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Form **990** 

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

	## 41-0 E Telephan/suite (651	hone number ) 463-7134 receipts \$ 198,222,713						
Address change  Name change  Initial return  Final return/terminated  Amended return  Application pending  F Name and address of principal officer GREG MILLER 4300 220TH STREET W  FARMINGTON, MN 55024  I Tax-exempt status  Doing business as  Doing business as  Number and street (or P O box if mail is not delivered to street address) Roor and address of principal is not delivered to street address.  Roor and address of principal officer of the	m/suite E Telepi (651  G Gross  H(a) Is this a grout subordinates	hone number ) 463-7134						
Initial return  Final return/terminated Amended return  Application pending  F Name and address of principal officer GREG MILLER  4300 220TH STREET W  F Name and address of principal officer GREG MILLER  4300 220TH STREET W  FARMINGTON, MN 55024  I Tax-exempt status  S01(c)(3)  501(c)(12)  (insert no)  4947(a)(1) or  527	G Gross  H(a) Is this a grouse subordinates	)463-7134						
Final return/terminated  Amended return  Application pending  F Name and address of principal officer GREG MILLER 4300 220TH STREET W  F Name and address of principal officer GREG MILLER 4300 220TH STREET W  FARMINGTON, MN 55024  Tax-exempt status  Sol(c)(3)  Sol(c)(12)  (insert no)  4947(a)(1) or 527	G Gross  H(a) Is this a grouse subordinates	)463-7134						
Amended return Application pending  F Name and address of principal officer GREG MILLER 4300 220TH STREET W  FARMINGTON, MN 55024  F Name and address of principal officer GREG MILLER 4300 220TH STREET W FARMINGTON, MN 55024	(651  G Gross  H(a) Is this a ground subordinates							
Application pending  FARMINGTON, MN 55024  F Name and address of principal officer GREG MILLER 4300 220TH STREET W FARMINGTON, MN 55024  I Tax-exempt status  S01(c)(3) ✓ 501(c)(12) ◄ (insert no) ✓ 4947(a)(1) or ✓ 527	<b>H(a)</b> Is this a grou	receipts \$ 198,222,713						
F Name and address of principal officer GREG MILLER 4300 220TH STREET W FARMINGTON, MN 55024  I Tax-exempt status	<b>H(a)</b> Is this a grou	receipts \$ 198,222,713						
GREG MILLER 4300 220TH STREET W FARMINGTON, MN 55024    T Tax-exempt status	subordinates							
4300 220TH STREET W FARMINGTON, MN 55024  I Tax-exempt status								
FARMINGTON, MN 55024  I Tax-exempt status	H(D) Are all suborc							
	ıncluded?	dinates TYes No						
	·	h a list (see instructions)						
J Website: ► WWW DAKOTAELECTRIC COM	H(c) Group exemp	otion number ►						
K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ►	L Year of formation 1	.937 <b>M</b> State of legal domicile						
	L Teal of folination 1	MN						
Part I Summary								
Briefly describe the organization's mission or most significant activities     ELECTRIC DISTRIBUTION COOP								
2 Check this box   If the organization discontinued its operations or dispose								
Ē   <del></del>								
2 Check this box ► if the organization discontinued its operations or dispose	ed of more than 25% of its	s net assets						
		<b>3</b>   12						
4 Number of independent voting members of the governing body (Part VI, line		4 10						
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a	)	5 220						
<ul> <li>Number of voting members of the governing body (Part VI, line 1a)</li> <li>Number of independent voting members of the governing body (Part VI, line 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a 6 Total number of volunteers (estimate if necessary)</li> </ul>		<b>6</b> 0						
7a Total unrelated business revenue from Part VIII, column (C), line 12		<b>7a</b> 93,232						
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b> -13,335						
Contributions and grants (Point VIII line 1h)	Prior Year	O Current Year						
8 Contributions and grants (Part VIII, line 1h)	. 209,036							
Program service revenue (Part VIII, line 2g)		,725 136,113						
The Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,700 9,124						
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	, line 209,196	,710 197,963,282						
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	. 331	,204 255,214						
14 Benefits paid to or for members (Part IX, column (A), line 4)	2,361	,160 3,067,073						
Salaries, other compensation, employee benefits (Part IX, column (A), lin	es 21,526	,043 22,438,292						
5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)   0		0 0						
b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright^0$	Total fundraising expenses (Part IX, column (D), line 25) •0							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,607 169,095,156						
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 2!								
19 Revenue less expenses Subtract line 18 from line 12	10,647	,696 3,107,547						
20 Total assets (Part X, line 16)	Beginning of Current	t Year End of Year						
ទីក្តី 20 Total assets (Part X, line 16)	. 298,958	,098 301,558,834						
21 Total liabilities (Part X, line 26)								
22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block	. 147,409	,116 150,975,648						
Under penalties of perjury, I declare that I have examined this return, including accommy knowledge and belief, it is true, correct, and complete Declaration of preparer (other preparer has any knowledge  ******  Sign  Here  LOU ANN WEFLEN VP-FINANCE/CFO		n all information of which						
Type or print name and title								
Print/Type preparer's name Preparer's signature CRAIG POPENHAGEN CRAIG POPENHAGEN	Date Check If self-employed	PTIN P01587689						
Paid  Firm's name  CLIFTONLARSONALLEN LLP	Firm's EIN 🕨	<u> </u>						
Firm's address PO BOX 217	Phone no. (50	07) 434-7000						

AUSTIN, MN 55912

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

. ✓ Yes ☐ No

orm	n 990 (2015)				Page <b>2</b>
Par		ent of Program Service A	ccomplishments or note to any line in this Part III		Г
1		the organization's mission	or note to any fine in this rait III		
_	•	-	ECTRIC DISTRIBUTION COOPER	RATIVE STRIVING TO EX	CEED OUR MEMBER'S
		NS IN A CHANGING WORLD	ECTRIC DISTRIBUTION COUPER	CATIVE, STRIVING TO EX	CEED OOK MEMBER 5
2	Did the organizati	on undertake any significant pr	ogram services during the year whi	ch were not listed on	
	•				⊤Yes ▼No
		these new services on Schedu			
3		ion cease conducting, or make	significant changes in how it conduct	cts, any program	⊤Yes ▼No
	If "Yes," describe	these changes on Schedule O			
4	expenses Sectio		omplishments for each of its three l inizations are required to report the program service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	PROVIDE ELECTRIC	AND RELATED SERVICES AND PRODUC	CTS FOR APPROXIMATELY 104,000 MEMBER	S/CUSTOMERS	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4d	Other program s	ervices (Describe in Schedule	0 )		
	(Expenses \$			(Revenue \$	)
4e	Total program se	ervice expenses 🕨			
		-			

