	990	Print Submission Date - 2024- Return of Organiza Under section 501(c), 527, or 4947(a) Do not enter social securi	ation Exemp	nue Cod	e (except priv	ome Tax		13493317052574 OMB No. 1545-0047	
Treas	tment of the ury	Go to <u>www.irs.gov/Form</u>	9 <u>90</u> for instructions ar	nd the la	test informa	ation.		Open to Public Inspection	
		calendar year, or tax year beginning 0	L-01-2023 ,and end	ing 12-3	1-2023	-			
□ Ado	ck if applicable dress change me change	C Name of organization ORCAS POWER & LIGHT COOPERATIVE			fication number				
_	ial return	Doing business as							
_	al return/terminate	d Number and street (or P.O. box if mail is not d	elivered to street address)	Room/su	ite	E Telephone n	umher		
	ended return olication ing	183 MOUNT BAKER RD City or town, state or province, country, and 2		10011,50		(360) 376-			
-		EASTSOUND, WA 982459413				G Gross receipts \$ 39,416,329			
		F Name and address of principal officer J FOSTER HILDRETH 183 MOUNT BAKER RD EASTSOUND, WA 982459413	:		subo H(b) Are a	s a group returr rdinates? Ill subordinates	n for	□Yes ☑No □Yes □No	
Tax	-exempt status	.: 🗌 501(c)(3) 🗹 501(c) (12) (insert no.)	4947(a)(1) or 5	27	inclu If "No	o," attach a list.	See i		
j We	e bsite: W	WW.OPALCO.COM			H(c) Grou	p exemption nu	mber		
K Form	n of organizatio	n: 🗹 Corporation 🗌 Trust 🗌 Association 🗌	Other		L Year of form	ation: 1937 M	State	of legal domicile: WA	
Pa	rtl Sui	nmary							
		escribe the organization's mission or most s DPERATIVE SERVES ITS MEMBERS WITH SAFI							
Се		DERALIVE SERVES IIS MEMBERS WITH SAF	E, RELIABLE, COST EFFEC	LIVE, AN		ENTALLI SENSI	IVEL	TILITT SERVICES.	
nan									
Governance		his box 🗍 if the organization discontinued	its operations or dispos	ed of mo	re than 25% (of its net assets			
		r of voting members of the governing body			• • •	•	3	7	
š &	4 Numbe	r of independent voting members of the gov	verning body (Part VI, lin	nelb).			4	7	
ties	5 Total nu	mber of individuals employed in calendar y	5	48					
Activities &	6 Total nu	Total number of volunteers (estimate if necessary)							
Ac	7a Total ur	related business revenue from Part VIII, co	umn (C), line 12				7a	0	
	Net unr	elated business taxable income from Form	990-T, Part I, line 11 🔒				7b	0	
	b				Pr	ior Year		Current Year	
a,	8 Contrib		0		71,291				
Revenue	9 Program	n service revenue (Part VIII, line 2g)				35,679,624		36,507,728	
leve	10 Investn	nent income (Part VIII, column (A), lines 3, 4	, and 7d)			375,456			
а.	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 80	:, 9c, 10c, and 11e)			231,877		2,150,417	
	12 Total re	venue—add lines 8 through 11 (must equal	Part VIII, column (A), lin	e 12)	36,286,957			39,416,329	
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3) . . .			0	10,000		
	14 Benefit	s paid to or for members (Part IX, column (A	A), line 4)			3,987,816		5,625,570	
\$2	15 Salaries	s, other compensation, employee benefits (I	Part IX, column (A), lines	5-10)		2,995,846		3,163,258	
Exp enses	16a Profess	ional fundraising fees (Part IX, column (A),	line 11e)			0		0	
рe	b Total fun	draising expenses (Part IX, column (D), line 25) 0							
ã	17 Other e		, 11f-24e)			29,385,894		28,772,550	
	18 Total ex	penses. Add lines 13-17 (must equal Part I	K, column (A), line 25)			36,369,556		37,571,378	
	19 Revenu	e less expenses. Subtract line 18 from line	12	•		-82,599		1,844,951	
Net Assets or Fund Balances					Beginning	of Current Year		End of Year	
usse Bala	20 Total as	sets (Part X, line 16)				117,910,776		131,163,828	
et A	21 Total lia	bilities (Part X, line 26)				72,920,902		79,853,661	
		ets or fund balances. Subtract line 21 from	line 20	•		44,989,874		51,310,167	
		nature Block	make and the structure						
knowl		perjury, I declare that I have examined this ief, it is true, correct, and complete. Declara							
Sign	<u>.</u>	ve of officer				4-11-12			
Here	J FOST	ure of officer ER HILDRETH GENERAL MANAGER			Date				
	Туре о	r print name and title Print/Type preparer's name Prepar	er's signature				I 21730	4	
Pai		Firm's name MOSS ADAMS LLD			se	f-employed			
	parer	Firm's name MOSS ADAMS LLP			Fir	m's EIN 91-01893	010		
Use	Only	Firm's address 601 W RIVERSIDE AVENUE STE 180	0		Ph	one no. (509) 747	2600		
		SPOKANE, WA 99201							
		s this return with the preparer shown above eduction Act Notice, see the separate i				. 11282Y	🗹 Ye	es ONo Form 990 (2023	

Form	990 (2023)				Page 2
Pa	rt III State	ment of Program Service Ac	complishments		
	Check i	f Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe	e the organization's mission:			
THE (COOPERATIVE SE	ERVES ITS MEMBERS WITH SAFE, RE	IABLE, COST EFFECTIVE, AND ENVIRO	ONMENTALLY SENSITIVE UTILITY	SERVICES.
2	Did the organiz	zation undertake any significant pro	gram services during the year which w	vere not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	lf "Yes," descril				
3	Did the organiz				
	services? .	🗌 Yes 🗹 No			
	lf "Yes," descril	be these changes on Schedule O.			
4	Section 501(c)		nplishments for each of its three large equired to report the amount of grant rted.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	SALE OF ELECTR	ICAL SERVICE TO MEMBERS WHICH INCLU	DES AN ENERGY CONSERVATION PROGRAM.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					<u>.</u>
					<u> </u>
4d	Other program	n services (Describe in Schedule O.)			
	(Expenses \$	including o	grants of \$ (Revenue \$)
4e	Total program	n service expenses			
					E 000 (2022)

Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
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		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .			Ne
		5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D</i> ,Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D</i> , <i>Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V \cdot	10		No
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	Yes	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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. See instructions.	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	200	Yes	<u> </u>

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If</i> "Yes," <i>complete Schedule J</i>	23	Yes	
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\$.	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L</i> , Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•		
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 81		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 81 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes

1c

Page **4**

Form	990 (2023)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	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)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	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 7d			
е	Did the organization 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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	🗹 Own website 🗌 Another's website 🛛 🗹 Upon request 🗍 Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if co, how) the examination made its governing documents, conflict of interast			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 18

State the name, address, and telephone number of the person who possesses the organization's books and records: J FOSTER HILDRETH 183 MOUNT BAKER RD EASTSOUND, WA 982459413 (360) 376-3500 20

 \Box

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

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

	any related org	Janizaci		uni	Jens	aleu a	iny (current officer, une	tor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	more f	than on is	one bot	not e bo h ai	check x, unle n office rustee	ess er	from the organization (W-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
(1) RICHARD CHRISTMAS DIRECTOR (THRU 5/23)		х						10,164	0	0
(2) VINCENT DAUCIUNAS BOARD PRESIDENT		x		x				29,884	0	0
(3) MARK MADSEN DIRECTOR	3.00	х						18,751	0	0
(4) CHUKWUMA ONWUNEME DIRECTOR	2.00 	х						225	0	0
(5) THOMAS OSTERMAN DIRECTOR		х						31,561	0	0
(6) BRIAN SILVERSTEIN BOARD SECRETARY		х		x				5,213	0	0
(7) JEFFREY STRUTHERS DIRECTOR	3.50 ••	х						5,213	0	0
(8) OLIVER WHITFIELD BOARD VP	4.00 	х		x				7,702	0	0
(9) J FOSTER HILDRETH GENERAL MANAGER	35.00 •• 5.00			х				369,516	76,416	238,423
(10) NANCY LOOMIS MANAGER OF FINANCE & MEMBER SERVICES	40.00 			х				207,346	0	116,635
(11) RUSSELL GUERRY MANAGER OF ENGINEERING & OPERATIONS	40.00 				x			218,144	0	79,557
(12) CURTIS OLSON JOURNEYMAN/LINEMAN	55.90 ••					x		194,502	0	63,084
(13) DAN WATTERS FOREMAN	54.00 ••					x		191,959	0	54,037
(14) SEAN PARSONS SUBSTATION MAINTENANCE TECHNICIAN	56.50 ••					x		200,417	0	51,742
(15) LUKE FURBER FOREMAN						х		203,138	0	57,017
(16) JORDAN ROSS JOURNEYMAN/LINEMAN	56.10 					х		187,284	0	43,672
										Form 990 (2023)

(A) Name and title		(B) Average hours per week (list any hours for	than o is b	ne b	oox, i an of ctor/i	ot ch unle ffice	r and	son	(D) Reportable compensation from the organization (W-	oortable Reportable compensation compensation from related			(F) Estimated amount of other compensation - from the organization and		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NI	EC)	rela organiz	ted		
								-							
								+							
								_							
1b 9	Sub-Total							┢							
с 1	lotal from continuation sheets to P a		Α.	•				ļ	1 001 010	70	410		704.167		
2	Total (add lines 1b and 1c) Total number of individuals (including reportable compensation from the org	but not limited t		liste	d ab	ove) who	rece	1,881,019 ived more than \$10		.416		704,107		
												Yes	No		
3	Did the organization list any former of line 1a? If "Yes," complete Schedule J			e, ke	y en	nplo	yee, o • •	r hig •	hest compensated	employee on	3		No		
4	For any individual listed on line 1a, is to organization and related organization individual									the	4	Yes			
5	Did any person listed on line 1a receiv services rendered to the organization									vidual for	5		No		
Se	ection B. Independent Contract														
1	Complete this table for your five higher the organization. Report compensation										mpen	sation fro	m		
		(A) and business addres	ss							(B) cription of services		Compe	C) Insation		
	SHADOW SOLAR & ENERGY SOLUTIONS								SOLAR SYS	TEM CONSTRUCTIO	N		1,938,627		
ORCA	S, WA 98280 OCK CONSTRUCTION INC								FXCAVATIO	N/CONSTRUCTION			1,536,759		
4425 OCEAN BEACH HWY LONGVIEW, WA 98632									_,,						
SWIFTWATER ELECTRIC AND SOLAR EXCAVATION/CONSTRUCTION SERVICES								714,353							
	CLE ELUM, WA 98922 BARRON HEATING & AIR COND INC EXCAVATION/CONSTRUCTION SERVICES SERVICES								649,836						
	5100 PACIFIC HIGHWAY 103 FERNDALE, WA 98248														
SAGE BUILDING SOLUTIONS INC EXCAVATION/CONSTRUCTION SERVICES								649,396							
2 7	Z ISLAND, WA 98261 Total number of independent contractors		not limit	ed to	o tho	ose l	listed a	abov	e) who received mo	ore than \$100,00	0 of				
	compensation from the organization 26														

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form 990 (2023)										
Part VIII	Statement of Revenue									

