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Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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 www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization H-D ELECTRIC COOPERATIVE, INC
	Doing business as
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1007
	City or town, state or province, country, and ZIP or foreign postal code CLEAR LAKE, SD 57226-1007
	F Name and address of principal officer MATTHEW HOTZLER PO BOX 1007, CLEAR LAKE, SD 57226-1007
D Employer identification number 46-0212565	
E Telephone number 605-874-2171	
G Gross receipts \$ 11,116,072	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (12) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ www h-delectric.coop	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1947	
M State of legal domicile SD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING SAFE, RELIABLE, HIGH QUALITY ELECTRIC SERVICE AT THE BEST VALUE POSSIBLE TO OUR MEMBERS.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 23
	6 Total number of volunteers (estimate if necessary) 6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 0 0
	9 Program service revenue (Part VIII, line 2g) 9,581,048 10,453,611
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 141,662 149,416
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 40,545 54,057
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,763,255 10,657,084
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,000 1,000
	14 Benefits paid to or for members (Part IX, column (A), line 4) 701,138 1,039,645
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,510,107 1,600,636
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶
Expenses	17 Other expenses (Part IX, column (A), lines 11a–11d, 12a–12d, 13a–13d, 14a–14d, 15a–15d, 16a–16d, 17a–17d, 18a–18d, 19a–19d, 20a–20d, 21a–21d, 22a–22d, 23a–23d, 24a–24d, 25a–25d, 26a–26d, 27a–27d, 28a–28d, 29a–29d, 30a–30d, 31a–31d, 32a–32d, 33a–33d, 34a–34d, 35a–35d, 36a–36d, 37a–37d, 38a–38d, 39a–39d, 40a–40d, 41a–41d, 42a–42d, 43a–43d, 44a–44d, 45a–45d, 46a–46d, 47a–47d, 48a–48d, 49a–49d, 50a–50d, 51a–51d, 52a–52d, 53a–53d, 54a–54d, 55a–55d, 56a–56d, 57a–57d, 58a–58d, 59a–59d, 60a–60d, 61a–61d, 62a–62d, 63a–63d, 64a–64d, 65a–65d, 66a–66d, 67a–67d, 68a–68d, 69a–69d, 70a–70d, 71a–71d, 72a–72d, 73a–73d, 74a–74d, 75a–75d, 76a–76d, 77a–77d, 78a–78d, 79a–79d, 80a–80d, 81a–81d, 82a–82d, 83a–83d, 84a–84d, 85a–85d, 86a–86d, 87a–87d, 88a–88d, 89a–89d, 90a–90d, 91a–91d, 92a–92d, 93a–93d, 94a–94d, 95a–95d, 96a–96d, 97a–97d, 98a–98d, 99a–99d, 100a–100d, 101a–101d, 102a–102d, 103a–103d, 104a–104d, 105a–105d, 106a–106d, 107a–107d, 108a–108d, 109a–109d, 110a–110d, 111a–111d, 112a–112d, 113a–113d, 114a–114d, 115a–115d, 116a–116d, 117a–117d, 118a–118d, 119a–119d, 120a–120d, 121a–121d, 122a–122d, 123a–123d, 124a–124d, 125a–125d, 126a–126d, 127a–127d, 128a–128d, 129a–129d, 130a–130d, 131a–131d, 132a–132d, 133a–133d, 134a–134d, 135a–135d, 136a–136d, 137a–137d, 138a–138d, 139a–139d, 140a–140d, 141a–141d, 142a–142d, 143a–143d, 144a–144d, 145a–145d, 146a–146d, 147a–147d, 148a–148d, 149a–149d, 150a–150d, 151a–151d, 152a–152d, 153a–153d, 154a–154d, 155a–155d, 156a–156d, 157a–157d, 158a–158d, 159a–159d, 