets	20	Total assets (Part X, line 16)		
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature   Signature of officer   Date	t As	21	Total liabilities (Part X, line 26)		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Signature of officer  Signature of officer  Date  Preparer's identifying number (see instructions)  Preparer's signature  Preparer's identifying number (see instructions)  Preparer's preparer's identifying number (see instructions)	25	22		495176.	696510.
Sign Here  Signature of officer Signature of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date Signature of officer Signature of officer Type or print name and title  Paid Preparer's Preparer's signature RICHARD CUNNINGHAM Preparer's Firm's name (or THE WELL GROUP TNC)  FIN  FIN  FIN  FIN  FIN  FIN  FIN  FIN	Pa	art II			
Signature of officer  SCOTT CORWIN, SEC/TREAS  Type or print name and title  Paid Preparer's Preparer's signature  Preparer's signature  RICHARD CUNNINGHAM Preparer's name (or THE WELL GROUP TNC)  Firm's name (or THE WELL GROUP TNC)			and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	ents, and to the best of my knowled; ledge.	ge and belief, it is true, correct,
Signature of officer  SCOTT CORWIN, SEC/TREAS  Type or print name and title  Paid Preparer's Preparer's signature  Preparer's signature  RICHARD CUNNINGHAM Preparer's name (or THE WELL GROUP TNC)  Firm's name (or THE WELL GROUP TNC)				1	
SCOTT CORWIN, SEC/TREAS  Type or print name and title  Paid Preparer's Preparer's signature Preparer's Signature Preparer's Firm's name (or THE WELL GROUP TNC)  THE WELL GROUP TNC			Signature of officer	I Date	
Type or print name and title  Paid Preparer's signature RICHARD CUNNINGHAM  Preparer's Preparer's name (or THE WELL GROUP TNC.	Her	е	ļ',	24.0	
Paid Preparer's Firm's name (or THE WELL GROUP TNC.			1		
Preparer's signature RICHARD CUNNINGHAM 05/13/10 employed Firm's name (or THE WELL GROUP TNC.				Check if Prepare	er's identifying number
Preparer's Firm's name (or THE WEIL GROUP TNC	Pai	d		colf_   (see ins	structions)
		•	Firm's name (or THE WELL GROUP TNC.	EIN >	
use Unity   yours in   self-employed),	Use	Unly	self-employed), \$\infty 9755 SW BARNES ROAD, SUITE 660		
address, and ZIP + 4 PORTLAND, OR 97225 Phone no. ► (503) 233-1040				Phone no. ► (	503) 233-1040
	Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Pa	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?
	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	(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.
	(Code: ) (Expenses \$ 483174 • including grants of \$ ) (Revenue \$ 483174 •
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 \$ 59066 • including grants of \$ ) (Revenue \$ 127650 •
	TO MAINTAIN POWER DELIVERY UNDER PROVISIONS OF THE NORTHWEST POWER
	PLANNING AND CONSERVATION ACT.
<del></del>	Other and a service of (December 19 Ochested) O
4d	Other program services. (Describe in Schedule O.)
46	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ 2512884 •
<u></u>	rami braginin an mar arbanasa. W

932002 02-04-10

## 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		<u> </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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II			
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	10		x
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	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
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			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		
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	4.41-		х
45		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, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	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	-''		<del></del> -
10	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,"	-10		_ <del></del>
.0	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	y -p			

Form **990** (2009)

# 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		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	Х	
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 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):			Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		- 22
C	file in the second seco	28c		Х
29	an officer, 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	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?  If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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** (2009)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		
_	Tax Shelter Transaction?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		X
	any contributions that were not tax deductible?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
a	provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)  Section 4047(a)(1) non-exempt charitable truste is the examplestion filing Form 900 in liquid Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
Ŋ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

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

sec	tion A. Governing Body and Management				1.,	<del></del>
		ر ا	1	21	Yes	No
	Enter the number of voting members of the governing body	1a		21		
b	Enter the number of voting members that are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					х
2	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?					x
4	of officers, directors or trustees, or key employees to a management company or other person?					X
4 5						X
6	Does the organization have members or stockholders?				X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me			·····   •	+ **	
<i>i</i> a	governing body?			7a	x	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other per				X	<del></del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken					
Ŭ	by the following:	aariin	g trio your			
а	The governing body?			8a	х	
	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			<u>55</u>	† <del></del>	
•				9	x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			·····		<u> </u>
			,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such					
			, ,	10b	,	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi				Х	
11A		Ū				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou					
	to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If					
	in Schedule O how this is done			120	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ment v	vith a			
	taxable entity during the year?			16a	1	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization adopted as the procedure requirement of the procedu					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anizat	ion'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 990-1	(501	c)(3)s only) ava	ilable 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, or	conflic	t of interest poli	cy, and fir	ancial	
00	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 $-503-595-9770$		oras of the org	anization:	<b>-</b>	
	825 NE MULTNOMAH, SUITE 1225, PORTLAND, OR 97232	'				
	023 NE MODINOMAII, BOITE 1223, FORTHAND, OR 3/232			For	n <b>aan</b> /	(2000)

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

#### 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 vear. 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)	(C)		(D)	(E)	(F)				
Name and Title	Average hours	(cł		Pos		app	ılv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	H					<u>,,                                    </u>	from the	from related organizations	other compensation
	W GOIN	ndividual trustee or director	stee			nsated		organization	(W-2/1099-MISC)	from the
		ıal trust	Institutional trustee		ployee	co mpe		(W-2/1099-MISC)		organization and related
		Individu	Instituti	Officer	Key employee	Highest compensated employee	Former			organizations
STEVE BOORMAN					1			_	_	
CHAIRMAN	10.00	Х		X				0.	0.	0.
PAUL ELIAS	10 00	37		37					_	0
VICE-CHAIRMAN ED BROST	10.00	Х		Х				0.	0.	0.
VICE-CHAIRMAN	10.00	x		Х				0.	0.	0.
PAT MCGARY	20100			-						
VICE-CHAIRMAN	10.00	x		Х				0.	0.	0.
RICK CRINKLAW										
EXECUTIVE COMMITTEE	2.00	X						0.	0.	0.
TIM CULBERTSON										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
PAUL DAVIES										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
BILL GAINES	2 00	37							_	0
EXECUTIVE COMMITTEE  JOHN GERSTENBERGER	2.00	Х						0.	0.	0.
EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
TOM HUTCHINSON	2.00							0.	0.	
EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
STEVE KLEIN								-		
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
FRED MITCHELL										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
DAVE MULLER										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
CLAY NORRIS	2 00	37							_	0
EXECUTIVE COMMITTEE  DAN PETERSON	2.00	Х						0.	0.	0.
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
JIM SANDERS	2.00							-	0.	
EXECUTIVE COMMITTEE	2.00	x						0.	0.	0.
RAY SIELER										
EXECUTIVE COMMITTEE	2.00	Х						0.	0.	0.
										Carres 000 (0000)