Form 990 (2	2015)
Part IV	<b>Checklist of Required Schedules</b>

			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		No
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 Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	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?  If "Yes," complete Schedule D, 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? If "Yes," complete Schedule D, Part II	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	Yes	
LO	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 😼	10		No
L1	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	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	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	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	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
<b>L6</b>	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
<b>L7</b>	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
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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		

Par	t IV Checklist of Required Schedules (continued)			
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	21	Yes	
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 "Yes," 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was	28c	Yes	
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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	33		No
34	Sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	Yes	
25-	and Part V, line 1	25-	V	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	<u> </u>
	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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page				
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 97							
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b	Yes					
4a	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)?							
Ь	b If "Yes," enter the name of the foreign country ►							
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?	_						
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No				
	organization solicit any contributions that were not tax deductible as charitable contributions?			NO				
	<ul> <li>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</li></ul>							
	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						
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to							
	file Form 8282?							
d	d If "Yes," indicate the number of Forms 8282 filed during the year							
e	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						
g	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?	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						
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	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							
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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a						
b	Enter the amount of reserves the organization is required to maintain by the states	15a						
	ın which the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	No				
ь	If "Yes," has it filed a Form 720 to report these payments $^{2}$ If "No," provide an explanation in Schedule O	14b		l				

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

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			
	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 10			
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	Yes	
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		Νo
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	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 in Schedule O how this was done	12c		No
L3	Did the organization have a written whistleblower policy?	13	Yes	
<b>L4</b>	Did the organization have a written document retention and destruction policy?	14		No
<b>L</b> 5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 in Schedule O (see instructions)			
l6a	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			
L7	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 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►CARLA HENKE 4300 220TH STREET W FARMINGTON, MN 55024 (651)463-7134

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

	(B) A verage hours per week (list any hours for related organizations	more pers and	than on is a dir	one bot ecto	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	Officei	, employee	Highest compensated employee	imer	,	,	organizations
(1) JAMES SHELDON CHAIR	12 90	х		х				35,100	0	0
(2) WILLIAM HOLTON DIRECTOR	15 80	х						27,000	0	0
(3) PAUL TRAPP SECRETARY	8 30	х		х				27,000	0	0
(4) DAVID JONES TREASURER	15 40	х		х				27,000	0	0
(5) KENNETH DANNER DIRECTOR	11 60	х						27,000	0	0
(6) CLAY VAN DE BOGART DIRECTOR	7 80	х						27,000	0	0
(7) JANET LEKSON DIRECTOR	14 60	х						27,000	0	0
(8) JUDY KIMMES DIRECTOR	13 80	х						27,000	0	0
(9) MARGARET SCHREINER DIRECTOR	19 00	х						27,000	0	0
(10) GERALD PITTMAN JR VICE CHAIR	9 20	х		х				27,000	0	0
(11) PAUL BAKKEN DIRECTOR	10 20	х						27,000	0	0
(12) JOHN JACK DEYOE DIRECTOR	15 70	х						27,000	0	0
(13) GREG MILLER PRESIDENT/CEO	40 00			х				325,464	0	150,207
(14) LOU ANN WEFLEN  VP - FINANCE/CFO	40 00			х				218,080	0	91,878

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

(A) Name and Title	(B) Average hours per week (list	more pers	than on is	one bot	not box h ar	check , unle	ess er	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Office		# Highest compensated employee	Former	organization (W- 2/1099- MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(15) MICHAEL FOSSE  VP - ENERGY AND MEMBER SER	40 00				х			192,871	C	92,200
(16) DOUGLAS LARSON  VP - REGULATORY SERVICES	40 00				х			201,887	C	93,160
(17) RANDALL POULSON  VP - ENGINEERING SERVICES	40 00				х			190,368	C	73,220
(18) DIRK ROTTYVP - UTILITY SERVICES	40 00				х			187,622	C	80,992
(19) GRANT BAUMBERGER METERING & ELECTRICAL EQ M	40 00					х		122,942	C	58,873
(20) MICHAEL BRIGGS DIRECTOR OF INFORMATION	40 00					х		132,522	C	57,514
(21) KEVIN FOWLER UTILITY SERVICES MANAGER	40 00					х		124,097	C	62,462
(22) MALINDA MEHRHOFF HUMAN RESOURCES MANAGER	40 00					х		118,612	(	63,639
(23) CRAIG TURNER ENGINEERING SERVICES MANAG	40 00					х		123,949	C	68,550
1b Sub-Total				<u> </u>	<u> </u>	l				
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	-			•	•			2,270,514	0	892,695

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 50

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee		
	on line 1a? If "Yes," complete Schedule J for such individual		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		
	services rendered to the organization? If "Yes," complete Schedule I for such person		Νo

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

<b>(A)</b> Name and business address	( <b>B</b> ) Description of services	(C) Compensation
NPL CONSTRUCTION CO	UNDERGROUND CONSTRUCTION	2,710,606
2355 UTOPIA RD PHOENIX, AZ 85027		
WRIGHT TREE SERVICE	TREE TRIMMING	445,276
2943 PAYSPHERE CIRCLE CHICAGO, IL 60674		
CARR'S TREE SERVICE	TREE TRIMMING	313,426
307 MINNESOTA 78 OTTERTAIL, MN 56571		
PREMIER LOCATING INC	LOCATING	293,624
2034 CTY RD 35 W BUFFALO, MN 55313		
KUBRA AMERICA SOUTH EAST INC	CUSTOMER BILLING	232,647
5310 WESTPARK DR ATLANTA, GA 30336		
• Takal a b a a final a a a da a b a a a ba a ba a final a da a b a b a a b a a b a a b a a b a b		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 7

