2940	41	5	9	7	в	7	8	5	

Form	990	

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

Department of the Treasury	
Internal Revenue Service	

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

Open to Public

Inte	mal Revenue	Service	► Go to www.irs.	gov/Form990 for instr	uctions and th	ne latest	information	١.		Inspection
Α	For the 2	2018 cale	ndar year, or tax year beginning	JANUARY	, 2018, a	and endir	ng DE	CEMBER	, 20) 18
В	Check if a	pplicable	C Name of organization BLACK HI	LLS ELECTRIC COOF	PERATIVE INC			D Emp	loyer iden	tification number
	Address cl		Doing business as						46-0	111503
一	Name cha	Ĭ	Number and street (or P O box if n	nail is not delivered to stre	et address)	Room/su	ute	E Telep	hone num	ber
Ħ.	Initial retur	· ,	PO BOX 792		,	1		1		73-4461
H		·· •	City or town, state or province, cou	untar and ZID or foreign pr	actal code	<u>. </u>		-		70 4401
H	Final return/		CUSTER SD 57730	intry, and Zir or loreign pr	Datai Code					• 33.014.0E0
H	Amended			WALKED WITT					s receipts	
ш	Application		F Name and address of principal office			_				ites? Yes V No
			PO BOX 792, CUSTER, SD 577			_\				ed? ∐ Yes ∐ No
<u></u>	Tax-exemp		☐ 501(c)(3)	(12) ∢ (insert no)	4947(a)(1) or	<u> </u>	!f '	'No," attac	halist (se	ee instructions)
J	Website:	► BHE	C COOP	······································	1		H(c) Grou	ıp exempti	ion numbe	r >
		ganization [Corporation Trust Associ	ation ☐ Other ►	L Yea	ar of forma	tion 194	0 M Sta	ate of legal	I domicile SD
Ρ	art I	Summa	ary							
	1 E	Briefly de	scribe the organization's miss	sion or most signification	ant activities	Black	Hills Electri	c Coope	rative is	a non-profit,
é			wned organization whose miss				service at t	he lowes	t cost co	nsistent with
Governance			siness practice							
Ë	1		s box ▶☐ if the organization	discontinued its one	erations or dis	sposed o	of more tha	an 25% (of its net	assets
Š	1		of voting members of the gove	·		opocou (51 111010 1110	. 3	1	7
8	1		of independent voting member	• • •	•	ling 1h)		. 4		
S	1		· · · · · · · · · · · · · · · · · · ·							
Activities	1		nber of individuals employed i	•	8 (Part V, line	(2a) .		. 5		32
ĊĖ.			ber of volunteers (estimate if	• •				. 6		0
⋖			elated business revenue from			•		. 72		460,900
	<u>b</u> N	let unrela	ated business taxable income	from Form 990-T, I	ne 38			. 7t		0
							Prior `	Year 		Current Year
ō	8 C	Contributi	ons and grants (Part VIII, line	1h)		L			0	0
Revenue	9 P	rogram s	service revenue (Part VIII, line	2g)				20,871,85	53	22,284,282
ě	10 lr	nvestmer	nt income (Part VIII, column (A	A), lines 3, 4, and 7d)		[203,77	78	460,150
Œ	1		enue (Part VIII, column (A), lin			[473,27	78	66,200
	12 T	otal reve	nue-add lines 8 through 11 (r	nust equal Part VIII.	column (A), lin	ne 12)		21,548,90	09	22,810,632
• • ••	13 G	rants an	d sımilar amounts paid (Part	X. column (A) tres	1-3h.			8,5		9,135
	14 B	lenefits n	paid to or for members (Part I)	X column (A) line 4	בש"	`		591,87		1,060,024
' A			ther compensation, employee		ımn (A) lities 5	5_10)		2,879,00		3,056,359
Expenses	16a P	rofession	nal fundraising fees (Part IX, o	APRO2140	วกสถ เษา	' '''			0	0,000,007
ĕ					013 S	· ·			+	
ă			Iraising expenses (Part IX, col					15 425 O	27	15.040.414
<u> </u>	17 C	πner exp	enses (Part IX, column (A), lin			∵ ·		15,425,92	-	15,060,616
5			enses Add lines 13-17 (must		in (/\); Hne-2 5))		18,905,38		19,186,137
<u>. </u>	19 R	levenue I	ess expenses Subtract line 1	18 from line 12	<u> </u>			2,643,52		3,624,495
Net Assets or Fund Balances						<u>[</u>	Beginning of C			End of Year
set	20 T	otal asse	ets (Part X, line 16) .			[61,891,01	11	65,918,173
Z,E	21 T	otal liabil	lities (Part X, line 26) .			. [38,068,68	30	39,483,748
		let assets	s or fund balances Subtract I	ine 21 from line 20				23,822,33	31	26,434,425
Ρâ	art II	Signatu	ure Block							
Un	der penaltie	s of perjury	y, I declare that I have examined this	rcturn, including accompa	inying schedulcs	and state	ments, and to	the best of	of my know	ledge and belief, it is
true	e, correct, a	ind comple	te Declaration of preparer (other than	officer) is based on all in	formation of whic	h preparer	r has any knov	wledge		
) (1 mm) [] =	Zansen	day			*******	***********	***************************************
Sig	ın 🗍	- 8tgnat	ture of officer	Carry	ary			Date /	11	20 10
He		5	own: Langerd	not OF	0'			4-/	10-0	(()
	· -	Type	or print name and title		<u> </u>			/ /	<u> </u>	
			e preparer's name	Preparer's signature		l Da	 ite			PTIN
Pa		,	o property o name	. Toparor 5 Signature		٦٥		Chect	k ∐_lif	
Pre	eparer	<u> </u>		L					mployed	
	e Only	Firm's na	me ►	<u>. </u>			Fil	rm's EIN 🕨	<u> </u>	
		Firm's ad					Ph	none no		
May	y the IRS	discuss	this return with the preparer	shown above? (see	instructions)		· · ·			Yes No
Ear	D	ula Dankin	tion Act Notice see the congre			0	- 110001/			Form 990 (2018)