932007 02-04-10

											<u> </u>	<u>.g.</u> -
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average			Pos	ition	1		Reportable	Reportable	Es	stimate	d
	hours	(c	hecl	call t	that	app	ly)	compensation	compensation		mount o	of
	per week	Individual frustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org an	other npensat rom the ganization d relate anization	e on ed
BRIAN SKEAHAN												
EXECUTIVE COMMITTEE	2.00	X						0.	0.			0.
KEN SUGDEN												
EXECUTIVE COMMITTEE	2.00	х						0.	0.			0.
BILL WARD												
EXECUTIVE COMMITTEE	2.00	Х						0.	0.			0.
JORGE CARRASCO												
EXECUTIVE COMMITTEE	2.00	X						0.	0.			0.
SCOTT CORWIN												
SEC/TREASURER	40.00			Х	Х	Х		191460.	0.		3000	00.
NANCY BAKER												
SENIOR TECH	40.00					Х		129439.	0.		2000	00.
KEVIN O'MEARA												
DEPUTY DIRECTOR	40.00					X		128294.	0.		2000	<u> </u>
MARK THOMPSOM												
SENIOR TECH	40.00					X		104359.	0.		2000	<u> </u>
								•				
1b Total								553552.	0.		9000	00.
Total number of individuals (including but including					hove	2) w	no re					
compensation from the organization	iot iiiiiiod to ti	1000		J <b>u</b> u.	5011	٠, ٠٠٠			,,000 iii 10poi table			4
											Yes	No
3 Did the organization list any former officer	, director or tru	istee	, ke	y em	nplo	yee,	or h	nighest compensated er	mployee on			
line 1a? If "Yes," complete Schedule J for	such individual									3		Х
4 For any individual listed on line 1a, is the s	um of reportab											
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	," co	mpl	ete S	Sche	edule	e J f	or such individual	-	4	Х	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to												

#### **Section B. Independent Contractors**

the organization? If "Yes," complete Schedule J for such person

\$100,000 in compensation from the organization

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 liste			

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		· ,	.C I OWILL	COONCID			<u> </u>	J/I Fage 0
Pa	rt VII	Statement of Rever	nue					
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts Its	1 a	Federated campaigns	1a					
교	b	Membership dues	1b					
s, g	С	Fundraising events						
argit		Related organizations						
JS, III		Government grants (contribut						
rioi I		All other contributions, gifts, gran						
the		similar amounts not included abo						
Contributions, gifts, grants and other similar amounts	q	Noncash contributions included in lines						
용制	_	Total. Add lines 1a-1f		<b>&gt;</b>				
				Business Code				
ø	2 a	MEMBERS' DUES		221000	1956816.	1956816.		
ا کز	b	MEMBER FISH ASS	SESSMENT	221000	483174.	483174.		
Program Service Revenue	С	SLICE ASSESSMEN	ITS	221000	127650.	127650.		
am eve	d	EXPENSE REIMBUR	RSEMENTS	221000	7332.	7332.		
PG	e							
<u>,</u>	f	All other program service reve	enue					
		Total. Add lines 2a-2f			2574972.			
	3	Investment income (including						
		other similar amounts)			29988.			29988.
	4	Income from investment of tax						
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross Rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	74109.					
	b	Less: cost or other basis						
		and sales expenses	75500.					
	С	Gain or (loss)						
		Net gain or (loss)			-1391.			-1391.
ø	8 a	Gross income from fundraising	g events (not					
ne		including \$	of					
ě		contributions reported on line						
7		Part IV, line 18	а					
Other Revenue	b	Less: direct expenses						
٦	С	Net income or (loss) from fund	draising events	<u></u>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	. <u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
L	С	Net income or (loss) from sale	s of inventory	<u> </u>				
Ĺ		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d		<b>&gt;</b>	060055	0554655		00555
- 1	12	Total revenue. See instructions.			i 2603569.1	2574972.	0.	28597.

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## Part IX | Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<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 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,									
Ū	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	553552.								
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	294772.								
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)	89723.								
9	Other employee benefits	150123.								
10	Payroll taxes	70452.								
11	Fees for services (non-employees):									
а	Management									
b	Legal	1944.								
С	Accounting	59172.								
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other	866562.								
12	Advertising and promotion	12617								
13	Office expenses	13617.								
14	Information technology									
15	Royalties	151600								
16	Occupancy	151692.								
17	Travel	57662.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	71106								
19	Conferences, conventions, and meetings	71196.								
20	Interest									
21	Payments to affiliates	11507.								
22	Depreciation, depletion, and amortization	5241.								
23 24	Other expenses, Itemize expenses not covered	2241.								
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)									
а	SLICE EXPENDITURES	59066.								
b	TELEPHONE	23837.								
c	DUPLICATION AND DISTRIB	16347.								
d	DUES MEMBERSHIPS AND PU	11579.								
e	EDUCATION & TRAINING	4840.								
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	2512884.								
26	Joint costs. Check here if following									
	SOP 98-2. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation									
00004	0.02-04-10				Form <b>990</b> (2000					

Pa	rt X	Balance Sheet					
		•			(A) Beginning of year		<b>(B)</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, di					
		employees, and highest compensated employe	es. Complete	Part II			
		of Schedule L	•			5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Co	omplete			
		Part II of Schedule L				6	
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
¥	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		100972.	48127.	10c	39678.
	11	Investments - publicly traded securities		A	180017.	11	525764.
	12	Investments - other securities. See Part IV, line			12	91237.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ		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	
S	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director					
abi		highest compensated employees, and disqualif	ied persons.	Complete Part II			
=		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third parties	s		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 he					
es		lines 27 through 29, and lines 33 and 34.					
ž	27	Unrestricted net assets			495176.	27	627926.
3ale	28	Temporarily restricted net assets				28	68584.
Ā	29			<u></u>		29	
Ξ		Organizations that do not follow SFAS 117, c					
ō		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
\ss	31	Paid-in or capital surplus, or land, building, or ed				31	
et /	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			495176.	33	696510.
	34	Total liabilities and net assets/fund balances			593811.	34	833602.

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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		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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	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:			
	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?	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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## 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.