Part V	1 1 1	Statement of						_
		Check If Sched	ule O contains a respo	nse or note to any lin	e in this Part VIII (A) Total revenue	( <b>B)</b> Related or exempt	<b>(C)</b> Unrelated business	(D) Revenue excluded from
						function revenue	revenue	tax under sections 512-514
(0	1a	Federated cam	paigns 1a					312-314
Grants mounts	b	Membership di	ues 1b					
Gra imo	С	Fundraising ev	ents <b>1c</b>					
Giffts, illar Al	d	Related organiz	zations 1d					
ons, Gifts, Grants Similar Amounts	е	Government grant	ts (contributions) <b>1e</b>					
ion: r Si	f		ons, gifts, grants, and <b>1f</b>					
Contributions, and Other Sim	g	sımılar amounts no Noncash contributi	ot included above ions included in lines					
Contri and O		1a-1f \$						
<u>ع ۳</u>	h	Total. Add line	sla-lf	· · · •				
лпе	2a	SALE OF POWER		Business Code 221000	197,724,813	197,724,813		
ever	b	VEHICLE REPAIR		811000	41,694	197,724,813	41,694	
se B	С	DISPATCHING		561439	37,347		37,347	
er vik	d	SALES TO NON-ME	EMBERS	221000	12,055		12,055	
Program Serwce Revenue	e	IWATCH WEATHER	R SERVICE	900099	2,136		2,136	
∑grai	f	All other progra	am service revenue					
Ğ	g	Total. Add line	s 2a-2f		197,818,045			
	3		ome (including dividen		137,835			137,83
	4		ar amounts) stment of tax-exempt bond		13.7,555			137,03
	5	<b>5</b> !!		` <u> </u>				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		153,575				
	b	Less cost or other basis and		155,297				
	c	sales expenses Gain or (loss)		-1,722				
	d		ss)	,	-1,722			-1,722
Other Revenue	8a	events (not inc \$ of contributions	 s reported on line 1c)					
-		See Part IV, lii	ne 18 <b>a</b>					
₽	b	Less direct ex	penses b					
	c 9a	Gross income	(loss) from fundraising from gaming activities ne 19	events 🛌				
	h	Loca directic	a penses b					
	С		(penses <b>b</b> (loss) from gaming acti	vities				
		Gross sales of	inventory, less	-				
		returns and all	owances . a	113,258				
	b	Less cost of g	oods sold <b>b</b>	104,134				
	С	Net income or	(loss) from sales of ınv		9,124	9,124		
		Mıscellaneou	s Revenue	Business Code				
	11a							
	b							
	C C	All athan ware						
	d e	Total. Add line	ue s 11a-11d	🛌				
	12		See Instructions .					
	**	iocai ievenue.	See THSUIGUOUS .	· · · · •	197,963,282	197,733,937	93,232	136,113

	Clatera est of Francisco I Francisco				Page 10
	Statement of Functional Expenses	All other organiza	tions must som	nloto column (A.)	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t		(B)	(c)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	255,214			
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	3,067,073			
5	Compensation of current officers, directors, trustees, and key employees	2,230,049			
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	13,449,319			
8	Pension plan accruals and contributions (include section 401(k)				
_	and 403(b) employer contributions)	3,259,027			
9	Other employee benefits	2,413,020			
10	Payroll taxes	1,086,877			
11	Fees for services (non-employees)				
a	Management				
b	Legal	88,070			
<b>c</b>	Accounting	23,404			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,626,771			
12	Advertising and promotion	2,050,980			
13	Office expenses	2,005,238			
14	Information technology				
15	Royalties				
16	Occupancy	225,242			
17	Travel	208,160			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,653,221			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,716,071			
23	Insurance	571,002			
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	141,565,240			
b	PROPERTY AND OTHER TAXE	3,443,074			
c	EXTERNAL CONTRACT LABOR	1,359,916			
d	DISTRIBUTION PLANT MAIN	659,700			
e	All other expenses	899,067			
25	Total functional expenses. Add lines 1 through 24e	194,855,735			
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)				

Part X Balance Sheet

Check of Schedule Commons a response or nete to any line in this Part X	Par		Charle of School use O contains a reconsec or note to any	linain	thic Dort V			_
1   Cash-non-interest-bearing   Seguration   Seguratio			Check it Schedule O contains a response or note to any	line in	this Part X		· ·	· · · · ·
2   3   3   3   3   3   4   4   4   5   5   5   6   6   7   7   7   7   7   7   7   7								
3   Pledges and grants receivable, net		1	Cash-non-interest-bearing			447,790	1	536,825
4 Accounts receivable, net  5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (sr. defined under section 4.9 5 (17) (3) mind section 4.9 5 (17) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3		2	Savings and temporary cash investments				2	
Section   Sec		3	Pledges and grants receivable, net				3	
See   See		4	Accounts receivable, net			19,247,756	4	17,478,196
Section 455 (10.1) pursoned sectioned in section 455 (10.18), and contributing employers and sponsoring organizations (see instructions) Complete Part II of Schedule L		5	key employees, and highest compensated employees					
8 Inventories for sale or use	sts	6	section 4958(f)(1)), persons described in section 495 contributing employers and sponsoring organizations o voluntary employees' beneficiary organizations (see in	8(c)(3 f secti	)(B), and on 501(c)(9)			
8 Inventories for sale or use	88	l _						
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis complete Part IV of Schedule D 10b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intersect the securities See Part IV, line 11 98,894,846 12 9,713,386 13 Investments—program—related See Part IV, line 11 98,501,080 13 98,142,807 14 Intangible assets 15 Other assets See Part IV, line 11 3,789,366 15 33,729,881 16 Total assets.	⋖							
10a								<u> </u>
Complete Part VI of Schedule D   10a   278,332,868   165,820,784   161,822,877   10c   165,820,784   11   11   11   11   12   11   11   1						2,956,473	9	1,265,134
11   Investments—publicly traded securities   11   9,884,848   12   9,713,386   13   Investments—other securities   5ee Part IV   line   11   9,884,848   12   9,713,386   13   Investments—program-related   See Part IV   line   11   9,884,848   12   9,713,386   13   14   Intangible assets   14     14     15   Other assets   See Part IV   line   11   3,789,386   15   3,372,981   16   Total assets. Add lines   1 through   15 (must equal line   34 )   288,988,089   16   301,588,834   17   Accounts payable and accrued expenses   37,683,778   17   37,013,762   18   Grants payable   18   19   Deferred revenue   736,618   19   559,822   20   Tax—exempt bond liabilities   20   Tax—exempt bond liabilities   20   Tax—exempt bond liability   Complete Part IV of Schedule   D   125,612   21   126,062   21   Escrow or custodial account liability   Complete Part IV of Schedule   D   125,612   21   126,062   22   Secured mortgages and notes payable to unrelated third parties   96,605,051   23   94,984,079   24   Unsecured notes and loans payable to unrelated third parties   96,605,051   23   94,984,079   25   Other liabilities of included on lines 17-24   Complete Part X of Schedule   D   4,944,922   25   8,799,461   25   Other liabilities of included on lines 17-24   Complete Part X of Schedule   D   4,944,922   25   8,799,461   27   Unrestricted net assets   29   Permanently restricted net assets   29   Permanently rest		10a		10a	278,332,269			
12   Investments—other securities See Part IV, line 11   9,894,846   12   9,713,386   13   13   Investments—program-related See Part IV, line 11   95,501,080   13   98,142,807   14   Intangible assets   14   15   Other assets See Part IV, line 11   3,789,366   15   3,372,981   16   Total assets.Add lines 1 through 15 (must equal line 34)   298,958,098   16   301,558,834   17   37,013,762   18   37,636,778   17   37,013,762   18   37,636,778   17   37,013,762   18   37,636,778   19   5598,822   20   18   20   20   22   20   22   20   22   20   22   20   22   20   22   20   22   20   23   24   24   24   25   25   27   27   27   27   27   27		b	Less accumulated depreciation	10b	112,511,485	161,862,877	<b>10</b> c	165,820,784
13		11	Investments—publicly traded securities				11	
14		12	Investments—other securities See Part IV, line 11			9,894,848	12	9,713,386
15		13	Investments—program-related See Part IV, line 11			95,501,080	13	98,142,807
16 Total assets.Add lines 1 through 15 (must equal line 34)		14	Intangible assets				14	
17		15	Other assets See Part IV, line 11			3,789,356	15	3,372,981
18   Grants payable   18   18   19   559,822   20   Tax-exempt bond liabilities   2		16	Total assets.Add lines 1 through 15 (must equal line 3	4) .		298,958,098	16	301,558,834
19 Deferred revenue		17	Accounts payable and accrued expenses			37,636,778	17	37,013,762
20		18	Grants payable				18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue			736,618	19	559,822
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities				20	
24 Unsecured notes and loans payable to unrelated third parties		21	Escrow or custodial account liability Complete Part IV	of Scl	hedule D	125,612	21	126,062
24 Unsecured notes and loans payable to unrelated third parties	lities	22						
24 Unsecured notes and loans payable to unrelated third parties	졅		persons Complete Part II of Schedule L				22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities.Add lines 17 through 25	Ξ	23	Secured mortgages and notes payable to unrelated thu	rd parti	es	96,605,051	23	94,984,079
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third	parties		11,500,000	24	9,100,000
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule D	4 044 022	25	9 700 464		
Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26						
lines 27 through 29, and lines 33 and 34.   27   Unrestricted net assets		∠0				151,546,982	20	150,565,166
33 Total net assets or fund balances	φ		_	nere F	and complete			
33 Total net assets or fund balances	310	27					27	
33 Total net assets or fund balances	<u></u>	28	Temporarily restricted net assets				28	
33 Total net assets or fund balances	핕							
33 Total net assets or fund balances	r Fun		Organizations that do not follow SFAS 117 (ASC 958),	check	here ► 🔽 and			
33 Total net assets or fund balances	9	30	_	_		0	30	0
33 Total net assets or fund balances	Ř			t fund				0
33 Total net assets or fund balances	45.5					147,409,116		150,975,648
<b>34</b> Total liabilities and net assets/fund balances								
	Ż							· · ·