	Check if Schedule O c	ontains a respor	nse or note to any l	ine in this Part VIII			U
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝs	1a Federated campaigns .	. 1a			Tevenue		512 514
n a	b Membership dues	1b					
<u>B</u> e	c Fundraising events	1c					
ifts	d Related organizations	1d					
s m	e Government grants (contribut	tions) 1e	71,291				
Si Si	f All other contributions, gifts, g and similar amounts not inclu	grants,					
the t	above	1f					
Contributions, gifts, grants, and other similar amounts	g Noncash contributions include lines 1a - 1f:\$	1g					
a S	h Total. Add lines 1a-1f .			71,291			
			Business Code	, 1,201			
	2a ELECTRIC ENERGY SALES		221000	36,448,697	36,448,697		
ue	b POLE RENTAL INCOME			59,031			59,031
lever	b POLE RENTAL INCOME		221000				
еB	-						
rvic	c						
Se	d						
Iran							
Program Service Revenue	e						
	f All other program service	revenue.					
	g Total. Add lines 2a-2f.		36,507,728				
	3 Investment income (includ		nterest, and other	686,6	26		686,626
	similar amounts) 4 Income from investment of		and proceeds				
	5 Royalties	· · · · ·	• • •				
		(i) Real	(ii) Personal				
	6a Gross rents 6a	110,040	D				
	b Less: rental 6b	(D	1			
	expenses C Rental income or 6C	110,040		-			
	(loss) d Net rental income or (lo		<u> </u>	110,04	40		110,040
		(i) Securities	(ii) Other				
	7a Gross amount 7a	.,	26	7			
	from sales of assets other than						
e	inventory			4			
nue	b Less: cost or 7b other basis and			0			
eve	sales expenses c Gain or (loss) 7c			-			
Other Revenue			26	2	67		267
the	d Net gain or (loss) 8a Gross income from fundraisir						207
0	(not including \$ contributions reported on line	of					
	See Part IV, line 18						
	b Less: direct expenses .			-			
	c Net income or (loss) from	n fundraising eve	ents	_			
	9a Gross income from gaming						
	See Part IV, line 19						
	b Less: direct expenses .	9b		-			
	c Net income or (loss) from	n gaming activiti	ies	-			
	10- Creas cales of inventory	1					
	10a Gross sales of inventory, returns and allowances	· · 10a					
	b Less: cost of goods sold	10b		1			
	c Net income or (loss) from	J	ory .				
	11-		Business Code	0 1011			
	11aUNAPPROPROPRIATED S	UB EARNINGS	22100	0 1,844,9	51 1,844,951		
SL	h		22100	0 107.1	107 102		
Miscellaneous Revenue	b PATRONAGE CAPITAL CR	EDITS	22100	0 107,1	98 107,198		
scellaneo Revenue			22100	0 88,2	28 88,228		
cell eve	C OTHER INCOME		22100	88,2	20 88,228		
Alis(ļ				
2	d All other revenue	•••					
	e Total. Add lines 11a-11c		• •	2,040,3	77		
	12 Total revenue. See inst	ructions	• • •	39,416,3	29 38,489,074	0	855,964

Pá	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ons must complete col	umn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			
	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 domestic organizations and domestic governments. See Part IV, line 21	10,000			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members	5,625,570			
	Compensation of current officers, directors, trustees, and key employees	1,250,067			
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,913,191			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
ā	Management				
k	• Legal				
c	Accounting				
c	Lobbying	120,000			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ġ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,906,039			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,396,359			
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a COST OF PURCHASED POWER	8,571,913			
	b DISTRIBUTION EXPENSES	3,796,463			
	c MAINTENANCE EXPENSES	3,214,269			
	d TAXES	1,610,154			
	e All other expenses	4,157,353			
25	Total functional expenses. Add lines 1 through 24e	37,571,378			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Check here				
	□ if following SOP 98-2 (ASC 958-720).				
					Form 990 (2023)

Part X Balance Sheet

				line in this Dort IV			
		Check if Schedule O contains a response or not	e to any	line in this Part IX	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash-non-interest-bearing			2,319,169	1	3,449,876
	2	Savings and temporary cash investments		[8,369,111	2	6,652,832
	3	Pledges and grants receivable, net		. F		3	
	4	Accounts receivable, net			6,240,612	4	6,247,535
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subsi controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disgualit	•				
		section 4958(f)(1)), and persons described in se	ction 49	58(c)(3)(B)		6	
s	7	Notes and loans receivable, net		[7	
ssets	8	Inventories for sale or use		3,766,502	8	4,544,853	
Ass	9	Prepaid expenses and deferred charges		· · · [733,741	9	750,805
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	178,607,825			
	b	Less: accumulated depreciation	10b	70,933,774	101,507,356	10c	107,674,051
	11	Investments—publicly traded securities .			11		
	12	Investments-other securities. See Part IV, line		1,551,416	12	1,651,628	
	13	Investments-program-related. See Part IV, line		-11,173,486	13	-9,331,007	
	14	Intangible assets	39,609	14	33,949		
	15	Other assets. See Part IV, line 11		4,556,746	15	9,489,306	
	16	Total assets. Add lines 1 through 15 (must equ	3)	117,910,776	16	131,163,828	
	17	Accounts payable and accrued expenses			3,357,567	17	4,260,468
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
Se	21	Escrow or custodial account liability. Complete P	art IV of	Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrela	ted third	I parties	69,182,615	23	75,105,409
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	380,720	25	487,784
	26	Total liabilities. Add lines 17 through 25 .			72,920,902	26	79,853,661
Net Assets or Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck he	re 🗆 and		27	
Bal	28	Net assets with donor restrictions		I		28	<u> </u>
put		Organizations that do not follow FASB ASC	958 ch	eck here 🕨 🔽 and		-	
FL		complete lines 29 through 33.					
10	29	Capital stock or trust principal, or current funds			58,380	29	58,555
ete	30	Paid-in or capital surplus, or land, building or equ	•		10,997,394	30	12,188,062
Ass	31	Retained earnings, endowment, accumulated inc			33,934,100	31	39,063,550
et	32	Total net assets or fund balances			44,989,874	32	51,310,167
Ζ	33	Total liabilities and net assets/fund balances .	• •		117,910,776	33	131,163,828
							Form 990 (2023)