2009
Open to Public Inspection

Name of the organization

Employer identification number

Pai	rt I Organizations Maintaining Donor Advised F		91-10159/1
Fai		fullus of Other Sillillar Fullu	is of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Funds and other accounts
	<u></u>	(a) Donor advised funds	(b) Fullds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	are the organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do	•	
Dai			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (		
	Preservation of land for public use (e.g., recreation or please		istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Hald Alba Ford Alba Tan Vann
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic struction		
d	Number of conservation easements included in (c) acquired afte		
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by tr	ne organization during the tax
	year >	At it is a set of N	
4	Number of states where property subject to conservation easem		•
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it ho		
6 7	Staff and volunteer hours devoted to monitoring, inspecting, and onfo		
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above s	•	
9	and section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation or a section of the section of	aggements in its revenue and expans	***************************************
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	3 illianda statements that describe.	s the organization a accounting for
Pai	rt III Organizations Maintaining Collections of A	rt. Historical Treasures. or 0	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990	•	
	<u> </u>		
1a	If the organization elected, as permitted under SFAS 116, not to	report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ-	·	
	the footnote to its financial statements that describes these item		,, ,
b	If the organization elected, as permitted under SFAS 116, to rep		nce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, or re		
	these items:	•	,1
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b>
2	If the organization received or held works of art, historical treasu		
	the following amounts required to be reported under SFAS 116 in		
а		-	<b>&gt;</b> \$
			<b>.</b> .
			•

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

Pa	rt III Organizations Maintaining Co	ollections of A	rt, Historical Tr	easures, or (	Other	Similar Ass	ets (cont	inued)
3	Using the organization's acquisition, accessio	n, and other record	ls, check any of the	following that ar	e a sign	ificant use of it	s collectio	n items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research e Other							
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explai	n how they further t	he organization's	s exemp	t purpose in P	art XIV.	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							
	to be sold to raise funds rather than to be mai						Yes	└─ No
Pa	rt IV Escrow and Custodial Arrang		ete if organization a	nswered "Yes" to	Form 9	90, Part IV, lin	e 9, or	
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodia						_	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the fo	llowing table:					
						_	Amoun	<u>t                                      </u>
	• • • • • • • • • • • • • • • • • • • •					1c		
d	Additions during the year					1d		
e	<b>J</b> ,					1e		
f	Ending balance		040			1f		
	Did the organization include an amount on Fo	rm 990, Part X, line	21?			L	Yes	└── No
	rt V Endowment Funds. Complete if	the examination on	ayyarad "Vaa" ta Fa	vrm 000. Dort IV	lina 10			
ı a	Endowment i unus. Complete ii	(a) Current year	(b) Prior year	(c) Two years ba		Three years bac	k (a) Four	years back
10	Beginning of year balance	(a) Current year	(b) Prior year	(C) TWO years be	ick (a)	Tillee years bac	(e) i oui	years back
	[							
b	Net investment earnings, gains, and losses							
c d								
	011 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
·	and programs							
f	Administrative expenses							
g g								
2	Provide the estimated percentage of the year	end balance held a	ıs:					
– a		orra Balarios riola s	%					
b		%						
		_						
	Are there endowment funds not in the posses	sion of the organiz	ation that are held a	and administered	for the	organization		
	by:	J				3	[	Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations							
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b	
4	Describe in Part XIV the intended uses of the							
Pa	rt VI Investments - Land, Building:	s, and Equipm	<b>ent.</b> See Form 990	, Part X, line 10.				
	Description of investment	(a) Cost or o	ther (b) Cost	t or other	( <b>c)</b> Accu	mulated	(d) Bool	k value
		basis (investr	nent) basis	(other)	depre	ciation		
1a	Land							
b								
С		. 43	821.			25253.		18568.
d		^ ~	829.			75719.		21110.
	Other							
Tota	I Add lines 1a through 1e (Column (d) must ea	ual Form 990 Part	X column (R) line	10(c))				<u>39678.</u>

DIIDI TO	DOMED	COUNCIL
PIIRLTC	POWER	(COLINICALIA

Part VII Investments - Other Securities. See	Form 990, Part X, line 12	2.	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
Financial derivatives			
Closely-held equity interests			
Other OF DEDOCT	01007	END OF VEAD MADI	TIM 173 T TTM
CERTIFICATE OF DEPOSIT	91237.	END-OF-YEAR MARK	ET VALUE
	04000		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	91237.		
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 1		rali raktara.
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
Tatal (Col /b) must squal Form 000 Port V sol (P) line 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		
	Description		(b) Book value
•			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		<b>•</b>
Part X Other Liabilities. See Form 990, Part X, I	ine 25.		· • ·
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	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

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audit	ted Finan	cial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2603569.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2512884.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		90685.
4	Net unrealized gains (losses) on investments		4		110649.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		110649.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10		201334.
	rt XII Reconciliation of Revenue per Audited Financial Statements W			Return	
1	Total revenue, gains, and other support per audited financial statements				2714218.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	_	1	10649		
b	Donated services and use of facilities 2b				
c					
	Other (Describe in Part XIV.)				
	Add lines 2a through 2d			2e	110649.
3	- · · · · · · · · · · · · · · · · · · ·				2603569.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			.   3	
-	Investment expenses not included on Form 990, Part VIII, line 7b				
				-	
				- 4-	0.
	Add lines 4a and 4b				2603569.
5 Dai	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 V	With Eyne	neae ne		
	Total expenses and losses per audited financial statements				2512884.
1					2312001.
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.)			$\dashv$	0.
_	Add lines 2a through 2d				2512884.
3	Subtract line <b>2e</b> from line <b>1</b>			. 3	2312004.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l			
а	, , , , , , , , , , , , , , , , , , , ,			_	
	Other (Describe in Part XIV.)			_	0
С	Add lines 4a and 4b				0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			.   5	2512884.
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines				
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this	s part to pro	vide any a	ıdditional in	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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant 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:			
	Receive a severance payment or change-of-control payment?	4a		<u> </u>
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		
	The organization?	5a		<u> </u>
b	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u> </u>
b	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
0	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9		$\vdash$		
3	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
ΙΗΔ	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule J		990)	2009

032111

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

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

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

<b>(A)</b> Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(D) (E)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	(i)	191460.			21061.	8939.	221460.	183127.
SCOTT CORWIN	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### **SCHEDULE 0**

(Form 990)

## Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** 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.

SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE FORM 990, PART VI, 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### **SCHEDULE O**

(Form 990)

## **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No. 1545-0047
2000
2009
<b>L</b> 003
Open to Public
Inspection

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	E DIRECTOR AND THE
EXECUTIVE COMMITTEE. THIS PROCESS HAS NOT CHANGED FROM F	RIOR YEARS.

## Form 8879-FO

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

For calendar year 2009, or fiscal year beginning	, 2009, and ending

,20	2009
	LUUU

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

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

➤ See instructions.