160a–160d, 161a–161d, 162a–162d, 163a–163d, 164a–164d, 165a–165d, 166a–166d, 167a–167d, 168a–168d, 169a–169d, 170a–170d, 171a–171d, 172a–172d, 173a–173d, 174a–174d, 175a–175d, 176a–176d, 177a–177d, 178a–178d, 179a–179d, 180a–180d, 181a–181d, 182a–182d, 183a–183d, 184a–184d, 185a–185d, 186a–186d, 187a–187d, 188a–188d, 189a–189d, 190a–190d, 191a–191d, 192a–192d, 193a–193d, 194a–194d, 195a–195d, 196a–196d, 197a–197d, 198a–198d, 199a–199d, 200a–200d, 201a–201d, 202a–202d, 203a–203d, 204a–204d, 205a–205d, 206a–206d, 207a–207d, 208a–208d, 209a–209d, 210a–210d, 211a–211d, 212a–212d, 213a–213d, 214a–214d, 215a–215d, 216a–216d, 217a–217d, 218a–218d, 219a–219d, 220a–220d, 221a–221d, 222a–222d, 223a–223d, 224a–224d, 225a–225d, 226a–226d, 227a–227d, 228a–228d, 229a–229d, 230a–230d, 231a–231d, 232a–232d, 233a–233d, 234a–234d, 235a–235d, 236a–236d, 237a–237d, 238a–238d, 239a–239d, 240a–240d, 241a–241d, 242a–242d, 243a–243d, 244a–244d, 245a–245d, 246a–246d, 247a–247d, 248a–248d, 249a–249d, 250a–250d, 251a–251d, 252a–252d, 253a–253d, 254a–254d, 255a–255d, 256a–256d, 257a–257d, 258a–258d, 259a–259d, 260a–260d, 261a–261d, 262a–262d, 263a–263d, 264a–264d, 265a–265d, 266a–266d, 267a–267d, 268a–268d, 269a–269d, 270a–270d, 271a–271d, 272a–272d, 273a–273d, 274a–274d, 275a–275d, 276a–276d, 277a–277d, 278a–278d, 279a–279d, 280a–280d, 281a–281d, 282a–282d, 283a–283d, 284a–284d, 285a–285d, 286a–286d, 287a–287d, 288a–288d, 289a–289d, 290a–290d, 291a–291d, 292a–292d, 293a–293d, 294a–294d, 295a–295d, 296a–296d, 297a–297d, 298a–298d, 299a–299d, 300a–300d, 301a–301d, 302a–302d, 303a–303d, 304a–304d, 305a–305d, 306a–306d, 307a–307d, 308a–308d, 309a–309d, 310a–310d, 311a–311d, 312a–312d, 313a–313d, 314a–314d, 315a–315d, 316a–316d, 317a–317d, 318a–318d, 319a–319d, 320a–320d, 321a–321d, 322a–322d, 323a–323d, 324a–324d, 325a–325d, 326a–326d, 327a–327d, 328a–328d, 329a–329d, 330a–330d, 331a–331d, 332a–332d, 333a–333d, 334a–334d, 335a–335d, 336a–336d, 337a–337d, 338a–338d, 339a–339d, 340a–340d, 341a–341d, 342a–342d, 343a–343d, 344a–344d, 345a–345d, 346a–346d, 347a–347d, 348a–348d, 349a–349d, 350a–350d, 351a–351d, 352a–352d, 353a–353d, 354a–354d, 355a–355d, 356a–356d, 357a–357d, 358a–358d, 359a–359d, 360a–360d, 361a–361d, 362a–362d, 363a–363d, 364a–364d, 365a–365d, 366a–366d, 367a–367d, 368a–368d, 369a–369d, 370a–370d, 371a–371d, 372a–372d, 373a–373d, 374a–374d, 375a–375d, 376a–376d, 377a–377d, 378a–378d, 379a–379d, 380a–380d, 381a–381d, 382a–382d, 383a–383d, 384a–384d, 385a–385d, 386a–386d, 387a–387d, 388a–388d, 389a–389d, 390a–390d, 391a–391d, 392a–392d, 393a–393d, 394a–394d, 395a–395d, 396a–396d, 397a–397d, 398a–398d, 399a–399d, 400a–400d, 401a–401d, 402a–402d, 403a–403d, 404a–404d, 405a–405d, 406a–406d, 407a–407d, 408a–408d, 409a–409d, 410a–410d, 411a–411d, 412a–412d, 413a–413d, 414a–414d, 415a–415d, 416a–416d, 417a–417d, 418a–418d, 419a–419d, 420a–420d, 421a–421d, 422a–422d, 423a–423d, 424a–424d, 425a–425d, 426a–426d, 427a–427d, 428a–428d, 429a–429d, 430a–430d, 431a–431d, 432a–432d, 433a–433d, 434a–434d, 435a–435d, 436a–436d, 437a–437d, 438a–438d, 439a–439d, 440a–440d, 441a–441d, 442a–442d, 443a–443d, 444a–444d, 445a–445d, 446a–446d, 447a–447d, 448a–448d, 449a–449d, 450a–450d, 451a–451d, 452a–452d, 453a–453d, 