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٦,	6	¥	• :	ď	1-	(4		•	1_	•	Χ

	90 (2018)				Page 2
Part		ent of Program Service	Accomplishments esponse or note to any line in this F	Part III	, ,
1	Briefly describ	e the organization's mission			
		west cost consistent with so			
2			ficant program services during the ye	ear which were not listed on th	
	•	0 or 990-EZ?			☐ Yes ☑ No
3	Did the organ services?	nization cease conducting	, or make significant changes in h	now it conducts, any program	n □Yes ☑ No
4	Describe the o	ction 501(c)(3) and 501(c)(4	edule O vice accomplishments for each of its i) organizations are required to report or each program service reported		
4a	(Code: Provide electric year) (Expenses \$ c service to 10,028 locations	including grants of \$ in the rural area of the Black Hills and) (Revenue \$south west South Dakota 24 hou	rs each day of the
4b	(Code.) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
			··································	,	
4d		n services (Describe in Sch		•	
40	(Expenses \$	including gr	rants of \$) (Revenue	b)	

Part	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		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		v
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_		v
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.			
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	~	
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		~
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	>	
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		,
е	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		~
12a	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		7
14a	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		V
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		V
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_		,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	21		~

Form **990** (2018)

Part	IV Checklist of Required Schedules (continued)	•		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	\ \	
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		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b	<u> </u>	
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	ļ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ <u>-</u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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		v
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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		v
С	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? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	~	
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)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		V
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				_
	Check if Schedule O contains a response or note to any line in this Part V		··········	
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
_	reportable gaming (gambling) winnings to prize winners?	1c	~	

Form **990** (2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	,		Yes	No
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 3	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		1
b	If "Yes," enter the name of the foreign country.			1
	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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	1		ļ
	gifts were not tax deductible?	_6b_		ļ
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	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		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
ď	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 7f		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h	· · · · · · · · · · · · · · · · · · ·	/ 11		-
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.	 •		<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			-
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		i	İ
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders	2		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		İ
	against amounts due or received from them)	5	_	l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		
	Enter the amount of reserves on hand			ļ
	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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes." complete Form 4720. Schedule O.]]		l