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			20	9,416,329
2	Total expenses (must equal Part IX, column (A), line 25)				7,571,378
2	Revenue less expenses. Subtract line 2 from line 1	_			L,844,951
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				1,989,874
4 5	Net unrealized gains (losses) on investments	- -		44	4,909,074
6	Donated services and use of facilities				
0 7		-			
7 8		· .			
					1 475 242
9					1,475,342
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 t XII Financial Statements and Reporting	0		5.	1,310,167
Par					\square
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u>.</u>	 Yes	No
	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	s,			
	Separate basis Consolidated basis Both consolidated and separate basis				
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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
				Form 9	90 (2023)

em	e GRAPHIC prir	nt Submission Date - 2024-11-12	DLN: 93493317052574
	HEDULE D rm 990)	Supplemental Financial Statements	OMB No. 1545-0047
(10)	III 990)	Complete if the organization answered "Yes," on Form 990,	2022
Dena	rtment of the	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
Treas	sury	Go to <u>www.irs.gov/Form990</u> for instructions and the latest information	
Inter Servi	nal Revenue ce		
	me of the organiza CAS POWER & LIGHT C	COOPERATIVE	nployer identification number
Pa		ations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete	e if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at en	nd of year	
2	Aggregate value of	of contributions to (during year)	
3	Aggregate value of	of grants from (during year)	
4	Aggregate value at	at end of year	
5		ion inform all donors and donor advisors in writing that the assets held in donor advised operty, subject to the organization's exclusive legal control?	d funds are the 🗌 Yes 🗌 No
6	charitable purpos	tion inform all grantees, donors, and donor advisors in writing that grant funds can be us see and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring impermissible
Ра		vation Easements.	U Yes U No
	Complete	e if the organization answered "Yes" on Form 990, Part IV, line 7.	
1		iservation easements held by the organization (check all that apply).	
	Preservation	n of land for public use (e.g., recreation or education) — Preservation of an histo	orically important land area
	Protection of	f natural habitat 🗌 Preservation of a certifi	ied historic structure
	Preservation	n of open space	
2		a through 2d if the organization held a qualified conservation contribution in the form of last day of the tax year.	
а		onservation easements	Held at the End of the Year
a b		cricted by conservation easements	
c	•	rvation easements on a certified historic structure included in (a) 2c	
d	Number of conserv	rvation easements included in (c) acquired after July 25, 2006, and not on a listed in the National Register	
3	Number of conser	rvation easements modified, transferred, released, extinguished, or terminated by the o	organization during the
4	Number of states	where property subject to conservation easement is located	
5		ation have a written policy regarding the periodic monitoring, inspection, handling of vio he conservation easements it holds?	olations, and 🗌 Yes 🗌 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, handling of violations, and enforcing conser	vation easements during the year
7	Amount of expens	ses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
8		rvation easement reported on line 2(d) above satisfy the requirements of section 170(h) h)(4)(B)(ii)?)(4)(B)(i) 🗌 Yes 🗌 No
9	balance sheet, an the organization's	ibe how the organization reports conservation easements in its revenue and expense stand include, if applicable, the text of the footnote to the organization's financial statements accounting for conservation easements.	nts that describes
Pai		ations Maintaining Collections of Art, Historical Treasures, or Other 9 e if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
la	If the organization historical treasure	n elected, as permitted under FASB ASC 958, not to report in its revenue statement and es, or other similar assets held for public exhibition, education, or research in furtheranc of the footnote to its financial statements that describes these items.	
b	If the organization historical treasure	n elected, as permitted under FASB ASC 958, to report in its revenue statement and bala es, or other similar assets held for public exhibition, education, or research in furtheranc is relating to these items:	
í	•	ed on Form 990, Part VIII, line 1	▶\$
		in Form 990, Part X	
2	If the organization	n received or held works of art, historical treasures, or other similar assets for financial <u>c</u> s required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included	d on Form 990, Part VIII, line 1	
b		n Form 990, Part X	