454a–454d, 455a–455d, 456a–456d, 457a–457d, 458a–458d, 459a–459d, 460a–460d, 461a–461d, 462a–462d, 463a–463d, 464a–464d, 465a–465d, 466a–466d, 467a–467d, 468a–468d, 469a–469d, 470a–470d, 471a–471d, 472a–472d, 473a–473d, 474a–474d, 475a–475d, 476a–476d, 477a–477d, 478a–478d, 479a–479d, 480a–480d, 481a–481d, 482a–482d, 483a–483d, 484a–484d, 485a–485d, 486a–486d, 487a–487d, 488a–488d, 489a–489d, 490a–490d, 491a–491d, 492a–492d, 493a–493d, 494a–494d, 495a–495d, 496a–496d, 497a–497d, 498a–498d, 499a–499d, 500a–500d, 501a–501d, 502a–502d, 503a–503d, 504a–504d, 505a–505d, 506a–506d, 507a–507d, 508a–508d, 509a–509d, 510a–510d, 511a–511d, 512a–512d, 513a–513d, 514a–514d, 515a–515d, 516a–516d, 517a–517d, 518a–518d, 519a–519d, 520a–520d, 521a–521d, 522a–522d, 523a–523d, 524a–524d, 525a–525d, 526a–526d, 527a–527d, 528a–528d, 529a–529d, 530a–530d, 531a–531d, 532a–532d, 533a–533d, 534a–534d, 535a–535d, 536a–536d, 537a–537d, 538a–538d, 539a–539d, 540a–540d, 541a–541d, 542a–542d, 543a–543d, 544a–544d, 545a–545d, 546a–546d, 547a–547d, 548a–548d, 549a–549d, 550a–550d, 551a–551d, 552a–552d, 553a–553d, 554a–554d, 555a–555d, 556a–556d, 557a–557d, 558a–558d, 559a–559d, 560a–560d, 561a–561d, 562a–562d, 563a–563d, 564a–564d, 565a–565d, 566a–566d, 567a–567d, 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750a–750d, 751a–751d, 752a–752d, 753a–753d, 754a–754d, 755a–755d, 756a–756d, 757a–757d, 758a–758d, 759a–759d, 760a–760d, 761a–761d, 762a–762d, 763a–763d, 764a–764d, 765a–765d, 766a–766d, 767a–767d, 768a–768d, 769a–769d, 770a–770d, 771a–771d, 772a–772d, 773a–773d, 774a–774d, 775a–775d, 776a–776d, 777a–777d, 778a–778d, 779a–779d, 780a–780d, 781a–781d, 782a–782d, 783a–783d, 784a–784d, 785a–785d, 786a–786d, 787a–787d, 788a–788d, 789a–789d, 790a–790d, 791a–791d, 792a–792d, 793a–793d, 794a–794d, 795a–795d, 796a–796d, 797a–797d, 798a–798d, 799a–799d, 800a–800d, 801a–801d, 802a–802d, 803a–803d, 804a–804d, 805a–805d, 806a–806d, 807a–807d, 808a–808d, 809a–809d, 810a–810d, 811a–811d, 812a–812d, 813a–813d, 814a–814d, 815a–815d, 816a–816d, 817a–817d, 818a–818d, 819a–819d, 820a–820d, 821a–821d, 822a–822d, 823a–823d, 824a–824d, 825a–825d, 826a–826d, 827a–827d, 828a–828d, 829a–829d, 830a–830d, 831a–831d, 832a–832d, 833a–833d, 834a–834d, 835a–835d, 836a–836d, 837a–837d, 838a–838d, 839a–839d, 840a–840d, 841a–841d, 842a–842d, 843a–843d, 844a–844d, 845a–845d, 846a–846d, 847a–847d, 848a–848d, 849a–849d, 850a–850d, 851a–851d, 852a–852d, 853a–853d, 854a–854d, 855a–855d, 856a–856d, 857a–857d, 858a–858d, 859a–859d, 860a–860d, 861a–861d, 862a–862d, 863a–863d, 864a–864d, 865a–865d, 866a–866d, 867a–867d, 868a–868d, 869a–869d, 870a–870d, 871a–871d, 872a–872d, 873a–873d, 874a–874d, 875a–875d, 876a–876d, 877a–877d, 878a–878d, 879a–879d, 880a–880d, 881a–881d, 882a–882d, 883a–883d, 884a–884d, 885a–885d, 886a–886d, 887a–887d, 888a–888d, 889a–889d, 890a–890d, 891a–891d, 892a–892d, 893a–893d, 894a–894d, 895a–895d, 896a–896d, 897a–897d, 898a–898d, 899a–899d, 900a–900d, 901a–901d, 902a–902d, 903a–903d, 904a–904d, 905a–905d, 906a–906d, 907a–907d, 908a–908d, 909a–909d, 910a–910d, 911a–911d, 912a–912d, 913a–913d, 914a–914d, 915a–915d, 916a–916d, 917a–917d, 918a–918d, 919a–919d, 920a–920d, 921a–921d, 922a–922d, 923a–923d, 924a–924d, 925a