Par	t XI Reconcilliation of Net Assets			•	age ==
	Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		197,9	963,282
2	Total expenses (must equal Part IX, column (A), line 25)	2		1045	355,735
3	Revenue less expenses Subtract line 2 from line 1				
4	Not accets or fund halances at heginning of year (must equal Part V. line 22, column (A.))	3		3,3	107,547
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		147,4	109,116
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
7	Investment expenses	6			
•		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		,	158,985
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			975,648
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	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 sepa	rate		, 00	
	basis, consolidated basis, or both				
	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 oversigh 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 O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493173013016

OMB No 1545-0047

Open to Public

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

DAKOTA ELECTRIC ASSOCIATION

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection **Employer identification number** 

			0212180
rt I Organizations Maintaining Dono Complete if the organization answer			or Accounts.
	(a) Donor advised funds	•	)Funds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to			rsed Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			
t III Conservation Easements. Compl	ete ıf the organızatıon an	swered "Yes" on For	m 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrease Protection of natural habitat  Preservation of open space	eation or education) $\Gamma$ P		rically important land area ed historic structure
Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	contribution in the form	m of a conservation
			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easeme		2b	
Number of conservation easements on a certified		` '	
Number of conservation easements included in ( historic structure listed in the National Register		ad not on a	
Number of conservation easements modified, tra	nsferred, released, extinguis	hed, or terminated by t	he organization during the
· · · · · · · · · · · · · · · · · · ·			
Number of states where property subject to cons			4
Does the organization have a written policy regard violations, and enforcement of the conservation of the	easements it holds?		☐ Yes ☐ No
Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violation	cions, and enforcing cor	nservation easements during the
Amount of expenses incurred in monitoring, insp	acting handling of violations	and enforcing conserv	vation eacements during the vear
► \$	coming, namaling of violations	, and emoreing conserv	action cuscinents during the year
Does each conservation easement reported on li (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the rec	urements of section 1	70(h)(4) <b>Yes No</b>
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation earlier to the conse	t of the footnote to the organ		•
Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historica ed "Yes" on Form 990, Pa	I Treasures, or Ot art IV, line 8.	her Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	r assets held for public exhib	ition, education, or rese	earch in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to repo rassets held for public exhib	rt ın ıts revenue staten	nent and balance sheet
Revenue included on Form 990, Part VIII, line	1	<b>►</b> \$	
Assets included in Form 990, Part X		<b>►</b> \$	
If the organization received or held works of art, following amounts required to be reported under		sımılar assets for finar	
Revenue included on Form 990, Part VIII, line 1			<b>►</b> \$
Assets included in Form 990, Part X			<b>▶</b> \$

