

Short Form

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)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning May 1, 2009, and ending Apr 30, 2010

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: ELECTRIC COOPS OF SOUTHERN ILLINOIS. D Employer identification number: 37-1280384. E Telephone number: (618) 937-3311. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [X] Accrual [ ] Other (specify) [ ]

I Website: N/A

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

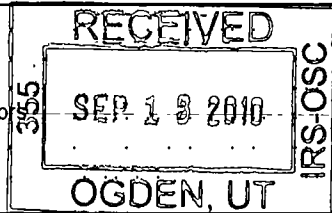
J Tax-exempt status (check only one) - [X] 501(c) ( 9 ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 55,634.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (55,622); 2 Program service revenue; 3 Membership dues; 4 Investment income (12); 5a Gross amount from sale of assets; 5b Less: cost or other basis; 5c Gain or (loss); 6 Special events and activities; 6a Gross revenue; 6b Less: direct expenses; 6c Net income; 7a Gross sales of inventory; 7b Less: cost of goods sold; 7c Gross profit; 8 Other revenue; 9 Total revenue (55,634); 10 Grants and similar amounts paid; 11 Benefits paid; 12 Salaries, other compensation; 13 Professional fees; 14 Occupancy, rent, utilities; 15 Printing, publications; 16 Other expenses; 17 Total expenses (77,080); 18 Excess or (deficit) for the year (-21,446); 19 Net assets at beginning; 20 Other changes; 21 Net assets at end of year (-12,008).



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

Table with 27 rows and 2 columns. Rows include: 22 Cash, savings, and investments (3,433); 23 Land and buildings (3,933); 24 Other assets (2,742); 25 Total assets (10,108); 26 Total liabilities (670); 27 Net assets or fund balances (9,438).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

14

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? PROVIDE TRAINING FOR APPRENTICE LINEMEN		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
JIM GROTHOUS 603 S GARFIELD STEELEVILLE IL 62288	TRUSTEE 1.00	0.	0.	0.
ROBIN HOLLOWAY 845 RALEIGH CHAPEL RD RALEIGH IL 62977	TRUSTEE 1.00	0.	0.	0.
LARRY LINGLE PO BOX 100 DONGOLA, IL 62926	TRUSTEE 1.00	0.	0.	0.
PAUL STRAUSBAUGH 2143 VADALA BENE DR MARYVILLE IL 62062	TRUSTEE 1.00	0.	0.	0.
STEVE THOMAS 3906 W BROADWAY MT VERNON IL 62864	TRUSTEE 1.00	0.	0.	0.
JERRY WHITE PO DRAWER E FAIRFIELD, IL 62837	TRUSTEE 1.00	0.	0.	0.
DAVID JOHNSON RT 1, BOX 110 MCLEANSBORO, IL 62859	TRUSTEE 1.00	0.	0.	0.
MIKE CHAMNESS 37 N PLUM RD CAMPBELL HILL, IL 62916	TRUSTEE 1.00	0.	0.	0.
RANDE GIBBS 2143 BADALABENE DRIVE MARYVILLE, IL 62062	TRUSTEE 1.00	0.	0.	0.
CHAD HOPE 3560 ROBIN RD SALEM, IL 62881	TRUSTEE 1.00	0.	0.	0.
ALLEN STOUT PO BOX 56 THOMPSONVILLE, IL 62890	TRUSTEE 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
35b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b> _____ 0.</span>		
37b	Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39a	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶ <u>Illinois</u></span>		

42a The organization's books are in care of JILL FOWLER Telephone no (618) 932-2102  
 Located at 106 N MONROE, WEST FRANKFORT IL ZIP + 4 62896

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____		X
42c	See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S. ? If 'Yes,' enter the name of the foreign country: _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** \_\_\_\_\_

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----				
-----				
-----				
-----				
-----				
-----				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----		
-----		
-----		
-----		
-----		
-----		

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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: Steve Hightart Date: 9-7-2010  
 Type or print name and title: STEVE HIGHTART, ADMINISTRATOR

**Paid Preparer's Use Only**  
 Preparer's signature: Dennis L. Hawkins Date: 09/01/10 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: DENNIS L HAWKINS, CPA  
222 W MONROE ST  
HERRIN IL 62948-1746 EIN: (618) 942-6995

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**ELECTRIC COOPS OF SOUTHERN ILLINOIS**

Identifying number

**37-1280384**

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	253.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	1,472.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		86.	3.0 yrs	HY	S/L	14.
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	1,739.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V: Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<b>24b</b> If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							<b>25</b>				
<b>26</b> Property used more than 50% in a qualified business use:											
<b>27</b> Property used 50% or less in a qualified business use											
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>				
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>			

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

**Part VI: Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2009 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2009 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

**Form 990-EZ  
Part II**

**Other Assets and Liabilities**

**2009**

Name as Shown on Return <b>ELECTRIC COOPS OF SOUTHERN ILLINOIS</b>	Employer Identification No. <b>37-1280384</b>
---	--

	Beginning of Year	End of Year
<b>Line 24 - Other Assets:</b>		
PREPAID INSURANCE	539.	539.
ACCOUNTS RECEIVABLE	2,203.	1,935.
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>2,742.</b>	<b>2,474.</b>
<b>Line 26 - Total Liabilities:</b>		
ACCRUED EXPENSES	670.	717.
UNEARNED REVENUE	0.	53,200.
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b>670.</b>	<b>53,917.</b>

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

BOOKS	19,387.
INSURANCE	1,302.
TRAVEL	2,835.
CONFERENCES	5,579.
Depreciation	1,739.
MISCELLANEOUS	1,197.
Total	<u>32,039.</u>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business .. <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>STANLEY TREAT</b> 235 WALNUT RIDGE LANE DONGOLA IL 62926 Foreign city _____ Foreign country _____	Title <b>TRUSTEE</b> Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>STEVE HUGHART</b> 1700 OAKSHIRE RD MARION IL 62959 Foreign city . _____ Foreign country . _____	Title <b>ADMINISTRATOR</b> Hours/Week 1.00	0.	0.	0.