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III



- 1** Briefly describe the organization's mission:
H-D ELECTRIC COOPERATIVE IS DEDICATED TO:
PROVIDING SAFE, RELIABLE, HIGH QUALITY ELECTRIC SERVICE AT THE BEST VALUE POSSIBLE TO OUR MEMBERS;
IMPROVING THE QUALITY OF LIFE IN OUR SERVICE AREA; OPERATING IN A COOPERATIVE MANNER;
(SEE SCHEDULE O FOR CONTINUATION)
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

PROVIDE ELECTRIC SERVICE TO APPROXIMATELY 2,772 MEMBERS AND
ADDED/REPLACED VARIOUS LINES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓
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	✓
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	✓
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	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	✓
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	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
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	✓
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? If "Yes," complete Schedule D, Part VIII	11c ✓	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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 ✓	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
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	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	✓
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	✓
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	✓
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	✓
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	✓
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	✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	✓
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
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	✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
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?	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? <i>If "Yes," complete Schedule L, Part I</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, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
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	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. 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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	54
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	23
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	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
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	
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)?	4a	✓
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	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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	✓
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).		
a	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	
c	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	
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	
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
a	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:		
a	Gross income from members or shareholders	11a	10,563,553
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	142,324
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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 in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section 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 9		
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 9		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b 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	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b Describe in 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	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
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?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **SOUTH DAKOTA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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)

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **MATTHEW A. HOTZLER, GENERAL MANAGER, 423 3RD AVE S, CLEAR LAKE, SD 57226 (605) 874-2171**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BERT ROGNESS DIRECTOR, PRESIDENT	3	✓		✓				4,380		
(2) TERRY STROHFUS DIRECTOR, VICE PRESIDENT	3	✓		✓				4,515		
(3) STEVEN HANSEN DIRECTOR, TREASURER	5.5	✓		✓				7,945		
(4) WAYNE TEKRONY DIRECTOR, SECRETARY	3	✓		✓				3,230		
(5) DALE WILLIAMS DIRECTOR	5.5	✓						7,140		
(6) ALVIN KANGAS DIRECTOR	4	✓						6,150		
(7) KEVIN DEBOER DIRECTOR	4	✓						5,875		
(8) ROXANNE BASS DIRECTOR	3	✓						5,070		
(9) LAURIE SEEFELDT DIRECTOR	4.5	✓						6,910		
(10) MATTHEW HOTZLER GENERAL MANAGER	47			✓				132,584		53,576
(11) ANNIE ADERLE FINANCE & ADMIN MANAGER	40			✓				79,103		37,767
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								262,902		91,343

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☒ Yes ☐ No
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ☒ Yes ☐ No
- 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 J for such person **5** ☐ Yes ☒ No

Section B. Independent Contractors

1 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.