Part	Organizations Mai	ntaining	Collections of A	Art, His	storica	l Tre	easures,	or Ot	her Similar A	ssets	
	Using the organization's acqui		ession, and other rec	cords, cl						e of its	
а	Public exhibition			d	Г	oan o	r exchange	progra	ms		
b	Scholarly research			e	Г о	ther					
c	Preservation for future ge	nerations									
	Provide a description of the or Part XIII	ganızatıon's	s collections and ex	plaın ho	w they fu	ırther	the organiz	atıon's	exempt purpose	ın	
	During the year, did the organi assets to be sold to raise fund									☐ No	
Part	Complete if the orga Part X, line 21.			n Form	990, Pa	art IV	/, line 9, o	r repo	orted an amour	nt on Fori	m 990,
	Is the organization an agent, t included on Form 990, Part X?		todıan or other ınter	mediary	/ for con	trıbutı	ions or othe	rasse	ts not <b>Yes</b>	√ No	
b	If "Yes," explain the arrang	ement in Pa	art XIII and complet	e the fo	llowing t	able			Am	ount	
c	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the yea	r						1e			
f	Ending balance							1f			
2a	Did the organization include ai	n amount or	n Form 990, Part X,	line 21,	for escr	ow or	custodial a	ccount	liability? 🔽 Yes	⊢ No	
b	If "Yes," explain the arrangem	ent ın Part	XIII Check here if	the expl	anation	has b	een provide	d ın Pa	art XIII		⊽
Par	t V Endowment Funds	. Comple									
			(a)Current year	<b>(b)</b> Pi	nor year	Ь (	(c)Two years	back (	<b>d)</b> Three years back	(e)Four ye	ears back
La	Beginning of year balance .					_					
b	Contributions										
c	Net investment earnings, gair losses	ns, and									
d	Grants or scholarships										
е	Other expenditures for facilitiand programs	es									
f	Administrative expenses .										
g	End of year balance										
2	Provide the estimated percent	age of the d	current year end bal	ance (lır	ne 1g, co	lumn	(a)) held as	;			
а	Board designated or quasi-end	dowment ►									
b	Permanent endowment 🕨										
	Temporarily restricted endowr The percentages on lines 2a, 2		should equal 100%								
	Are there endowment funds no organization by  (i) unrelated organizations .		_	nızatıon	that are	held	and adminis	stered		Yes	No
	(ii) related organizations .  If "Yes" on 3a(ii), are the relations.								За	i(i) (ii) Bb	
	Describe in Part XIII the inter	_									
Part	t VI Land, Buildings, a			_							
	Complete if the orga  Description of pro		inswered 'Yes' to	Form 9	90, Par (a)	t IV,	line 11a.9 Г (ь)	See Fo	orm 990, Part X		k value
	Description of pro	perty			st or other (investme		Cost or other		(c) depreciation	(4)500	K Value
1a L	_and				(	,	<del>                                     </del>	, )68,287			4,068,287
	Buildings	- ·					<u> </u>	,==07		1	, , , , , , , , , , , , , ,
_							7,6	31,002	3,297,477	7	4,333,525
<b>c</b> L	easehold improvements			·						1	
	Equipment			·			263,0	60,907	109,214,008	3 15	3,846,899
<b>e</b> 0	Other							-72 070		1	2 572 255

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

165,820,784

XIII 🗠

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organiz	zation answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			Cost of that of year market value
(2)Closely-held equity interests			
(3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>P</b>		
Part Will Investments—Program Related			<u> </u>
Complete if the organization answered '	'Yes' on Form 990,	Part IV, line 11c.See	e Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
(1)CDEAT DIVED ENERGY CARITAL CREDITS		02.600.746	Cost or end-of-year market value
(1)GREAT RIVER ENERGY CAPITAL CREDITS (2)NRUCFC CAPITAL CREDITS		92,690,746 3,930,487	C 
(3)COBANK		721,126	C
(4)OTHER COOPERATIVE CAPITAL CREDITS		687,918	С
(5)COOPERATIVE MEMBERSHIPS		7,200	С
(6)MN RURAL ELECTRIC TRUST		105,330	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	Þ	98,142,807	
Part IX Other Assets. Complete if the organization	answered 'Yes' on Fo	orm 990, Part IV, line 1	1d See Form 990, Part X, line 15
(a) Descrip	ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5)		
Part X Other Liabilities. Complete if the organ		'Yes' on Form 990, P	
See Form 990, Part X, line 25.	_		,
1. (a) Description of liability	(b) Book value		
Endard income tower			
Federal income taxes		$\dashv$	
CAPITAL LEASE	1,100,59	96	
FAS106 POST-EMPLOYMENT BENEFITS	4,016,00	00	
POWER COST RECOVERY	3,682,86	55	
		_	
		_	
		┪	
	ļ	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	8,799,46	51	
2 Liability for uncertain tay positions. In Part VIII. provide	•		financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	Ctarri
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 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	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 )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
5		5	Return.
5 Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	Return.
5 Pari 1	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 es per	Return.
5 Pari 1	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 es per	Return.
5 Pari 1 2	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 es per	Return.
5 Part 1 2 a	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 es per	Return.
5 Pari 1 2 a b	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 es per	Return.
Part  1 2 a b c	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 es per	Return.
Pari 1 2 a b c d	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 es per	Return.
Pari Pari 1 2 a b c d e	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 es per 1 2e	Return.
Part  1 2 a b c d e	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 es per 1 2e	Return.
5 Part  1 2 a b c d e 3	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5 es per 1 2e	Return.
5 Pari 1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Investment expenses not included on Form 990, Part VIII, line 7b  Audited Ine 2e from Sand 4c. (This must equal Form 990, Part II, line 7b  Audited Ine 2e from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 2e from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 2e from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 2e from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 2e from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 2e from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII, line 7b  Audited Ine 12 from Sand 4c. (This must equal Form 990, Part VIII)	5 es per 1 2e	Return.

#### Part 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
PART IV, LINE 2B	THE MEMBERS OF THE COOPERATIVE CAN ELECT TO PAY AN ADDITIONAL SET AMOUNT ON THEIR ELECTRIC BILL EACH MONTH AS A CONTRIBUTION TO THE HELPING NEIGHBORS TRUST THE FUNDS COLLECTED FROM THE MEMBERSHIP ARE HELD IN A COOPERATIVE ACCOUNT AND ARE PAID TO THE TRUST QUARTERLY THE TRUST USES THE FUNDS FOR CHARITABLE PURPOSES FUNDS THAT EXIST AT THE END OF THE YEAR ARE A RESULT OF A TIMING DIFFERENCE FROM WHEN THE FUNDS ARE COLLECTED FROM THE COOPERATIVE MEMBERS, TO WHEN THEY ARE DISTRIBUTED TO THE HELPING NEIGHBORS TRUST AT DECEMBER 31, 2015 THE COOPERATIVE HELD \$2,435 THE COOPERATIVE ALSO COLLECTS FRANCHISE FEES FROM ITS MEMBERS AND DISTRIBUTES THESE FEES DIRECTLY TO THE CITY OF APPLE VALLEY THE AMOUNT OF \$123,627 THAT EXISTS AT DECEMBER 31, 2015 IS A RESULT OF A TIMING DIFFERENCE BETWEEN WHEN THE FUNDS ARE COLLECTED AND WHEN THEY ARE DISTRIBUTED TO THE CITY OF APPLE VALLEY
PART X, LINE 2	DAKOTA ELECTRIC IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(12) OF THE INTERNAL REVENUE CODE AND THE STATE OF MINNESOTA MES PROVIDES FOR DEFERRED TAXES ON TEMPORARY DIFFERENCES ARISING FROM ASSETS AND LIABILITIES WHOSE BASIS IS DIFFERENT FOR FINANCIAL REPORTING AND INCOME TAX PURPOSES DAKOTA ELECTRIC WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF SUCH PENALTIES AND INTEREST ARE INCURRED UNDER NORMAL CIRCUMSTANCES, DAKOTA ELECTRIC, MES AND ITS SUBSIDIARIES ARE NO LONGER SUBJECT TO FEDERAL OR STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2013 DAKOTA ELECTRIC AND SUBSIDIARIES UNDERGO AN ANNUAL ANALYSIS OF VARIOUS TAX POSITIONS, ASSESSING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UPON EXAMINATION WITH RELEVANT TAX AUTHORITIES, AS DEFINED BY ASC 740-10 THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS ZERO AS OF DECEMBER 31, 2015 AND DECEMBER 31, 2014