Employer identification number

PUBLIC POWER COUNCIL 91-1015971

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 <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2603569
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	<b>2</b> b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	. 4b	
5a Form 8868 check here ▶  b Balance Due (Form 8868, line 3c)	. 5b	

#### 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 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

#### Offic

Officer's signature

cable, the organization's consent to electronic funds withdrawal.	,
eer's PIN: check one box only	
X   authorize THE WEL GROUP, INC.	to enter my PIN 97232
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within t is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au 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 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating cha program, I will enter my PIN on the return's disclosure consent screen.	•

#### Certification and Authentication Part III

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

93094097225

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  $\triangleright$  05/13/10 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. 10-23-09

Form **8879-EO** (2009)

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.

## 2008 Tax Return(s)

Prepared for PUBLIC POWER COUNCIL

CLIENT CODE: 27223

Account Number 139903

Release Number 2008.03010

Prepared by THE WEL GROUP, INC.

9755 SW BARNES ROAD, SUITE 660

PORTLAND, OR

97225

(503) 233-1040

Processing Date: 06/24/2009

Time: 11:04:43

Special Instructions

Messages

#### 2008 Return Summary PUBLIC POWER COUNCIL 91-1015971 FORM 990: 2,215,434. TOTAL REVENUE 2,262,890. TOTAL EXPENSES -47,456.EXCESS <DEFICIT> BEGINNING NET ASSETS 668,105. CHANGES IN NET ASSETS -125,473. ENDING NET ASSETS 495,176. BALANCE SHEET ANALYSIS ENDING TOTAL ASSETS 593,811. ENDING TOTAL LIABILITIES 98,635. ENDING TOTAL NET ASSETS OR FUND BALANCES 495,176. 0.

0.

ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11 THE WEL GROUP, INC. 9755 SW Barnes Road, Suite 660 Portland, OR 97225 P (503) 233-1040 F (503) 233-1077

June 23, 2009

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

Public Power Council:

Enclosed is the organization's 2008 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before August 17, 2009.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

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

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

OMB No. 1545-0047 Open to Public Inspection

_	heck if		d ending	D Employer identifica	tion number
8		use IRS			
	Addre			AV 0.5	
	Name	ge Doing Business As	77-48-4	91-10	15971
F	Initial return Termination	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number 503-2	32-2427
	Amen	nded tions ou		G Gross receipts \$	2,510,773.
	Applic	PORTLAND, OR 97232		H(a) Is this a group retu	
	pendi	F Name and address of principal officer:SCOTT CORWIN		for affiliates?	Yes X No
		3616 SW 55TH DRIVE, PORTLAND, OR 9722	21	H(b) Are all affiliates include	ded? Yes No
		xempt status: X 501(c) ( 6	7	If "No," attach a lis	t. (see instructions)
		ite: ► WWW.PPCPDX.ORG		H(c) Group exemption r	number >
		forganization: X Corporation Trust Association Other	L Year	of formation: 1977 M S	State of legal domicile: WA
Pa	art I				
ø	1	Briefly describe the organization's mission or most significant activities: TO I			
Activities & Governance				JRE OPEN ACCE	SS TO A
ern		Check this box 🕨 🔲 if the organization discontinued its operations or disp	osed of more	e than 25% of its assets.	
300				3	21
8		Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of employees (Part V, line 2a)		5	10
ķ	6	Total number of volunteers (estimate if necessary)		6	
Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	around recogniti		0.
	57			Prior Year	Current Year
ne	100	Contributions and grants (Part VIII, line 1h)			0 105 005
Revenue		Program service revenue (Part VIII, line 2g)		2,132,892.	2,197,295.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		54,964.	18,139.
7		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ALCOHOL:	2,187,856.	2,215,434.
	1000	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			The Real Property of
	100	Benefits paid to or for members (Part IX, column (A), line 4)	y at the second second second	700 100	4 040 040
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	E	722,488.	1,043,049.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	nnnen		
dx		Total fundraising expenses (Part IX, column (D), line 25)		1 004 700	1 010 011
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,204,798.	1,219,841.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,927,286.	2,262,890.
_0		Revenue less expenses. Subtract line 18 from line 12	ecco con	260,570.	-47,456.
Net Assets or Fund Balances		Control Company (Control Control Contr		753,727.	End of Year
SSE	20	Total assets (Part X, line 16)	1111000001		593,811.
Jet /	21	Total liabilities (Part X, line 26)	onimus	85,622. 668,105.	98,635. 495,176.
D	22	Net assets or fund balances. Subtract line 21 from line 20	instruction.	000,103.	493,170.
Pa	art II	Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements.	and to the best of my knowledge	and belief, it is true, correct.
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has	s any knowledge		
Sig	n	N			
Her		Signature of officer		Date	
1101		SCOTT CORWIN, SEC/TREAS			
		Type or print name and title			
5.		Preparer's Date			s identifying number
Pai	S. E. D.	signature RICHARD CUNNINGHAM 06/	23/09 se	If-	uctions)
	parer's	Firm's name (or THE WEL GROUP INC.		EIN ►	
Use	Only	self-employed), 9755 SW BARNES ROAD, SUITE 660			delign or ear
		address, and ZIP+4 PORTLAND, OR 97225		Phone no. ▶ (5	03) 233-1040
Mar	y the I	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No
_	01 12-		separate ins	structions.	Form 990 (2008)

Pa	rt III   Statement of Program Service Accomplishments (see instructions)
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 OPEN 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?
-	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	(Code: )(Expenses \$ 1,733,281. including grants of \$ )(Revenue \$ 1,661,903.)  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 OPEN
	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 \$ 529,609 including grants of \$ )(Revenue \$ 428,058 including grants of \$ ) (Revenue \$ ) (Revenue \$ 428,058 including grants of \$ ) (Revenue
	RESPECT TO ELECTRICITY GENERATION.
	<u></u>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	N/A
	,
	<del>(</del>
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$
4e	Total program service expenses ►\$ 2,262,890. (Must equal Part IX, Line 25, column (B).)
	program of the expenses, \$\psi\$ 17-27   made equal that \$\psi_1\$ are \$20, order \$\psi_1\$