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See in:	for a	
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 1a 7	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			<u> </u>
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		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6	Did the organization have members or stockholders?	6	V	
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	V	
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	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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		·
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		1
40-	Delthe and bearing to the standard and the standard and the standard and standard a		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		-
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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
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	<u>, </u>	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	~	'
b	Other officers or key employees of the organization	15b	V	
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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		· · · · · · · · · · · · · · · · · · ·	1
J	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		
Secti	on C. Disclosure	1		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (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 int financial statements available to the public during the tax year.		•	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Sammi Langendorf, 25191 Cooperative Way, Custer, SD 57730 605-673-4461	cords	>	

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

				(0	C)	-				
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than one that the second		Reportable	Reportable	Estimated
	hours per week (list any		er and		lirect	or/trust		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Don Andersen	4									
Board Assistant Secretary		~		~				4,291	0	1,176
(2) Alan Bishop	5									
Board President		~		~				6,122	0	1,302
(3) Gary Kluthe	4									
Board Secretary		•	L	~			L.,	6,793	0	1,848
(4) David Lindblom	4									,
Director		~	L				ļ	5,713	0	692
(5) Al Perry	4									
Director		~	<u> </u>		<u> </u>		<u> </u>	3,831	0	3,462
(6) Jim Preston	4									
Board Treasurer		~		"			<u> </u>	8,306	0	1,908
(7) Dennis Quivey	4				l					
Board Vice-President		~	<u> </u>	~	ļ		<u> </u>	6,557	0	1,919
(8) Dwayne Breyer	0						١.			404
Former Director			_		ļ		~	2,060	0	434
(9) Glen Reaser	0	{					١.			
Former Director			<u> </u>	<u> </u>	<u> </u>		~	21,508	0	0
(10) Walker Witt	53	 		١.				200 050		04 2/7
General Manager and CEO		ļ		~	<u> </u>	.		209,250	0	91,367
(11) Sammi Langendorf	48			١,				122 172	o	64,468
Office Manager & CFO			├	~	<u> </u>	-		123,173	0	04,400
(12) Bill Brisk	45			ļ		,		129,237		53,194
Manager of Operations	46				 	<u> </u>	├	129,237	0	33,174
(13) Mike Chase	40	ł				ر ا		128,190		64,468
Manager of Marketing & Member Services	44		\vdash	-	 	 	-	126,190		04,400
(14) Jesse Sorenson System Coordinator]		1	1		114,962	o	61263
System Coordinator		L	L		<u> </u>		L	114,702		5 000 (2242)