(A) Name and business address	(B) Description of services	(C) Compensation
HKG ARCHITECTS	ARCHITECT SERVICES	175,524

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 **1**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue	2a	SALE OF ELECTRICITY	Business Code 221000	9,742,440	9,742,440		
	b	COOP CAPITAL CREDITS	221000	711,171	711,171		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶			10,453,611		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		143,022		
4		Income from investment of tax-exempt bond proceeds ▶					
5		Royalties ▶					
6a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) ▶					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	9,586			
b		Less: cost or other basis and sales expenses		3,192			
c		Gain or (loss)		6,394			
d		Net gain or (loss) ▶		6,394			
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
b		Less: direct expenses b					
c		Net income or (loss) from fundraising events ▶					
9a		Gross income from gaming activities. See Part IV, line 19 a					
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a		513,044				
b	Less: cost of goods sold b		458,987				
c	Net income or (loss) from sales of inventory ▶		54,057				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶			10,657,084	10,453,611		143,022

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,000			
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	1,039,645			
5 Compensation of current officers, directors, trustees, and key employees	405,327			
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	455,146			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	300,219			
9 Other employee benefits	331,391			
10 Payroll taxes	108,553			
11 Fees for services (non-employees):				
a Management				
b Legal	12,116			
c Accounting	15,332			
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.)	82,177			
12 Advertising and promotion	14,256			
13 Office expenses	62,379			
14 Information technology	80,217			
15 Royalties				
16 Occupancy	7,415			
17 Travel	164,063			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	458,468			
21 Payments to affiliates	48,818			
22 Depreciation, depletion, and amortization	1,002,313			
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 PURCHASE POWER	5,699,170			
b S.D. GROSS KWH TAX	150,487			
c MISC. OPERATING EXPENSES	140,819			
d DUES/SUBSCRIPTIONS/REBATES	42,052			
e All other expenses	35,721			
25 Total functional expenses. Add lines 1 through 24e	10,657,084			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	19,176	1	22,520
	2 Savings and temporary cash investments	1,989,481	2	616,381
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,076,991	4	1,171,525
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	781,183	8	611,407
	9 Prepaid expenses and deferred charges	473,139	9	427,678
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,737,849		
	b Less: accumulated depreciation	10b 12,462,253	10c	21,275,596
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	1,005,451	12	1,396,920
	13 Investments—program-related. See Part IV, line 11	5,140,465	13	5,773,347
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,439,578	16	31,295,374	
Liabilities	17 Accounts payable and accrued expenses	885,354	17	1,653,879
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	19,172,532	23	18,108,135
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	933,739	25	1,309,577
	26 Total liabilities. Add lines 17 through 25	20,991,625	26	21,071,591
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	0
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	319,309	31	441,168
	32 Retained earnings, endowment, accumulated income, or other funds	9,128,644	32	9,782,615
	33 Total net assets or fund balances	9,447,953	33	10,223,783
34 Total liabilities and net assets/fund balances	30,439,578	34	31,295,374	

Part XI Reconciliation of Net AssetsCheck 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)	1	10,657,084
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,657,084
3	Revenue less expenses. Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,447,953
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	775,830
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,223,783

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
b Were the organization's financial statements audited by an independent accountant? . . . 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
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? . . .		✓
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.		