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

Schedule I (Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

**Employer identification number** 

DLN: 93493173013016 OMB No 1545-0047

> Open to Public **Inspection**

Department of the Treasury

DAKOTA ELECTRIC ASSOCIATION

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

41-0212180 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) SCHOLARSHIPS OR DAKOTA COUNTY 41-1488605 501(C)(3) 174,000 EDUCATIONAL TECHNICAL COLLEGE (1) FOUNDATION PURPOSES 1300 145TH STREET E ROSEMOUNT, MN 55068 COMMUNITY ACTION 41-0987708 501(C)(3) 5,000 FOOD SHELF/ENERGY COUNCIL (DBA 360 ASSISTANCE (2) COMMUNITIES) 501 E HWY 13 SUITE 102 BURNSVILLE, MN 55337 (3) 41-1573810 501(C)(3) 10,000 EXPANSION FAIRVIEW FOUNDATION CAMPAIGN 2344 ENERGY PARK DR ST PAUL, MN 55108 (4) CITY OF CANNON FALLS 41-6005032 GOVERNMENTAL 10,000 DATA CENTER 918 RIVER RD **ENTITY** CERTIFICATION CANNON FALLS, MN 55009

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

ΙI

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

FOR EDUCATIONAL PURPOSES

(a)Type of grant or assista	nce	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemental	Informa	<b>tion.</b> Provide the info	ormation required in F	Part I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.			
Return Reference	Explanation								
PART I, LINE 2	THE COOPERATIVE RECEIVES VERIFICATION FROM THE DONEES OF THEIR TAX-EXEMPT STATUS								
RM 990, SCHEDULE I, PART THERE IS A MINNESOTA STATUTE THAT A COOPERATIVE MAY, IN LIEU OF PAYING OR DELIVERING TO THE STATE THE UNCLAIMED PROPERTY SPECIFIED IN ITS REPORT OF UNCLAIMED PROPERTY, DISTRIBUTE THE UNCLAIMED PROPERTY TO A BUSINESS ENTITY OR ORGANIZATION THAT IS EXEMPT FROM TAXATION AFTER 7 YEARS, DAKOTA ELECTRIC REMITS ITS MINNESOTA UNCLAIMED CAPITAL									

CREDITS TO DCTC FOUNDATION THE COOPERATIVE THEN DIRECTS THE FOUNDATION TO PAY SPECIFIED AMOUNTS AS SCHOLARSHIPS

DLN: 93493173013016

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury

# **Compensation Information**

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

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

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Internal Revenue Service Name of the organization DAKOTA ELECTRIC ASSOCIATION

**Employer identification number** 

41-0212180

- (3		Questions Regarding Compensation					
						Yes	No
.a				ny of the following to or for a person listed on Form vide any relevant information regarding these items			
	F	irst-class or charter travel	Г	Housing allowance or residence for personal use			
	Гт	ravel for companions	$\sqcap$	Payments for business use of personal residence			
	Г	ax idemnification and gross-up payments	<u></u>	Health or social club dues or initiation fees			
	Г	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		of the boxes in line 1a are checked, did the orgoursement or provision of all of the expenses des				V	
,		ne organization require substantiation prior to re			1b	Yes	
•				Director, regarding the items checked in line 1a?	2	Yes	
3	organ	ate which, if any, of the following the filing organ iization's CEO/Executive Director Check all tha by a related organization to establish compensa	it appl				
	$\Gamma$	Compensation committee	굣	Written employment contract			
	Г	ndependent compensation consultant	<u></u>	Compensation survey or study			
	F F	orm 990 of other organizations	<b>▽</b>	Approval by the board or compensation committee			
ŀ		g the year, did any person listed on Form 990, F elated organization	'art V I	II, Section A, line 1a with respect to the filing organization			
а	Rece	ive a severance payment or change-of-control p	aymer	nt?	4a		Νo
b	Partio	cipate in, or receive payment from, a supplemen	tal nor	nqualified retirement plan?	4b		Νo
c	Partio	cipate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If"Ye	es" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons m	ust complete lines 5-9.			
;		ersons listed on Form 990, Part VII, Section A, ensation contingent on the revenues of	line 1	a, did the organization pay or accrue any			
а	The o	rganization?			5a		
b	Any r	related organization?			5b		
	If"Y€	es," on line 5a or 5b, describe in Part III					
•		ersons listed on Form 990, Part VII, Section A, ensation contingent on the net earnings of	line 1	a, did the organization pay or accrue any			
а	The o	organization?			6a		
ь	Any r	related organization?			6b		
	If"Υ∈	es," on line 6a or 6b, describe in Part III					
•		ersons listed on Form 990, Part VII, Section A, ents not described in lines 5 and 6? If "Yes," de			7		
3		any amounts reported on Form 990, Part VII, p					
	subje ın Pa		Regula	ations section 53 4958-4(a)(3)? If "Yes," describe	8		
)		es" on line 8, did the organization also follow the on 53 4958-6(c)?	rebutt	table presumption procedure described in Regulations	9		

### 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	` '	(E) Total of columns	• •
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

#### Part III Supplemental Information

Return Reference

Explanation

PART I, LINE 1A

HEALTH CLUB DUES ARE AVAILABLE TO ALL EMPLOYEES OF DEA AND ARE INCLUDED IN THE W-2'S OF THE EMPLOYEES THESE DUES ARE LIMITED TO \$240 PER YEAR AND EMPLOYEES MUST ATTEND 12 TIMES PER MONTH