Form 990 (2008) PUBLIC POWER COUNCIL
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)?	1	137	\$5.
	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1-10	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	1		
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was		11.1	
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	HE HEAD IN STREET HE WITH CONTROL OF STREET HEAD IN STREET HE STREET HEAD IN STREET HE STREET HEAD IN STREET H			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	100		15
	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			7.5
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	24a		x
E.	If "No", go to question 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		127
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	그들은 사용하는 사용을 하는 사용을 하는 것들은 사용이 되었다면 하는 것이 되었다. 그는 사용이 되었다면 하는 사용이 되었다면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다면 사용하다면 없는 것이 없는 것이었다면 없는 것이었다면 없는 것이었다면 없는 것이었다면 없는 것이 없는 것이었다면 없어요. 되었다면 없는 것이었다면 없는 것이었다면 없는 것이었다면 없는 것이었다면 없었다면 없었다면 없었다면 없다면 없었다면 없었다면 없었다면 없었	240		1
Zoa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		II
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	p. 101		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			II.
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	100	X

Page 4

# Form 990 (2008) PUBLIC POWER COUNCIL Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	-		
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	d 11	X
b	Have a family member who had a direct or indirect business relationship with the organization?			150
	If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional	The second		11
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	1	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	-	721	100
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1.75
	Schedule N, Part II	32	F = 3	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		471	1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	100	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)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form 990 (2008)

<ul> <li>1a Enter the number reported in Box 3</li> <li>U.S. Information Returns. Enter ·0· if</li> <li>b Enter the number of Forms W-2G inc</li> <li>c Did the organization comply with ba</li> </ul>	cluded in line 1a. Enter ·0· if not applicable ckup withholding rules for reportable payments to vendors and s? orted on Form W-3, Transmittal of Wage and Tax Statements, th or within the year covered by this return did the organization file all required federal employment tax ret	1b 0 reportable gaming	1c	Yes	No
<ul><li>U.S. Information Returns. Enter ·0- if</li><li>b Enter the number of Forms W-2G inc</li><li>c Did the organization comply with ba</li></ul>	not applicable cluded in line 1a. Enter ·0· if not applicable cluded in line 1a. Enter ·0· if not applicable ckup withholding rules for reportable payments to vendors and s? corted on Form W-3, Transmittal of Wage and Tax Statements, th or within the year covered by this return did the organization file all required federal employment tax return	1b 0 reportable gaming	1c		No
<ul><li>U.S. Information Returns. Enter ·0- if</li><li>b Enter the number of Forms W-2G inc</li><li>c Did the organization comply with ba</li></ul>	not applicable cluded in line 1a. Enter ·0· if not applicable cluded in line 1a. Enter ·0· if not applicable ckup withholding rules for reportable payments to vendors and s? corted on Form W-3, Transmittal of Wage and Tax Statements, th or within the year covered by this return did the organization file all required federal employment tax return	1b 0 reportable gaming	1c	X	
<ul><li>b Enter the number of Forms W-2G inc</li><li>c Did the organization comply with ba</li></ul>	cluded in line 1a. Enter ·0· if not applicable ckup withholding rules for reportable payments to vendors and s? orted on Form W-3, Transmittal of Wage and Tax Statements, th or within the year covered by this return did the organization file all required federal employment tax ret	1b 0 reportable gaming	1c	X	
c Did the organization comply with ba	ckup withholding rules for reportable payments to vendors and s?  orted on Form W-3, Transmittal of Wage and Tax Statements, th or within the year covered by this return  did the organization file all required federal employment tax ret	reportable gaming	1c	X	
	s?  orted on Form W-3, Transmittal of Wage and Tax Statements, th or within the year covered by this return  did the organization file all required federal employment tax ret		1c	Х	
(gambling) winnings to prize winners	orted on Form W-3, Transmittal of Wage and Tax Statements, th or within the year covered by this return did the organization file all required federal employment tax ret	1.2	10		
	th or within the year covered by this return did the organization file all required federal employment tax ret	2a 10			
	did the organization file all required federal employment tax reti	20			
			2b	X	-
	s greater than 250, you may be required to e-file this return. (see				
	business gross income of \$1,000 or more during the year cover		За	-	X
: [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	men and the second seco	ica by this totalit?	3b		
	r, did the organization have an interest in, or a signature or othe		- 0.0		
그 사용하다 얼마나 살아 하셨다면 하게 되었다. 사람이 하는 사람이 하는 것이 그렇게 하는 것이 없다.	y (such as a bank account, securities account, or other financia		4a		Х
b If "Yes," enter the name of the foreign		a doooding.	10	13	
	and filing requirements for Form TD F 90:22.1, Report of Foreign	Bank and			
Financial Accounts.	and ming requirements for Form 15 F 30 22.1, Nepolt of Foreign	) Dalik alla			
	rohibited tax shelter transaction at any time during the tax year?		5a		Х
그렇게 그 아이트 살이 하는 것이 되지 않아 그를 내려지 않아 하다 하다 하다.	anization that it was or is a party to a prohibited tax shelter trans		5b		X
BE - [40] 그렇다고 하다라면 다른다는 때 보이는 가장, 그 가는 [44] 그리면 다른다는 때 다른다.	ne organization file Form 8886-T, Disclosure by Tax-Exempt Entit	The state of the s	OB		
	a digamental monoscopy, production by the Entriple Entri	THE CASE OF THE PARTY OF THE PARTY.	5c		-
6a Did the organization solicit any cont			6a		X
그러 아들이 얼마나 하다면 하다면 무슨 이번에 살아 있다면 얼마나 얼마나 얼마나 먹었다.	e with every solicitation an express statement that such contribu		- 04		
		ALC ALC DE TOP TO THE STATE OF	6b		
	eductible contributions under section 170(c).	(**************************************	0,5		
	or services in exchange for any quid pro quo contribution of mo	ore than \$75?	7a		
	the donor of the value of the goods or services provided?		7b		
	or otherwise dispose of tangible personal property for which it				
	A STATE OF THE PROPERTY OF THE		7c		
	ms 8282 filed during the year				78.5
	r, receive any funds, directly or indirectly, to pay premiums on a				
	· · · · · · · · · · · · · · · · · · ·		7e		
f Did the organization, during the yea	r, pay premiums, directly or indirectly, on a personal benefit cor	ntract?	7f		11.2
	ellectual property, did the organization file Form 8899 as required		7g		
h For contributions of cars, boats, air	planes, and other vehicles, did the organization file a Form 1098	The state of the s	7h	-	1
	oring organizations maintaining donor advised funds and se	The state of the s			
supporting organizations. Did the	supporting organization, or a fund maintained by a sponsoring	organization, have			
excess business holdings at any tin	ne during the year?		8	= .	1
	oring organizations maintaining donor advised funds.				
a Did the organization make any taxal	ble distributions under section 4966?	***************************************	9a	P 7.1	+ "
	ution to a donor, donor advisor, or related person?		9b	_	
10 Section 501(c)(7) organizations. E	nter: N/A				
a Initiation fees and capital contribution	ons included on Part VIII, line 12	10a			
	90, Part VIII, line 12, for public use of club facilities				
11 Section 501(c)(12) organizations.	Enter: N/A	( ) T. V			
a Gross income from members or sha		11a			
	Do not net amounts due or paid to other sources against				
amounts due or received from them	V 2000-00-00-00-00-00-00-00-00-00-00-00-00	11b			