Schedule	D	(Form	990)	2022
Schedule		(101111	550)	2022

Cartality Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (theck all that apply): Public exhibition Control of the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection Provide a description of the organization solections and explain how they further the organization's exempt purpose in Part X. Provide a description of the organization solicit or receive donations of art, historical treasures or other similar assets to basis that rather than to be maintained as part of the organization's collection. Yes No Part W Escrow and Custodial Arrangements. Complete if the organization and event and the organization solection. Yes No If "Yes," coplain the arrangement in Part XIII and complete the following table: Amount State organization and event XIII and complete the following table: Amount If additions during the year. If "Yes," coplain the arrangement in Part XIII. Part VI Encovement Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. If wes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.	Sche	dule D (Form 990) 2022					Page 2
tensi (check all that apply): a b b c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c <th>Par</th> <th>t III Organizations Maintaining Col</th> <th>llections of Art, His</th> <th>storical Tr</th> <th>easures,</th> <th>or Other Simila</th> <th>r Assets (continued)</th>	Par	t III Organizations Maintaining Col	llections of Art, His	storical Tr	easures,	or Other Simila	r Assets (continued)
Public exhibition Public exhibition Control devining programs Control devining Control devining programs Contener devining Cont	3		i, and other records, che	eck any of th	e following t	that are a significar	nt use of its collection
Scholary research Outer Generation Scholary research Generation Genet Generation Generation Generation Generation	а	Public exhibition		d 🗌 L	oan or exch	ange programs	
Provide a designation of ruture generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		e 🗌 c)ther		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Ber XUL Complete of the organization solicit or receive donations of art, historical treasures or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Ves Ves Ves No Ves Ves Ves No Ves Ves Ves Ves No Ves	с	Preservation for future generations					
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar solication?	4	Provide a description of the organization's colle	ections and explain how	they furthe	r the organi	zation's exempt pu	rpose in
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b if "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization addition of the resonance of the intermediary for contributions or other assets not included on Form 990, Part X. Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	5	During the year, did the organization solicit or					
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X?. Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Ives No c Beginning balance. Ives No d Additions during the year. Ives No d Distributions during the year. Ives No d Ives No No Ives No d Ives control to the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Ves No d Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ives	Par		•				🗌 Yes 🗌 No
included on Form 990, Part X7.	Γa	Complete if the organization answ		990, Part IV,	, line 9, or	reported an amo	unt on Form 990, Part X,
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2a Did the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back (e) Four years back if the organization answered "Yes" on Form 990, Part IV, line 10. 2a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back if the organization answered "Yes" on Form 990, Part IV, line 10. 2a Contributions (b) Current year (c) Two years back if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. 2 Forvide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a board designated or quasi-endowment + b	1a	Is the organization an agent, trustee, custodial included on Form 990, Part X?	n or other intermediary	for contribut	ions or othe	er assets not	🗌 Yes 🗌 No
d Additions during the year	b	If "Yes," explain the arrangement in Part XIII ar	nd complete the following	ng table:			Amount
Points of the present of the second seco	с	Beginning balance				1c	
e Distributions during the year	d					1d	
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е					1e	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance	f	• •				lf	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (c) Two years back (d) Three years back (e) Four years back c Not investment earnings, gains, and losses (a) Current year (c) Two years back (e) Four years 6 Other expenditures for facilities and programs (a) Current year (a) Current year (a) Current year (a) Current year f Administrative expenses (b) four year end balance (line 1g, column (a)) held as: (a) Boad daign and for ganization sendowment back (f) Fo	2a	Did the organization include an amount on For	m 990 Part X line 21 f	for escrow or	custodial a	ccount liability?	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions . (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance . (b) Prior year (c) Two years back (e) Four years back 1a Contributions 1a Grants or scholarships . <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>	-	-					
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	_		neck here if the explana	ation has bee	en provided		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance b Contributions b Contributions .<	Га		ered "Yes" on Form 9	90, Part IV,	line 10.		
b Contributions						vears back (d) Three	years back (e) Four years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance					
d Grants or scholarships	b	Contributions					
e Other expenditures for facilities and programs i	с	Net investment earnings, gains, and losses					
and programs	d	Grants or scholarships					
f Administrative expenses							
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >							
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >		·					
a Board designated or quasi-endowment b Permanent endowment c Term endowment funds 3a(ii) a Ga(ii) a Ga(ii) a Ga(iii)	g	-					
b Permanent endowment ▶ c Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (i) action a structure of the organization is required on Schedule R? (iii) Related organizations, and Equipment. (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 	2		nt year end balance (lin	e 1g, columr	n (a)) held a	S:	
c Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1.224,147	а						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organization's endowment funds. Part VI Land, Buildings, and Equipment. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book va	b						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3 3 (ii) Related organizations 3 3 b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. (investment) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1.224,147	с	•••••••••••••••••••••••					
organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3c 3b 3b 3c 3b 3c 3b 3c 3b 3c	_	1 5					
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,224,147 1,224,147	3a		lion of the organization	that are held	i and admin	istered for the	Yes No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,224,147 1,224,147		(i) Unrelated organizations					
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,224,147 1,224,147 1,224,147		(ii) Related organizations					3a(ii)
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land . . . 1,224,147 1,224,147	b	If "Yes" on 3a(ii), are the related organizations	listed as required on Sc	hedule R?			. 3b
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	4		-	nt funds.			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,224,147 1,224,147	Par				line 11-	C	ant V line 10
		Description of property (a) Cost or othe	er basis (b) Cost or d				
	12	land		1.224	147		1.224.147
b Buildings 5,856,672 3,755,361 2,101,311						3,755,30	
c Leasehold improvements				,,,		_,,.	_,
d Equipment							
e Other				171.527	.006	67.178.4	13 104.348.593
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990, Part X, column (B), line 10(c).) Image: Column (d) must equal Form 990,			ual Form 990. Part X. co				

Schedule D Part VII	(Form 990) 2022 Investments - Other Securities.			Page
Part VII	Complete if the organization answered "Yes" on Form 990, F			
	 (a) Description of security or category (including name of security) 	(b) Boo value		(c) Method of valuation: t or end-of-year market value
(2) Closely-l	I derivatives			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		-		
	Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV, li	ne 11c. See Forn (b) Book value	n 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description	art IV, lir	ne 11d. See Form	n 990, Part X, line 15. (b) Book value
(1)INTERES	T RECEIVABLE			49,10
(2)DEFERRE (2)	ED CHARGES			9,440,19
(3)				
(4)				
(5)				
(6)				
(0)				
(8)				
(9)				
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.	• •		
	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability	art IV, lir	ne 11e or 11f.See	e Form 990, Part X, line 25. (b) Book value
1. (1) Federal	income taxes			
DEFERRED (CUSTOMER	CREDITS			416,41
COSTOMER				/1,3/

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

٠ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

487,784

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r	
	Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er Retu	rn.
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	
Da	rt XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
	THE COOPERATIVE IS EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(12) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT OF UNRELATED BUSINESS INCOME, IF ANY. THE COOPERATIVE FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES, WHICH RELATES TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE COOPERATIVE RECORDS UNCERTAIN TAX POSITIONS IF THE LIKELIHOOD THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION IS LESS THAN 50%. AS OF DECEMBER 31, 2023 AND 2022, THE COOPERATIVE HAD NO ACCRUED AMOUNTS RELATED TO UNCERTAIN TAX POSITIONS. INTEREST AND PENALTIES, IF ANY, ARE RECORDED AS INTEREST EXPENSE AND OTHER EXPENSE, RESPECTIVELY.