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

46-0212565

H-D ELECTRIC COOPERATIVE, INC

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete 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 end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ► \$ (ii) Assets included in Form 990, Part X ► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ► \$ b Assets included in Form 990, Part X ► \$	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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:
- | | Amount |
|----------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(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					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
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 %
- b** Permanent endowment %
- c** Temporarily restricted 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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 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
1a Land		59,378		59,378
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		21,216,218		21,216,218
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,275,596

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENTS IN ASSOCIATED ORGANIZATIONS	5,773,347	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	5,773,347	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED CREDITS	1,271,661
(3) CONSUMER DEPOSITS	22,074
(4) ACCUM. PROVISIONS FOR PENSIONS	15,842
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,309,577

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	10,657,084
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	10,657,084
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,657,084

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,617,439
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,617,439
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,039,645
c	Add lines 4a and 4b	4c	1,039,645
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,657,084

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.

PART X, LINE 1 (4):

ACCUM PROVISIONS FOR PENSIONS RELATES TO A DEFINED CONTRIBUTION PLAN FOR THE GENERAL MANAGER AND IS FULLY

EMPLOYEE FUNDED THROUGH PAYROLL DEDUCTIONS.

PART X, LINE 2:

THE COOPERATIVE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(c)(12) OF THE INTERNAL REVENUE CODE AND IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT INCOME FROM INCOME TAX (FORM 990) WITH THE IRS

PART XII, LINE 4b: THE COOPERATIVE IS REPORTING PATRONAGE CAPITAL ALLOCATED TO MEMBERS OF 2016 NET MARGINS ON

~~FORM 990, PART IX, LINE 4. THE COOPERATIVE'S AUDITED FINANCIAL STATEMENTS CONFORM TO GAAP. GAAP DOES NOT~~

RECOGNIZE PATRONAGE CAPITAL OR MARGINS ALLOCATED TO MEMBERS AS AN EXPENSE IN RELATION TO STMT OF OPERATIONS.

PART VI, LINE E: OTHER PROPERTY INCLUDES BUILDINGS, EQUIPMENT AND PLANT ASSETS

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2016

Open to Public Inspection

H-D ELECTRIC COOPERATIVE, INC.

Employer identification number

46-0212565

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | |
|------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> |

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|------------------------------------|-----------|--|
| a The organization? | 5a | |
| b Any related organization? | 5b | |

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|------------------------------------|-----------|-------------------------------------|
| a The organization? | 6a | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input checked="" type="checkbox"/> |

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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 aren't 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 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MATTHEW A HOTZLER	(i) 132,345	(ii) 239		33,532	20,044	186,160	
2	(i)						
3	(i)						
4	(i)						
5	(i)						
6	(i)						
7	(i)						
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

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.

PART II, COLUMN C:

INCLUDED IN RETIREMENT AND DEFERRED COMPENSATION IS THE ESTIMATED CURRENT YEAR INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN. THIS DOES NOT REPRESENT CURRENT YEAR CONTRIBUTIONS TO THE PLAN, RATHER IT IS AN ESTIMATE OF THE INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE PLAN AS CALCULATED BY THE PLAN ADMINISTRATOR.

PART I, QUESTION 1 & 2:

THE COOPERATIVE HAS A WELLNESS PLAN WHICH OFFERS A COST SHARE BENEFIT OF HEALTHCLUB DUES. THIS BENEFIT IS OFFERED TO ALL EMPLOYEES. DUES ARE PAID DIRECTLY TO THE WELLNESS CLUB.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

46-0212565

H-D ELECTRIC COOPERATIVE, INC

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION (CONTINUATION):

ADHERING TO SOUND BUSINESS PRACTICES; PROVIDING MEMBER-OWNERS ADVICE ON APPLICATIONS AND WISE USE OF

ELECTRICITY THROUGH A TRAINED, EDUCATED EMPLOYEE TEAM

WE WILL DEMONSTRATE OUR DEDICATION TO OUR MEMBERS, BY BEING A RELIABLE, HARD-WORKING SUPPLIER OF ELECTRICITY;

THE COMMUNITY, BY BEING AN AGGRESSIVE PARTICIPANT IN PROGRAMS AND ACTIVITIES WHICH FOSTERS THE WELL-BEING AND

ECONOMIC DEVELOPMENT OF THE COMMUNITY; OUR EMPLOYEES, BY HAVING A SAFE, PLEASANT WORK ENVIRONMENT WHICH

PROVIDES FOR INDIVIDUAL GROWTH AND DEVELOPMENT OPPORTUNITIES.