Form 990 (2008)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

Form 990 (2008) PUBLIC POWER COUNCIL 91–1015971 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 21			
b	Enter the number of voting members that are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	139	-	6
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	1
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:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	i L
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Ī
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	x	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies		_	
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	-		
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1,54		
	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	100	_	-
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	e for	_	
.0	public inspection. Indicate how you make these available. Check all that apply.	0 101		
	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,	and fin	ancial	
	statements available to the public.	7.00		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz SCOTT CORWIN @ PUBLIC POWER COUNCIL - 503-232-2427	ation:	_	
	825 NE MULTNOMAH, SUITE 1225, PORTLAND, OR 97232	_	_	
33200 12-18		Form	990	(200
/- 1B	(DC	1717111	1 2211	LE UI

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received
  reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related
  organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization,
   more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours	(0		Pos		n t app	olv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W·2/1099·MISC)	other compensation from the organization and related organizations
RICK CRINKLAW CHAIRMAN	10.00	x	N	x		Ĭ.	9	0.	0.	0.
STEVE BOORMAN VICE-CHAIRMAN	10.00	x	W.	x				0.	0.	0.
DICK HELGESON VICE-CHAIRMAN	10.00	X	ij.	x	i			0.	0.	0.
PAT MCGARY VICE-CHAIRMAN	10.00	Х		х		J		0.	0.	0.
NANCY BAKER SENIOR TECH	40.00							120,295.	0.	20,000.
KEVIN O'MEARA DEPUTY DIRECTOR SEE ATTACHED SCHEDULE OF	40.00							126,121.	0.	20,000.
EXEC COMM MEMBERS SCOTT CORWIN	2.00	х				-		0.	0.	0.
SEC/TREASURER	40.00			х				183,127.	0.	30,000.
	1									

Form 990 (2008)

Por week   Post   Pos	(F) imated ount of	Estim		(E) Reportable compensation	(D) Reportable compensation		1	C) ition	Pos			(B) Average hours		(A) and title			
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the organization.  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (M)  (A)  (N)  (A)  (N)  (A)  (N)  (D)  (D)  (D)  (D)  (D)  (D)  (D	ther	oth comper from organi and re		from related organizations	from the organization			j				per					
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the organization.  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (M)  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (M)  (M)  (M			+														
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3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the organization.  (A)  (B)  Name and business address  KANNER & ASSOCIATES, 400 NORTH CAPITOL ST	, , , ,					00,0	an \$	tha	nor	ed r	eceiv	in 1a) who re				Total ni	2
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the organization.  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C	Yes N	TY.	.			civin	tivetio	inie	eiki	e de Cara		T.13.1	ition	om the organization	satio	compe	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the organization.  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C			I	mployee on	nighest compensated er	or h	oyee	nplo	y e	e, ke							
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the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the organization.  (A)  (B)  (C)  Name and business address  Compensation of Services  KANNER & ASSOCIATES, 400 NORTH CAPITOL ST	Х	4 3															
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the organization.  (A) (B) (C) Name and business address (C) Description of services (C) Comper  KANNER & ASSOCIATES, 400 NORTH CAPITOL ST					The second secon												
the organization.  (A)  Name and business address  (B)  Description of services  Comper		5	CLES!			unin			HILL	son	pers	ile J for such		NAME OF TAXABLE PARTY.			
(A) (B) (C) Name and business address Description of services Comper KANNER & ASSOCIATES, 400 NORTH CAPITOL ST	om	ation fro	pens	\$100,000 of comp	that received more than	ors t	trac	con	ent	end	ndep	mpensated in	highest cor				
	) isation	(C)	С	services		٦			_			address			inizat	he org	
	7,15	187		ULTANT	UTILITY CONS	_	ST	L	ГО	PΙ	CA						
						+		_		_	_					-	

Form 990 (2008)

Pa	rt VIII	Statement of Rever	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	COUNTY TO THE PERSON OF THE PE					
am am	C	Fundraising events	1c					
ar	d	Related organizations	1d					
ns, imi	е	Government grants (contribut	ions) 1e					
rtio	f	All other contributions, gifts, gran	ts, and					
ig f		similar amounts not included above	ve 1f					
pp	g	Noncash contributions included in lines	1a-1f: \$					
0 g	h	Total. Add lines 1a-1f						
		Can be a second		<b>Business Code</b>				
ce	2 a				1769237.	1769237.		
ervi	b	MEMBER FISH ASS	ESSMENT		428,058.	428,058.		
n Si	С							
Rev	d							
Program Service Revenue	е			1			<i>6</i>	
۱ ۵		All other program service reve						
_		Total. Add lines 2a-2f			2197295.			
	3	Investment income (including			FF 070	J		0-0
		other similar amounts)			55,970.			55,970.
	4	Income from investment of ta	the second of th	The second secon		1		
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross Rents				1 11		1
		Less: rental expenses				1/1		
		Rental income or (loss)						-
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities 257508.	(ii) Other				
	h	assets other than inventory	237300.					
	b	Less: cost or other basis and sales expenses	295339.					
		Gain or (loss)						
		Net gain or (loss)		•	-37,831.			-37,831.
		Gross income from fundraisin			37,031.			37,031.
Other Revenue	0 4	including \$contributions reported on line	of 1c). See					
her	h	Part IV, line 18 Less: direct expenses						
ō		Net income or (loss) from fund		<b>&gt;</b>				
		Gross income from gaming ad						
	o u	Part IV, line 19	The state of the s					
- 1	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less				7		
		and allowances		4				
	b	Less: cost of goods sold						
		Net income or (loss) from sale		•				
1		Miscellaneous Revenu		Business Code				
1	11 a							
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total Revenue. Add lines 1h, 2g, 3,			2215434.	2197295.	0	. 18,139.
83200 02-02	-09							Form 990 (2008)

## Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			1 1 1 1 1 1 1	
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	429,543.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	354,494.			
7	Other salaries and wages	334,434.			
8	Pension plan contributions (include section 401(k)	79,492.			
0	and section 403(b) employer contributions)	102,889.			
9	Other employee benefits	76,631.			
10	Payroll taxes	70,031.			
11	Fees for services (non-employees):				
- 60	Management	7,408.			
b	Legal	50,353.			-
C	Accounting	30,333.			
a	Lobbying Son Both William 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	806,089.		4	
g	Other	000,003.			
12	Advertising and promotion	8,129.			
13	Office expenses	0,123.			
14	Information technology				
15	Royalties	152,536.			
16	Occupancy	50,857.			
17	Travel	30,037*			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Internal	66,098.			
		00,000			
21 22	Payments to affiliates  Depreciation, depletion, and amortization	7,590.			
23	and the control of th	5,796.			1
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	3,730			
а	MET EDITORE	26,248.			
b	DUPLICATION AND DISTRIB	23,325.			
C	DUES MEMBERSHIPS AND PU	15,327.			
d	MISC.	85.			
e					
f	All other expenses	75.0		li	
25	Total functional expenses. Add lines 1 through 24f	2,262,890.		L	
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form 990 (2008)
Part X | Balance Sheet

					(A) Beginning of year	Y	(B) End of		
	1	Cash - non-interest-bearing	2122121222		2,563.	1		2,5	50.
	2	Savings and temporary cash investments			252,646.	2		1,7	
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4	2	9,6	19.
- 1	5	Receivables from current and former officers, dire							
		employees, or other related parties. Complete Par	t II of S	chedule L		5			
	6	Receivables from other disqualified persons (as d							
		4958(f)(1)) and persons described in section 4958	(c)(3)(B)	. Complete					
		Part II of Schedule L				6			
ts	7	Notes and loans receivable, net	********			7			
Assets	8	Inventories for sale or use				8			V -
A	9	Prepaid expenses and deferred charges			789.	9		1,7	24.
	10a	Land, buildings, and equipment: cost basis	10a	139,907.					
	b	Less: accumulated depreciation. Complete		TANALTA	24 530				
		Part VI of Schedule D	10b	91,780.	25,711.	10c	4	8,1	27.
	11	Investments - publicly traded securities		1151125112151121212121211211211211	472,018.	11	18	0,0	17.
	12	Investments - other securities. See Part IV, line 11				12			
	13	Investments - program-related. See Part IV, line 1	1			13			
	14	Intangible assets		automorphological L		14			
	15	Other assets. See Part IV, line 11				15			
_	16	Total assets. Add lines 1 through 15 (must equal			753,727.	16		3,8	
	17	Accounts payable and accrued expenses			55,013.	17	6	0,9	60.
	18	Grants payable				18			
	19	Deferred revenue				19			
- 1	20	Tax-exempt bond liabilities				20			
es	21	Escrow account liability. Complete Part IV of School				21			
Liabilities	22	Payables to current and former officers, directors							
jak		highest compensated employees, and disqualified	d perso	ns. Complete Part II					
-		of Schedule L				22			
	23	Secured mortgages and notes payable to unrelate				23			
	24				20 600	24		F 6	-
	25	Other liabilities. Complete Part X of Schedule D			30,609.			7,6	
_	26	Total liabilities. Add lines 17 through 25			85,622.	26	9	8,6	35.
2.0		Organizations that follow SFAS 117, check her	e 🕨	A and complete					
nces	-	lines 27 through 29, and lines 33 and 34.			668,105.		40	5,1	70
lan	27	Unrestricted net assets	is terror res		000,103.		49	3,1	10.
Ba	28	Temporarily restricted net assets				28			_
pur	29					29			-
Ē		Organizations that do not follow SFAS 117, che	eck ner	e Land					
Net Assets or Fund Bala	20	complete lines 30 through 34.				20			
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ				30			_
t As	31	Retained earnings, endowment, accumulated inc		_		32			_
Ne	33				668,105.	33	19	5,1	76
	34	Total net assets or fund balances  Total liabilities and net assets/fund balances	*********		753,727.			3,8	
Pai	t XI	Financial Statements and Reporting	herekereke	diameterial minimissification of	155,121	04		5,0	110
11.50	24527	Thansa catomonto ana rioporting	_					Yes	No
1	Acco	ounting method used to prepare the Form 990:	Cast	X Accrual	Other				
2a		the organization's financial statements compiled			4. 696-2-7-8		2a		Х
b		the organization's financial statements audited by						Х	
		es" to lines 2a or 2b, does the organization have a						1 10	
-		w, or compilation of its financial statements and se					20	X	
3a		result of a federal award, was the organization req						-	
		and OMB Circular A-133?		The state of the s		all the street of	3a		X
b	If "Ye	es," did the organization undergo the required audi	t or auc	its?	***************************************		3b	IL.	
83201								990	(2008)

# Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that

OMB No. 1545-0047 Inspection

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

Vame	e of the organization PUBLIC POWER COUNC	TT.	Employer identification number 91-1015971
Par			
*	organization answered "Yes" to Form 990, Part IV, lin		ido di Produittoi complete il tile
_	organization anawered Tes to Conn 200, Fart (V, III	(a) Donor advised funds	(b) Funds and other accounts
	Total humbarat and of veer		(2) 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		PARTIE DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor	: [1] [1] -	
-	for charitable purposes and not for the benefit of the donor		
Par			0, Part IV, line 7.
	Purpose(s) of conservation easements held by the organiza  Preservation of land for public use (e.g., recreation or  Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualified con	pleasure) Preservation of an Preservation of ce	historically important land area ertified historic structure conservation easement on the last day
	of the tax year.		The second second second
	a value of the second of the s		Held at the End of the Year
a			
b			
C	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, reyear	released, extinguished, or terminated by	the organization during the taxable
4	Number of states where property subject to conservation e	easement is located >	_
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, violations	
	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting,	"이렇게 되었다는 이렇게 이렇게 하면 없이 하면서 이 것이 되었다"고 있다. 나타야기 되어 되었다.	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section	
9	In Part XIV, describe how the organization reports conserva include, if applicable, the text of the footnote to the organization easements.	그렇게 되면 어떻게 하게 되었다. 그렇게 되어 내려 되었다.	
Par	till Organizations Maintaining Collections	of Art. Historical Treasures, or	r Other Similar Assets.
1.154	Complete if the organization answered "Yes" to Forn	그 그 그 사람들은 사람들은 아니는 아니는 아니는 아니는 아니는 것이 아니는 아니는 아니는 것은 것이다.	
1a	If the organization elected, as permitted under SFAS 116, in treasures, or other similar assets held for public exhibition, the footnote to its financial statements that describes these	education, or research in furtherance of	
ь	If the organization elected, as permitted under SFAS 116, to or other similar assets held for public exhibition, education, these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	ougum+mum+morm-manas-d-aas-m-m-m-	
			L 1
	If the organization received or held works of art, historical tr	reasures, or other similar assets for final	ncial gain, provide
2	그렇게 되는 사람들은 그렇게 하면 하는 것이 되었다. 그렇게 하는 사람들이 하고 있는 것이 되었다. 이 없는 사람들이 되었다. 이 없는 사람들이 되었다.		
2	the following amounts required to be reported under SFAS	116 relating to these items:	
2 a	the following amounts required to be reported under SFAS Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	·	