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (continu	ed)∙	-
	(A) Name and title	(B) Average hours per week (list any	box, ı	unles	Pos neck ss pe	rson	than out the thick the thi	n an	(D) Reportable compensation from	(E) Reportab compensation related		Estin	nated unt of
		hours for related organizations below dotted line)	. ~ ~ .	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M			nsation i the zation elated
(15)							8.						
(16)										· · · · ·			
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total		 n A	· · · · · ·	•	 	•	► ► ►	769,992 0 769,992		0 0		334,758 (334,758
2	Total number of individuals (including but reportable compensation from the organi	not limited	l to th	ose	list	ed a	above	e) w	ho received mo	ore than \$10	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compe	nsated	$\overline{}$	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual												v
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	ıvıdual	5	
Section	on B. Independent Contractors								•			•	
1	Complete this table for your five highest of compensation from the organization. Replaced year	•										•	n's tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensa	
	Inc., PO Box 1527, Rapid City, SD 57709	D =====						_	ostation Constru				350,22!
	nore Engineering, PO Box 2414, Rapid City, S		D 535	710				_	gineering Service				234,764
	oundation Service Inc., 210 Cottonwood Dr, I Dakota Rural Electric Associatin, 222 West P				750	1			ostation Constru Ining & Publish				125,108 110,810
	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Par	t VIII	Statement of Reve			and the second	Dort VIII		
	`	Check if Schedule C	ocontains a res	ponse or note to	(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 b	Federated campaigns Membership dues	s <u>1a</u>			revenue		312-314
, E	c	Fundraising events	1c					
a it	d	Related organizations	s 1d					
S, E	e	Government grants (cor						
ē is	f	All other contributions, g				ľ		
but		and similar amounts not inc	cluded above 11					
d dr	g	Noncash contributions includ	ded in lines 1a–1f \$,				
a So	h	Total. Add lines 1a-1	f .	•				
				Business Code				
le J	2a	Sale of Electricity		221122	20,809,478	20,809,478		
Re	b	G&T Capital Credits		221122	1,343,200	1,343,200	_	
je Je	С	Other Co-op Capital Ci	redits	221122	87,841	87,841		
ěrv	d	Other Revenue		221122	43,763	43,763		
Program Service Revenue	е	***************************************						
gra	f	All other program ser	vice revenue					,
Pro	g	Total. Add lines 2a-2			22,284,282			
	3	Investment income	(including divid	ends, interest,				
		and other similar amo	ounts)	▶	460,150		460,150	
	4	Income from investmen	t of tax-exempt be	ond proceeds ►				
	5	Royalties		▶				
			(ı) Real	(iı) Personal				
	6a	Gross rents .	750					
	b	Less rental expenses	0					
	С	Rental income or (loss)	750		į			
	d	Net rental income or	(loss) .		750		750	
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss)		▶				
Other Revenue	8a	Gross income from fuevents (not including \$						
er Re		of contributions reported See Part IV, line 18 .						
₹		Less direct expenses						
_		Net income or (loss) f Gross income from ga	aming activities.					
		See Part IV, line 19	· · a					
		Less direct expenses						
		Net income or (loss) f		vities				
	iva	Gross sales of in	·	110 141				
			- ·					
		Less: cost of goods s			F 02/	F 03/		
	С	Net income or (loss) f			5,836	5,836		
		Miscellaneous R		Business Code	33.055	30.055		
	11a	Pole Attachment Renta	3I	221122	32,955	32,955		–-
	b	Transmission Credit		221122	24,197	24,197		
	C	Substation Rental		221122	2,462	2,462		
	d	All other revenue		L				
	е	Total. Add lines 11a-		🟲	59,614			
	12	Total revenue, See in	nstructions	• 1	22.810.632	22.349.732	460,900	

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , 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	9,135			
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,060,024 388,835			
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,472,088 615,096			
9	Other employee benefits	445,427			
10	Payroll taxes	134,913			
11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
а	Management				
b	Legal	16,947			
С	Accounting	21,875			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O)	246,002			
12	Advertising and promotion	105,247			
13	Office expenses	110,634			
14	Information technology	97,813			
15	Royalties				
16	Occupancy	112,825			
17	Travel	254,845			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	62,308 1,530,909			
20 21	Interest	79,479			
22	Depreciation, depletion, and amortization .	2,459,688			
23	Insurance	96,872			
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.) Power and Transmission	10 550 404			
a	Operation & Maintenance of Line	10,559,424			
b	Gross KWH Tay	193,080			
d	Patirament of Capital Credits	-1,060,024			
e	All other expenses	12,421			
25	Total functional expenses. Add lines 1 through 24e	19,186,137			
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 if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	450	1	450
	2	Savings and temporary cash investments	3,679,298	2	6,277,307
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	947,536	4	840,640
	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
ts	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
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	1,607,366	8	1,695,358
	9	Prepaid expenses and deferred charges	915,151	9	780,179
	10a	Land, buildings, and equipment: cost or			
		other basis Complete Part VI of Schedule D 10a 74,656,931			
	b	Less. accumulated depreciation 10b 29,488,983	44,527,701	10c	45,167,947
	11	Investments—publicly traded securities	4,590	11	4,894
	12	Investments—other securities See Part IV, line 11	500	12	500
	13	Investments—program-related. See Part IV, line 11	8,109,578		9,111,477
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	2,098,843		2,039,452
	16	Total assets. Add lines 1 through 15 (must equal line 34)	61,891,011		65,918,173
	17	Accounts payable and accrued expenses	2,304,941		2,088,088
	18	Grants payable	0	18	0
	19	Deferred revenue	1,439,095	19	1,939,095
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D.	0	21	0
jes	22	Loans and other payables to current and former officers, directors,			
<u></u>		trustees, key employees, highest compensated employees, and			ļ
Liabilities		disqualified persons Complete Part II of Schedule L	22 221 201	22	24 224 400
_	23	Secured mortgages and notes payable to unrelated third parties	33,221,301 167,000	23	34,234,609 167,000
	24	Unsecured notes and loans payable to unrelated third parties .	187,000	24	107,000
	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	936,343	25	1,054,875
	26	Total liabilities. Add lines 17 through 25	38,068,680		39,483,748
\dashv	20	Organizations that follow SFAS 117 (ASC 958), check here ► □ and	33/033/030		1
ses		complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	0	27	0
Bal	28	Temporarily restricted net assets	0	28	0
٦	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţş	30	Capital stock or trust principal, or current funds	0	30	0
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	2,190,715	31	2,446,650
¥	32	Retained earnings, endowment, accumulated income, or other funds	21,631,616	32	23,987,775
Net	33	Total net assets or fund balances	23,822,331	33	26,434,425
	34	Total liabilities and net assets/fund balances	61,891,011	34	65,918,173
			,		Form 990 (2018)