FORM 990, PART VI, SECTION A, LINE 6: H-D ELECTRIC IS A PRIVATE, NON-PROFIT ELECTRIC UTILITY OWNED BY THE MEMBERS

IT SERVES. EACH MEMBERSHIP HAS ONE VOTE

FORM 990, PART VI, SECTION A, LINE 7A: DIRECTORS ARE ELECTED FOR THREE YEAR TERMS IN EACH DISTRICT. ALL MEMBERS ARE

ALLOWED ONE VOTE FOR EACH DIRECTOR DISTRICT.

FORM 990, PART VI, SECTION A, LINE 7B: THE COOPERATIVE BY-LAWS MAY BE ALTERED, AMENDED OR REPEALED BY THE MEMBERS

AT ANY REGULAR SPECIAL MEETING

FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WILL BE REVIEWED BY ALL DIRECTORS PRESENT AT THE REGULAR

SCHEDULED BOARD MEETING PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C: EACH OFFICIAL MUST ANNUALLY COMPLETE AND SIGN THE CONFLICT OF INTEREST

CERTIFICATION/DISCLOSURE FORM THE COOPERATIVE'S LEGAL COUNSEL ANNUALLY REVIEWS THE POLICY WITH ALL OFFICIALS

FORM 990, PART VI, SECTION B, LINE 15 (a) & (b): THE SDREA SALARY REPORT IS USED IN DETERMINING COMPENSATION RANGES.

ALL EMPLOYEES' COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS FOR APPROVAL.

Name of the organization

Employer identification number

H-D ELECTRIC COOPERATIVE, INC.

46-0212565

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS WILL BE MADE AVAILABLE UPON REQUEST

FORM 990, PART VII, SECTION A, COLUMN F:

INCLUDED IN OTHER COMPENSATION IS THE ESTIMATED CURRENT YEAR INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN. THIS DOES NOT REPRESENT CURRENT YEAR CONTRIBUTIONS TO THE PLAN, RATHER IT IS AN ESTIMATE OF THE INCREASE/DECREASE IN THE ACTUARIAL VALUE OF THE PLAN AS CALCULATED BY THE PLAN ADMINISTRATOR

FORM 990, PART IX, LINE 4: THE COOPERATIVE IS REPORTING PATRONAGE CAPITAL ALLOCATION TO OUR MEMBERS OF

2016 NET MARGINS. THIS IS DIFFERENT FROM THE COOPERATIVE'S BOOK REPORTING AS THE COOPERATIVE'S FINANCIAL

STATEMENTS CONFORM TO GENERALLY ACCEPTED ACCOUNTING PRINCIPALS (GAAP). GAAP DOES NOT RECOGNIZE PATRONAGE

CAPITAL OR MARGINS ALLOCATED TO MEMBERS AS AN EXPENSE IN RELATION TO THE STATEMENT OF OPERATIONS.

THE COOPERATIVE BYLAWS ALLOW FOR NON-OPERATING MARGINS TO BE ALLOCATED TO THE MEMBERS OR MAY BE USED BY THE

COOPERATIVE AS PERMANENT, NON-ALLOCATED CAPITAL, DETERMINED ANNUALLY. ALLOCATION OF THE 2016 MARGINS AS

APPROVED BY THE BOARD OF DIRECTORS WILL BE REPORTED TO OUR MEMBERS IN 2017.

FORM 990, PART XI, LINE 9: OTHER CHANGES IN NET ASSETS OR FUND BALANCES \$775,830 IS DUE TO:

2016 NET MARGINS = \$1,039,645 GENERAL AND ESTATE RETIREMENT OF CAPITAL CREDITS = (\$325,205)

REACQUIRED CAPITAL STOCK DUE TO EARLY AND ESTATE RETIREMENT OF CAPITAL CREDITS = \$61,390