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0			
b Buildings				
c Leasehold improvements	43,821.		20,317.	23,504
d Equipment	96,086.		71,463.	24,623
e Other				
Total. Add lines 1a-1e. (Column (d) should equal For	rm 990, Part X, column (B), I	ine 10(c).)		48,127

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		thod of valuation: d-of-year market value
inancial derivatives and other financial products			
Closely-held equity interests			
ther			
	14		
otal. (Col (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.		e 13.	
(a) Description of investment type	(b) Book value	(c) Me	ethod of valuation:
(a) Description of investment type	(a) Book Yalao	Cost or en	d-of-year market value
		111111111111111111111111111111111111111	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, li			
	a) Description		(b) Book value
otal. (Column (b) should equal Form 990, Part X, col (B	) line 15.)		
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.	(b) Amount	
		(b) Amount	
ederal income taxes COMPENSATED ABSENSES		27 675	
COMPENSATED ABSENSES		37,675.	
		37,675.	

#### SCHEDULE J (Form 990)

## Compensation Information

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

PUBLIC POWER COUNCIL

Inspection Employer identification number 91-1015971

		0	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,		inj	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	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)	1		
b	If line 1a is 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	. 2		Х
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	1	ALTER O	
	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:			
a	Receive a severance payment or change of control payment?	4a	-	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?		100	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.	8		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization?	. 5a		
b	Any related organization?	5b	1	
	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:			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7		
0	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-
В	***			

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-MISC compensation	SC compensation	Deferred	Nontaxable	(E) Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(Q)-(j)(B)	
	(0)	183,127.	0	0	0	30,000.	213,127.	1
SCOTT CORWIN		0	0.	0	0	0	0	
	0							
	(E)							
	(i)							
	<b>E</b>					1		
	(9)							
	(E)							$\neg$
	(3)							
	<u>E</u>							$\neg$
	(1)							$\neg$
	<u></u>							
	(9)							$\neg$
	(E)							$\neg$
	(6)							
	(ii)							$\neg$
	(6)							$\neg$
	(ii)							$\neg$
	()							$\neg$
	(ii)							-
	(ı)							
	(ii)							
	(i)							
	(ii)							$\overline{}$
	(6)							=
	(E)							$\neg$
	(1)							-1
	(ii)							7
	(i)							$\neg$
	(ii)							$\neg$
	(i)							
	(1)							

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990

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

2008
Open to Public Inspection

Name of the organization

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 A, LINE 10: 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 832211 12-18-08

## SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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

2008 Open to Public Inspection

Employer identification number Name of the organization 91-1015971 PUBLIC POWER COUNCIL FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: SCOTT CORWIN - 3616 SW 55TH DRIVE PORTLAND, OR 97221 RICK CRINKLAW - PO BOX 21410 EUGENE, OR 97402 STEVE BOORMAN - PO BOX 149 BONNERS FERRY, ID 83805 DICK HELGESON - PO BOX 10148 EUGENE, OR 97440 PAT MCGARY - PO BOX 8900 , WA 98668 VANCOUVER NANCY BAKER - 10640 NW LOST PARK DRIVE OR 97229 PORTLAND KEVIN O'MEARA - 3764 SE STEPHENS PORTLAND, OR 97214

## Form **8868**

(Rev. April 2008) Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi of complete Part II unless you have already been granted an automatic 3-month extension on a previously	s form).	
Parl	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corp	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co only	mplete	<b></b> ▶□
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a income tax returns.	an exten	sion of time
noted (not all you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or clust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic irs.gov/efile and click on e-file for Charities & Nonprofits.	nically if onsolida	(1) you want the additional ated Form 990-T. Instead,
Туре	or Name of Exempt Organization	Empl	oyer identification number
print	PUBLIC POWER COUNCIL	9	1-1015971
File by due dat filing your return. I instruct	Number, street, and room or suite no. If a P.O. box, see instructions.		
	Form 990-EZ Form 990-T (trust other than above) Form	5227 6069	
• The Tell • If t	Form 990-EZ Form 990-PF Form 990-PF  SCOTT CORWIN @ PUBLIC POWER COUNCIL  be books are in the care of \$\int 825 \text{ NE MULTNOMAH}\$, SUITE 1225 - PORTLAN  be phone No. \$\int 503-232-2427\$  be organization does not have an office or place of business in the United States, check this box  his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  and attach a list with the names and EINs of a	6069 8870 D, O	r the whole group, check this
• The Tell • If the If the box	Form 990-PF	6069 8870 D, O this is for	r the whole group, check this ers the extension will cover.
• The Tell • If the If	SCOTT CORWIN @ PUBLIC POWER COUNCIL be books are in the care of \$\infty\$ 825 NE MULTNOMAH, SUITE 1225 - PORTLAN be phone No. \$\infty\$ 503-232-2427 FAX No. \$\infty\$ the organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the companies of the group, check this box \$\infty\$ and attach a list with the names and EINs of a Corporation required to file Form 990-T) extension of time to AUGUST 15, 2009 and the exempt organization return for the organization named is for the organization's return for:  X calendar year 2008 or	6069 8870 ID, O this is for all memb intil d above.	r the whole group, check this ers the extension will cover.
• The Tell • If the If	SCOTT CORWIN @ PUBLIC POWER COUNCIL  e books are in the care of \$\int \text{825 NE MULTNOMAH, SUITE 1225 - PORTLAN}\$  lephone No. \$\int 503 - 232 - 2427\$  for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box and attach a list with the names and EINs of a AUGUST 15, 2009  is for the organization's return for:  X calendar year 2008 or  text tax year beginning  AUGUST 1, and ending	6069 8870 ID, O this is for all memb intil d above.	r the whole group, check this ers the extension will cover.  The extension
• The Tell • If the box 1 1 2	SCOTT CORWIN @ PUBLIC POWER COUNCIL e books are in the care of \$825 NE MULTNOMAH, SUITE 1225 - PORTLAN lephone No. \$503-232-2427	6069 8870 ID , O this is fol all memb intil d above.	r the whole group, check this ers the extension will cover.  The extension  Change in accounting period
The Tell of Ift box I 1	SCOTT CORWIN @ PUBLIC POWER COUNCIL e books are in the care of \$825 NE MULTNOMAH, SUITE 1225 - PORTLAN lephone No. \$503-232-2427	ED, O this is fo	r the whole group, check this ers the extension will cover.  The extension  Change in accounting period

Form 8868 (Rev. 4-2008)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.