Page	1	2

					-9
Part	XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			22,81	10,632
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,18	36,137
3	Revenue less expenses. Subtract line 2 from line 1	3		3,62	24,495
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u> </u>		23,82	22,331
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	<u>; </u>			
7	Investment expenses	<u>'</u>			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O))		-1,01	12,401
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	0		26,43	34,425
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-		1
	If the organization changed its method of accounting from a prior year or checked "Other," explai	n in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	d or			
	reviewed on a separate basis, consolidated basis, or both:		1		1
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	[2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent accounta	.nt?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain	in in			
	Schedule O	ŀ			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	th in			
	the Single Audit Act and OMB Circular A-133?	. [3a		~
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 audit		3b		
-			Forn	n 990	(2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer identification number
	K HILLS ELECTRIC COOPERATIVE INC		46-0111503
Pai	Organizations Maintaining Donor Adv		
	Complete if the organization answered		
		(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		
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? Tes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grai	nt funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Par	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).	
	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	. 2b
С	Number of conservation easements on a certified	• •	. 2c
d	Number of conservation easements included in		on a
	historic structure listed in the National Register .		· 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		·
_	violations, and enforcement of the conservation ea		_ · · · · _ · · · ·
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	g conservation easements during the year
_	<u></u>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
0	> \$		
8	Does each conservation easement reported on line and section $170(h)(4)(B)(ii)$?	, ,	
_			
9	In Part XIII, describe how the organization reports		•
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme		ianciai statements that describes the
Dart	Organizations Maintaining Collection		Other Similar Assets
GI (Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	• • • • • • • • • • • • • • • • • • • •	
	public service, provide, in Part XIII, the text of the f	The state of the s	
b	If the organization elected, as permitted under S		
-	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	•	
			• •
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		Ψ
2	If the organization received or held works of art,	historical treasures or other similar	rassets for financial dain provide the
_	following amounts required to be reported under S		
а	- · · · · · · · · · · · · · · · · · · ·		
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		· · • Ψ
	7,000to moradou irri omi oou, i alt A		· · · • • • • • • • • • • • • • • • • •