SCHEDULE J, PART II, COLUMN C

THE ESTIMATED CURRENT YEAR INCREASE IN THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN IS INCLUDED IN OTHER COMPENSATION FOR EMPLOYEES LISTED IN PART II OF SCHEDULE J THESE AMOUNTS DO NOT REPRESENT ANY CURRENT YEAR CONTRIBUTIONS TO THE PLAN THEY ARE ESTIMATES OF THE INCREASE IN THE ACTUARIAL VALUE OF THE PLANS PROVIDED BY THE NRECA

Schedule J (Form 990) 2015

Software ID: Software Version:

**EIN:** 41-0212180

Name: DAKOTA ELECTRIC ASSOCIATION

Form 990, Schedule J, P	<u>'art I</u>	I - Officers, Direc	tors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees	<u>\$</u>	<del>-</del>
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1GREG MILLER PRESIDENT/CEO	(1)	280,096		· ·	123,884	26,323	475,671	0
PRESIDENT/CEO	(11)	- 0					    	]
1LOU ANN WEFLEN VP - FINANCE/CFO	(1)	195,234	6,500	16,346	80,498	11,380	309,958	0
	(11)	0	- 0	0		- 0		
2MICHAEL FOSSE VP - ENERGY AND MEMBER	(1)	166,260	4,000	22,611	65,657	26,543	285,071	0
SER	(11)	- 0				-		-
3DOUGLAS LARSON VP - REGULATORY SERVICES	(1)	181,056	6,500	14,331	66,990	26,170	295,047	
· Needellie	(11)	-				-		
4RANDALL POULSON VP - ENGINEERING SERVICES	(1)	164,741	4,000	21,627	51,110	22,110	263,588	0
Ah - ENGINEERING SEKAICE	(11)						!	
5DIRK ROTTY	1	171.624	0,	0]	0	0	0!	0
VP - UTILITY SERVICES	(1)		4,000	11,988	70,627	10,365	268,614	0
	(11)	0	0	0	0	0	, <u> </u>	0
<b>6</b> GRANT BAUMBERGER METERING & ELECTRICAL EQ M	(1)		0'	2,196	36,293	22,580	181,815	0
	(11)	0	0	- 0		0	0	- 0
7MICHAEL BRIGGS DIRECTOR OF INFORMATION	(1)	128,562	0	3,960	46,669	10,845	190,036	0
	(11)	0		-	-	-	.  	
8KEVIN FOWLER UTILITY SERVICES MANAGER	(1)	114,440	0	9,657	45,491	16,971	. 186,559	0
	(11)		-			-		-
9MALINDA MEHRHOFF HUMAN RESOURCES	(1)	109,650	0	8,962	41,276	22,363	182,251	0
MANAGER	(11)	-						
10CRAIG TURNER	(1)	120,121	1,200	2,628	42,460	26,090	192,499	0
ENGINEERING SERVICES MANAG	(11)							<u>-</u>
	` 1	0	0	0	o	0	0	0

DLN: 93493173013016

OMB No 1545-0047

2015

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Open to Public Inspection

		ganization : ASSOCIATION							En	nploye	r identi	if icat io	number	r
Part	Exce	ess Benefit	Transa	action	<b>IS</b> (section	501(c)(3),	section 501(c)	(4), and 501(c		l - 0 2 1 . organı		only)		
	Comp	lete if the org	janızatıon	answe	red "Yes" o	n Form 990	, Part IV, line 2	25a or 25b, or	Form 9	990-E	Z, Part	V , line		
1	(a) Nam	ne of disqualif	ied perso	n	( <b>b)</b> Rel	•	etween disquali organization	fied person an	d (	-	criptior saction		(d) Corr Yes	ected? <b>No</b>
							, , , , , , , , , , , , , , , , , , ,			- Ci Giii			res	NO
												+		
												<del>-  </del>		
<b>2</b> E	nter the a	mount of tax	ıncurred	by orga	nızatıon ma	nagers or d	ısqualıfıed pers	ons during the	eyearı	under	section			
	958 .									. 1	<b>*</b> \$			
<b>3</b> E	nter the a	imount of tax,	ıf any, or	n line 2,	, above, reir	nbursed by	the organizatio	n		•	<b>\$</b>			
Part		ans to and												
	Со						90-EZ, Part V,	line 38a, or Fo	orm 99	0, Par	t IV, lır	ne 26, c	r ıf the	
	org	anization rep	orted an a	amount	on Form 99	U, Part X, II	ne 5, 6, or 22							
		(b) Relations		(c)	(d) Loan t		(e)O riginal	<b>(f)</b> Balance	(g)		(h		(i)Wri	
(a) Name of interested with person organizati		'		or from th organizatio		principal amount	due	defa	ult?	A ppro		agreem	nent?	
PC	15011	organizatio	"   "	oun	organizacio						committee?			
					То	From			Yes	No	Yes	No	Yes	No
												+		-
							+					+	+	
												+	1	
												-	+	-
							+					+	+	
Total				<b>▶</b> \$		1								
Part I	• Gra	ants or Ass			efiting In	terested	Persons.		l .					
	Coi	nplete if the	organiz	zation	answered	"Yes" on I	orm 990, Pai		•					
(a)		nterested			p between on and the	( <b>c)</b> A mour	nt of assistance	<b>(d)</b> Type	ofassı	stance	e (e)	) Purpos	e of ass	ıstance
	perso	'''		rganiza <sup>.</sup>										
								+			+			
											1			

Part IV Business Transactions I	nvolving Interested	d Persons.	20 201 20		
Complete if the organization (a) Name of interested person	n answered "Yes" on I  (b) Relationship between interested person and the organization	(c) A mount of transaction	e 28a, 28b, or 28c. (d) Description of transaction	(e) Sh organiz reven	f zation's
` '	MEMBER OF BOARD OF DIRECTORS	141,565,240	MARGARET SERVES ON THE BOARD OF DIRECTORS FOR BOTH DAKOTA ELECTRIC AND GREAT RIVER ENERGY DAKOTA ELECTRIC PURCHASES ITS WHOLESALE POWER FROM GREAT RIVER ENERGY	Yes	No No
(- / · · · · · · · · · · · ·	MEMBER OF BOARD OF DIRECTORS	141,565,240	CLAY SERVES ON THE BOARD OF DIRECTORS FOR BOTH DAKOTA ELECTRIC AND GREAT RIVER ENERGY DAKOTA ELECTRIC PURCHASES ITS WHOLESALE POWER FROM GREAT RIVER ENERGY		No

Part V	Supplemental	Information
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Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

DLN: 93493173013016

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization DAKOTA ELECTRIC ASSOCIATION 41-0212180