Schedule D (Form 990) 2022

efile GRAPHIC print	Submission Date	- 2024-11-12					DL	N: 9349331705257	14
Note: To capture the f	ull content of this d	ocument, please s	elect landscape mod	e (11" x 8.5") whe	en printing.		<u>.</u>		_
Schedule I	C,	cante and Ot	her Assistan	ce to Organ	izations			OMB No. 1545-0047	
(Form 990)			nd Individual					2023	
Department of the Treasury Internal Revenue Service		omplete if the organiz	ation answered "Yes," o Attach to Form W.irs.gov/Form990 for t	on Form 990, Part IV 990.	, line 21 or 22.			Open to Public Inspection	
Name of the organization ORCAS POWER & LIGHT COC	PERATIVE						Employer identific	cation number	
						ç	91-0348358		
Part I General Info	ormation on Grants	and Assistance							
			the grants or assistance, t			ce, and		🗹 Yes 🗌	No
2 Describe in Part IV the	e organization's procedure	es for monitoring the use	e of grant funds in the Unit	ted States.					
	ther Assistance to Dom nore than \$5,000. Part II o		and Domestic Governme itional space is needed.	ents. Complete if the o	organization answered "Yes	s" on Form 9	990, Part IV, line	21, for any recipient	
(a) Name and address of organization or government	of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of sh assistance	(h) Purpose of grant or assistance	
(1) SAN JUAN ISLAND COMMUNITY FOUNDATION PO BOX 1352 FRIDAY HARBOR, WA 9825		501(C)(3)	10,000	0				2023 MATCHING CONTRIBUTION TO LOW-INCOME FUND	
2 Enter total number of	section 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. ►		1
3 Enter total number of	other organizations listed	d in the line 1 table		<u></u>	<u>.</u> .		►		0
For Paperwork Reduction Act	Notice, see the Instructio	ns for Form 990.		Cat. No. 50055	iP		Sci	hedule I (Form 990) 2023)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assist	tance	(b) Number of recipients		Amount of ash grant	(d) Amoun noncash assis		(e) Method of valuation FMV, appraisal, othe		(f) Description of noncash assistance	
(1)										
(2)										
(3)	(3)									
(4)										
(5)										
(6)										
(7)										
Part IV Supplement	al Informatio	on. Provide the in	formation require	ed in Part I	, line 2; Part III, cr	olumn ((b); and any other add	Jitional	information.	
Return Reference	e Explanation									
SCHEDULE I PART I LINE 2	DULE I PART I LINE 2 THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY ISSUING A MONTHLY REPORT WHICH IS REVIEWED BY THE GRANTS AND SCHOLARSHIPS TEAM IN THEIR QUARTERLY MEETINGS. THE ORGANIZATION MAINTAINS FILES CONTAINING DOCUMENTATION OF THE GRANTS APPROVED AND AWARDED. THE ORGANIZATION ALSO REQUIRES A MID-PROJECT UPDATE AND AN ENDING PROJECT SUMMARY. THIS IS HOW THE ORGANIZATION ENSURES THAT THE FUNDS ARE USED IN THE U.S.				AND AWARDED. THE ORGANIZATION ALSO					
	Schedule I (Form 990) 2023									

efil	e GRAPHIC pr	int S	ubmission Date - 2024-1	.1-12		DLN: 9	934933	1705	2574
	nedule J		Compen	sati	on Information		OMB No	. 1545-	0047
(Foi	rm 990)				Trustees, Key Employees, and Hig	hest			
		,			ated Employees wered "Yes" on Form 990, Part IV,	line 23.	20)2	3
Dona	rtment of the				h to Form 990. instructions and the latest inform	nation		to Pu	
Treas	sury			<u></u> 101	instructions and the facest more			pectio	
Inter Servi	nal Revenue ce								
	me of the organiz CAS POWER & LIGHT		VE			Employer identifica	tion nun	nber	
						91-0348358			
Ра	rt I Questio	ons Reg	arding Compensation					1	
1a	Chock the appro	nisto hov	(as) if the organization provides	h any of	f the following to or for a person listed	l on Form		Yes	No
Id					relevant information regarding these				
	First-class	or charte	r travel		Housing allowance or residence for	personal use			
	Travel for	companio	ns		Payments for business use of perso	nal residence			
	🗌 Tax idemn	nification a	ind gross-up payments		Health or social club dues or initiation	on fees			
	Discretion	ary spend	ling account		Personal services (e.g., maid, chauf	feur, chef)			
			. The same shared with the same of		6 - 11				
b					follow a written policy regarding payn plete Part III to explain .		1b		
2					or allowing expenses incurred by all		2		
	directors, truste	es, officer	s, including the CEO/Executive I	Directo	r, regarding the items checked on Lin	e 1a?	2		
3	Indicate which. i	if anv. of t	he following the filing organizat	ion use	d to establish the compensation of th	e			
	organization's C	EO/Execu	tive Director. Check all that appl	ly. Do n	ot check any boxes for methods				
	used by a relate	ed organiz	ation to establish compensation	of the	CEO/Executive Director, but explain in	n Part III.			
	Compensa	ation com	mittee		Written employment contract				
	•	ent compe	ensation consultant		Compensation survey or study				
	Form 990	of other o	rganizations		Approval by the board or compensa	tion committee			
4			person listed on Form 990, Part	VII, Sec	tion A, line 1a, with respect to the filir	ng organization or a			
	related organiza	ation:							
а	Receive a severa	ance payr	nent or change-of-control paym	ent? .			4a		No
b			, , ,,	•	ified retirement plan?		4b	Yes	
c	•			•	nsation arrangement?		4c		No
	If "fes" to any of	r lines 4a-	c, list the persons and provide t	ne appi	licable amounts for each item in Part				
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions m	nust complete lines 5-9.				
5				a, did th	ne organization pay or accrue any				
	compensation co	ontingent	on the revenues of:						
а	5						5a		
b			lescribe in Part III.				5b		
ç				الد امام	ne organization pay or accrue any				
6			on the net earnings of:	a, did tr	le organization pay of accrue any				
а	The organization	n?					6a		
b	•						6b		
	, ,		lescribe in Part III.						
7					ne organization provide any nonfixed				
	payments not de	escribed i	n lines 5 and 6? If "Yes," describ	e in Par	rt III		7		
8					ed pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des	cribe			
					section 55.4956-4(a)(5)? If fes, des		8		
9	lf "Yes" on line 8	did the	proanization also follow the robu	ittable	presumption procedure described in F	Regulations section	-		
9	53.4958-6(c)? .				presumption procedure described in r		9		
For F	Paperwork Redu	iction Ac	Notice, see the Instruction	s for F	orm 990. Cat. No. 5	0053T Schedu	le J (For	m 990) 2023

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

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

(A) Name and Title		(B) Breakdown	of W-2, 1099-MISC and/or 1099-NEC	(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 J FOSTER HILDRETH GENERAL MANAGER	(i)	348,479	15,083	5,954	197,952	40,471	607,939	0
	(ii)	0	76,416	0	0	0	76,416	0
2 NANCY LOOMIS MANAGER OF FINANCE & MEMBER SERVICES	(i)	184,897	19,580	2,869	84,514	32,121	323,981	0
	(ii)	0	0	0	0	0	0	0
3 RUSSELL GUERRY MANAGER OF ENGINEERING & OPERATIONS	(i)	190,446	20,043	7,655	40,076	39,481	297,701	0
	(ii)	0	0	0	0	0	0	0
	(i)	128,481	10,720	63,937	33,552	23,465	260,155	0
	(ii)	0	0	0	0	0	0	0
5 CURTIS OLSON IOURNEYMAN/LINEMAN	(i)	119,039	9,746	65,717	39,669	23,415	257,586	0
	(ii)	0	0	0	0	0	0	0
6 SEAN PARSONS SUBSTATION MAINTENANCE TECHNICIAN	(i)	123,801	10,233	66,383	27,904	23,838	252,159	0
	(ii)	0	0	0	0	0	0	0
7 DAN WATTERS FOREMAN	(i)	128,310	10,720	52,929	30,185	23,852	245,996	0
	(ii)	0	0	0	0	0	0	0
8 JORDAN ROSS IOURNEYMAN/LINEMAN	(i)	117,656	9,746	59,882	19,912	23,760	230,956	0
	(ii)	0	0	0	0	0	0	0
							Schedule I (Fr	orm 990) 2023

Schedule J (Form 990) 2023

Page 3								
Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information								
Return Reference Explanation								
PART I, LINE 4B	J. FOSTER HILDRETH, GENERAL MANAGER, PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE AMOUNT CONTRIBUTED IN 2023 WAS \$20,500.							



efile GRAPH	IC prin	t Submission Date - 2024-11-12	DLN	I: 93493317052574				
SCHEDUL (Form 990) Department of t Treasury Internal Revenue) he	Supplemental Information to Form 990 c Complete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional informatio Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.	ions on	OMB No. 1545-0047				
Name of the org ORCAS POWER & L	anizatio IGHT COC	on PPERATIVE	Employer identif	dentification number				
			91-0348358					
Return Reference		Explanation						
FORM 990, PART VI, SECTION A, LINE 6		E IS ONE CLASS OF MEMBERSHIP FOR ALL MEMBERS. A MEMBER IS EN TORS AND TO MAKE CHANGES TO THE COOPERATIVE'S BY-LAWS.	NTITLED TO ONE	E VOTE TO ELECT				
FORM 990, PART VI, SECTION A, LINE 7A	MEMB	RGANIZATION IS A COOPERATIVE FORMED TO PROVIDE ELECTRIC SE ERS ELECT THE GOVERNING BODY AND APPROVE CHANGES IN THE E E OF THE COOPERATIVE'S PROFITS THROUGH THE APPROVAL OF RET ENDS.	BY-LAWS. MEMB	ERS RECEIVE A				
FORM 990, PART VI, SECTION A, LINE 7B	THE G APPR(OVERNING BODY MAY RESERVE CERTAIN DECISIONS TO BE PUT ON A OVAL.	A BALLOT FOR N	MEMBERSHIP				
FORM 990, PART VI, SECTION B, LINE 11B	RETUR	GEMENT REVIEWS THE FORM 990 PREPARED BY AN INDEPENDENT CP RN IS ALSO PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW, O TY BEFORE FILING.						
FORM 990, PART VI, SECTION B, LINE 12C		OOPERATIVE REQUIRES ANNUAL SIGNATURES ON CONFLICT OF INTER OSURE FORMS. POSSIBLE CONFLICTS ARE REVIEWED BY THE COOPER						
FORM 990, PART VI, SECTION B, LINE 15	BOAR HELP DETEF	ENERAL MANAGER'S COMPENSATION IS DELIBERATED, REVIEWED, AND OF DIRECTORS. INDEPENDENT COMPENSATION CONSULTANT AND VETERMINE COMPENSATION. THE ORGANIZATION'S TOP MANAGEMEN RMINED BY THE GENERAL MANAGER USING ANNUAL EVALUATIONS AN ARISON INFORMATION.	NAGE SURVEYS IT OFFICIALS' CO	ARE USED TO OMPENSATION IS				
FORM 990, PART VI, SECTION C, LINE 18		ORM 990 IS MADE AVAILABLE TO ITS MEMBERS UPON REQUEST IN PE OFFICE AND VIA THE COOPERATIVE'S WEBSITE: WWW.OPALCO.COM// RY						
FORM 990, PART VI, SECTION C, LINE 19	FINAN	RNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE A CIAL STATEMENTS ARE MADE AVAILABLE TO THE COOPERATIVE MEMI ITE: WWW.OPALCO.COM/ABOUT-COMMUNITY/DOCUMENT-LIBRARY		.				
FORM 990, PART IX, LINE 24E		I & GENERAL 1,565,801. TRANSMISSION EXPENSES 1,348,268. CUST R EXPENSES 158,212.	OMER ACCOUN	TS 1,085,072.				
FORM 990, PART XI, LINE 9:	PAID T EQUIV	ASE IN MEMBERSHIPS, NET 175. DONATED AND RETURNED CAPITAL 4 TO MEMBERS PER 990 INSTRUCTIONS, INTERPRETED TO EQUAL NET M ALENT OF THE BENEFITS MEMBERS RECEIVE IN THE CURRENT YEAR 5 AL CREDITS, NET -1,563,566.	MARGINS AS TH	AT IS THE				