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ALL OF THE BOARD MEMBERS OF THE ORGANIZATION ALSO SERVE AS BOARD MEMBERS FOR THE SUBSIDIARIES OF THE ORGANIZATION AND THUS HAVE A BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS, ALL OF WHICH ARE IN THE SAME CLASS WITH THE SAME VOTING RIGHTS
FORM 990, PART VI, SECTION A, LINE 7A	THERE ARE FOUR DISTRICTS AND EACH DISTRICT HAS THREE BOARD MEMBERS ALL MEMBERS VOTE ON ALL FOUR DISTRICTS
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS HAVE THE POWER TO REMOVE ANY DIRECTOR OR OFFICER IF THEIR ACTIONS CAUSE SUBSTANTIA L HARM TO THE INTERESTS OF THE ORGANIZATION MEMBERS ALSO HAVE THE RIGHT TO ALTER, AMEND, OR REPEAL THE BY LAWS IF APPROVED BY MAJORITY OF VOTES CAST
FORM 990, PART VI, SECTION A, LINE 8B	THE COOPERATIVE DOES NOT HAVE AN EXECUTIVE COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE FORM 990 FOR THEIR REVIEW AT A BOARD MEETING PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE. THE BOARD OFTEN USES A SALARY SURVEY OR COMPARISON OF WAGES FROM OTHER COMPARABLY SIZED ELECTRIC COOPERATIVES. THE WAGE S DATA MAY COME FROM 990S OF COOPERATIVES OF SIMILAR SIZE OR FROM THE NRECA COMPENSATION S. URVEY. FOLLOWING YEAR END, THE BOARD OF DIRECTORS DELIBERATES AS TO WHETHER OR NOT. SAFETY, DISTRIBUTION, RELIABILITY, AND OTHER FACTORS WERE MET. IF THESE FACTORS WERE MET. THE BOARD. D. WILL AWARD. ALL OR A PORTION OF THE "MARKET PAY" THAT HAD BEEN WITHHELD. THE COMPENSATION APPROVAL PROCESS OF THE PRESIDENT/CEO. LAST TOOK PLACE IN MARCH 2016. THE COMPENSATION OF THE VICE PRESIDENT OF FINANCE IS DETERMINED BY THE CEO. THROUGH A PERFORMANCE EVALUATION, A. S. WELL AS PERIODIC AREA MARKET SALARY COMPARISONS. THIS PROCESS LAST TOOK PLACE IN MARCH 2. 015. THE HR. DEPARTMENT USES COMPARISON WAGE DATA FROM SURVEYS FOR ALL POSITIONS TO DETERMI.  NE APPROPRIATE MARKET COMPENSATION, BUT THE BOARD DOES NOT VOTE ON THE COMPENSATION OF OTH.  ER POSITIONS.
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE WEBSITE OR UPON REQUEST
FORM 990, PART XI, LINE 9	EQUITY IN EARNINGS OF SUBSIDIARY -119,282 PATRONAGE DIVIDENDS ALLOCATED 3,067,073 CAPITA L CREDITS RETIRED -2,662,806 UNCLAIMED CAPITAL CREDITS DONATED 174,000
FORM 990, PART XII, LINE 2C	THE COOPERATIVE'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF ITS INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
FORM 990, PART IX, LINE 4	THE IRS INSTRUCTIONS STATE THAT PATRONAGE DIVIDENDS PAID BY SECTION 501(C)(12) ORGANIZATIO NS TO THEIR MEMBERS SHOULD BE REPORTED ON LINE 4 THE ORGANIZATION HAS INTERPRETED PATRONA GE DIVIDENDS PAID TO MEAN PATRONAGE DIVIDENDS ALLOCATED OR TO BE ALLOCATED FOR THE CURRENT YEAR SINCE THIS ALLOCATION IS NOT AN EXPENSE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIP LES (GAAP), THIS HAS RESULTED IN A RECONCILING ITEM TO NET ASSETS IN PART XI ON PAGE 12 OF THE FORM 990

DLN: 93493173013016

2015

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

Department of the Treasury

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service **Employer identification number** Name of the organization DAKOTA ELECTRIC ASSOCIATION 41-0212180 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (d) (e) (f) (g) Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No (1)HELPING NEIGHBORS TRUST CHARITY - ENERGY MN 501(C)(3) LINE 9 DAKOTA ELECTRIC 4300 220TH STREET W ASSISTANCE ASSOCIATION FARMINGTON, MN 55024 41-1837793

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	alloca	tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	aging ner?	<b>(k)</b> Percentage ownership
			·			Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(i) contro entif	n 512 13) olled
								Yes	No
(1) MIDWEST ENERGY SERVICES INC  4300 220TH STREET W FARMINGTON, MN 55024 41-1757574	PARENT COMPANY OF ENERGY ALTERNATIVES	MN	DAKOTA ELECTRIC ASSOCATION		-119,289		100 000 %		No
ENERGY ALTERNATIVES (2)PARENT INC  4300 220TH STREET W FARMINGTON, MN 55024 41-1938868	BACKUP ELECTRIC GENERATION	MN	MIDWEST ENERGY SERVICES INC	С	146,935	5,098,638	100 000 %		No

Part V Transactions With Related Organizations Complete if the organization answ	ered "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
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more r	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e	Yes	
<b>f</b> Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
a Receipt of (i) interest, (iii) annuties, (iii) royalities, or (iv) rent from a controlled entity.  a Receipt of (i) interest, (iii) annuties, (iii) royalities, or (iv) rent from a controlled entity.  b Gift, grant, or capital contribution to related organization(s).  c Gift, grant, or capital contribution from related organization(s).  d Loans or loan guarantees to or for related organization(s).  e Loans or loan guarantees by related organization(s).  1d  e Loans or loan guarantees by related organization(s).  1e  f Dividends from related organization(s).  1p  Sale of assets to related organization(s).  1p  In  i Exchange of assets much related organization(s).  ii Exchange of assets with related organization(s).  ii Exchange of facilities, equipment, or other assets to related organization(s).  iii Performance of services or membership or fundraising solicitations for related organization(s).  In  m Performance of services or membership or fundraising solicitations by related organization(s).  In  s Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  1p  Reimbursement paid to related organization(s) for expenses.		Yes				
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	Transaction			ount ir	nvolved	
L)NO TRANSACTION OVER 50000						
						,

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

revenue) that was not a related organization. See instructions													
<b>(a)</b> 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)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											1	1	İ
			<u> </u>	_		-	1	I		<u> </u>		_	

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015