efile GRAPHIC print	Submission Date - 2024-11-12										DLN: 93493	31705	2574		
SCHEDULE R (Form 990)	(90) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.										OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service												o Publi ection	IC		
Name of the organization ORCAS POWER & LIGHT COOPERAT	IVE							Emp	oloyer ident	fication	number				
									348358						
Part I Identification	n of Disregarded Entities. Complete	e if the orgar		vered "Yes					1						
(a) Name, address, and EIN (if applicable) of disregarded entity				(b) Primary activity		(c) Legal domicile (state or foreign country)) come	(e) ne End-of-year asse		assets Direct cor enti				
	of Related Tax-Exempt Organization mpt organizations during the tax year.	ons. Comple	ete if the org	anization	answered	d "Yes" on F	orm 990	, Part IV	/, line 34 b	ecause	it had one or n	nore			
	(a) d EIN of related organization		(b) ry activity	Legal dom	c) iicile (state n country)	(d) Exempt Code	e section	Public ch	(e) harity status n 501(c)(3))	Di	(f) rect controlling entity	(13) co ent	g) n 512(b) ontrolled tity?		
(1)ORCAS POWER AND LIGHT COO 183 MT BAKER ROAD	PPERATIVE - ENERGY ASSIST PROGRAM	ENERGY ASS PROGRAMS	SISTANCE	v	VA	501(C)(3)		LINE 7		ORCAS P COOPER	OWER & LIGHT ATIVE	Yes	No		
EASTSOUND, WA 98245 85-2554832															
												<u> </u>			
												<u> </u>			
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												+			
For Paperwork Reduction A	ct Notice, see the Instructions for Form	990.		Ca	it. No. 5013	35Y				Scl	nedule R (Form	990) 2	023		

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(I Disprop alloca	h) rtionat tions?	amo box Scheo	(i) e V-UBI ount in 20 of dule K-1 n 1065)	Gene man	(j) eral or aging tner?	(k Percer owner	ntage
								Yes	N	lo		Yes	No		
Part IV Identification of Related Orgative technology Identification of Related Orgative technology Identification of the second	ganizations Ta	xable as a	a Corpora	tion or Tru trust durin	i st. Complete if g the tax year.	the org	anization	answered	"Yes'	" on Form	1 990, F	Part IV,	line 34	becaus	e
Part IV Identification of Related Org it had one or more related orga (a) Name, address, and EIN of related organization	nizations treate	xable as a ed as a corp (b) Iry activity	poration or	trust durin (c) Legal domicile ate or foreign	st. Complete in g the tax year. (d) Direct contri entity	olling Ty	(e) pe of entity corp, S corp, or trust)	answered (f) Share of to income	otal	" on Form (g) Share of en year assets	nd-of-	Part IV, (h Percer owne) htage	(i) Section (13) con entit) 512(b htrolled ty?
it had one or more related orga (a) Name, address, and EIN of	nizations treate	ed as a corp (b)	poration or	trust durin (c) Legal domicile	g the tax year. (d) Direct contr	olling Ty (C ER & C	(e) pe of entity corp, S corp,	(f) Share of to	otal	(g) Share of en year	nd-of-	(h Percei	n) ntage rship	(i) Section (13) con) 512(b)
(a) (a) Name, address, and EIN of related organization (1)ISLAND NETWORK LLC 183 MT BAKER ROAD EASTSOUND, WA 98245	nizations treate	ed as a corp (b) Iny activity	poration or	(c) Legal domicile ate or foreign country)	g the tax year. (d) Direct contr entity ORCAS POWI LIGHT	olling Ty (C ER & C	(e) pe of entity corp, S corp,	(f) Share of to income	otal	(g) Share of en year assets	nd-of-	(h Percei owne	n) ntage rship	(i) Section (13) con entit Yes) 512(b) htrolled ty?
(a) (a) Name, address, and EIN of related organization (1)ISLAND NETWORK LLC 183 MT BAKER ROAD EASTSOUND, WA 98245	nizations treate	ed as a corp (b) Iny activity	poration or	(c) Legal domicile ate or foreign country)	g the tax year. (d) Direct contr entity ORCAS POWI LIGHT	olling Ty (C ER & C	(e) pe of entity corp, S corp,	(f) Share of to income	otal	(g) Share of en year assets	nd-of-	(h Percei owne	n) ntage rship	(i) Section (13) con entit Yes) 512(b htrolled ty?
(a) (a) Name, address, and EIN of related organization (1)ISLAND NETWORK LLC 183 MT BAKER ROAD EASTSOUND, WA 98245	nizations treate	ed as a corp (b) Iny activity	poration or	(c) Legal domicile ate or foreign country)	g the tax year. (d) Direct contr entity ORCAS POWI LIGHT	olling Ty (C ER & C	(e) pe of entity corp, S corp,	(f) Share of to income	otal	(g) Share of en year assets	nd-of-	(h Percei owne	n) ntage rship	(i) Section (13) con entit Yes) 512(b htrolled ty?
(a) (a) Name, address, and EIN of related organization (1)ISLAND NETWORK LLC 183 MT BAKER ROAD EASTSOUND, WA 98245	nizations treate	ed as a corp (b) Iny activity	poration or	(c) Legal domicile ate or foreign country)	g the tax year. (d) Direct contr entity ORCAS POWI LIGHT	olling Ty (C ER & C	(e) pe of entity corp, S corp,	(f) Share of to income	otal	(g) Share of en year assets	nd-of-	(h Percei owne	n) ntage rship	(i) Section (13) con entit Yes) 512(b htrolle ty?

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
с	Gift, grant, or capital contribution from related organization(s)	1 c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g	Yes	
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
ο	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
	Other transfer of cash or property from related organization(s)	1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		·	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ISLAND NETWORK LLC	A	109,071	FAIR MARKET VALUE
(2)ISLAND NETWORK LLC	D	2,135,663	FAIR MARKET VALUE
(3)ISLAND NETWORK LLC	0	76,080	FAIR MARKET VALUE
(4)ISLAND NETWORK LLC	Р	906,974	FAIR MARKET VALUE
(5)ISLAND NETWORK LLC	Q	620,627	FAIR MARKET VALUE
(6)ISLAND NETWORK LLC	S	262,379	FAIR MARKET VALUE
(7)ISLAND NETWORK LLC	G	79,130	FAIR MARKET VALUE
			Schedule R (Form 990) 2023

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

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

was not a related organization. See instructions regarding exclusion for certain investment participanes.													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	organizations?		(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			J14)	Yes	No			Yes	No		Yes	No	
		l			I	L			I		a de de la D		001 2022

Schedule R (Form 990) 2023







Provide additional information for responses to questions on Schedule R. See instructions.