Part	III Organizations Maintaining Col	llections of A	Art, His	torical 1	reasures, o	or Oth	er Similar As	sets (cont	inued)
3	Using the organization's acquisition, acce collection items (check all that apply).	ession, and oth	her reco	rds, chec	k any of the	follow	ng that are a si	gnificant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchange	progra	ams		
b	☐ Scholarly research		е	☐ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's XIII.	s collections a	ınd expla	ain how t	hey further th	ne orga	ınization's exem	pt purpose	ın Part
5	During the year, did the organization solid							r	
	assets to be sold to raise funds rather than		ined as p	part of the	e organizatior	n's coll	ection?	☐ Yes	□ No
Part						_			
	Complete if the organization ans	swerea "Yes"	on For	m 990, i	aπ iv, line s	e, or re	epoπeα an am	ount on F	orm
12	990, Part X, line 21. Is the organization an agent, trustee, cus	stodian or othe	er intern	nediany fo	or contributio	ns or (other assets no	+	
Iu								່	□ No
b	If "Yes," explain the arrangement in Part XI				able			103	
-	roo, explain the arrangement in rail are	and comple			2010.		An	nount	
С	Beginning balance					1c		=	
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on						•		☐ No
	If "Yes," explain the arrangement in Part XI	III. Check here	of the ex	kplanatio	n has been pr	rovided	on Part XIII .		
Par			F	000 [Deat B / Black	40			
	Complete if the organization ans	Current year		m 990, F or year	(c) Two years t		d) Three years back	(e) Four yea	are back
10		Current year	(0) -11	or year	(c) Two years t	Jack (u) Three years back	(e) Four yea	IIS DACK
1a b	Beginning of year balance								
C	Net investment earnings, gains, and				:				
	losses								
d	Grants or scholarships .								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance							<u> </u>	
2	Provide the estimated percentage of the cu			e (line 1g	, column (a))	held as	3.		
a	Board designated or quasi-endowment	,, ,	_%						
D	Permanent endowment ►% Temporarily restricted endowment ►	0							
С	The percentages on lines 2a, 2b, and 2c sh	% hould equal 10	10%						
За	Are there endowment funds not in the pos			zation tha	at are held an	nd adm	inistered for the)	
	organization by:		· J - · · · ·					Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi							3b	
4	Describe in Part XIII the intended uses of the		n's endo	wment fu	ınds.				
Part			_						
	Complete if the organization ans	T							
	Description of property	(a) Cost or oth (investme			r other basis ther)		reciation	(d) Book va	
1a	Land				598,831				598,831
b	Buildings				713,543		403,693		309,849
. c	Leasehold improvements				2.007.424				
d	Equipment				3,007,686		2,344,021		663,665
e Total	Other	equal Form 00	O Port \	Coduma	70,336,871	······	26,741,268		,595,603 167,948

Part VII	Investments—Other Securi				
	Complete if the organization		T		
	(a) Description of security or ca (including name of securit		(b) Book value	, , ,	thod of valuation d-of-year market value
	I derivatives				
	held equity interests				
(3) Other	'				
(A)					·- <u>-</u>
(B)			-		
(C)			-		
(D)			-		
(E) (F)			-		
(G)			-		
(G) (H)			-	-	
	b) must equal Form 990, Part X, col (B) line 12		-		
Part VIII	Investments—Program Rei			<u> </u>	
T all C VIII	Complete if the organization		rm 990 Part IV line	e 11c. See Form	1 990 Part X line 13
	(a) Description of investme		(b) Book value		thod of valuation
	(a) Description of investme		(b) book value		d-of-year market value
(1) Investme	ent in Assoc Org -Patronage Capita	al	8,631,591	Cost	
	ent in Assoc Org - Other		382,190		
	Economic Development	······································	66,667		
	Resource -Conservation Loans	·	19,856		
(5) Other Inv			11,143	Cost	
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13)▶	9,111,447		
Part IX	Other Assets.				
	Complete if the organization		rm 990, Part IV, line	e 11d. See Form	
		(a) Description			(b) Book value
_(1)					
(2)		<u></u>			
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8) (9)			<u> </u>		
	mn (b) must equal Form 990, Part Other Liabilities.				
	Complete if the organization line 25.		rm 990, Part IV, line	e 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in			0		
	ble Aid to Construction		06,692		
(3) Consume			76,150		
	Prepayments		58,736		
	ed Capital Credits	2	13,297		
(6)					
(7)					•
(8)					
(9)		1	F 4 075		G
	b) must equal Form 990, Part X, col (B) line 25		54,875	la Garage et al estate	
	uncertain tax positions. In Part XIII, p s liability for uncertain tax positions u				

Page 4

Part	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 99		-	4 1
1	Total revenue, gains, and other support per audited financial statemer		1	22,810,632
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			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	. 2d		
е			2e	0
3	Subtract line 2e from line 1		. 3	22,810,632
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	О	
b	Other (Describe in Part XIII.)	4b	0	
С	Add lines 4a and 4b		4c	0
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	•	. 5	22,810,632
Part	XII Reconciliation of Expenses per Audited Financial Stat	ements With Ex	cpenses per Return	١.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 1:	2a	
1	Total expenses and losses per audited financial statements	•	1	19,186,137
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	. 2b		
С	Other losses	. 2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	19,186,137
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	:	
b	Other (Describe in Part XIII.)	. 4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.	ime 18.)	5	19,186,137
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p			
-				

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE J (Form 990)

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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BLACK HILLS ELECTRIC COOPERATIVE INC

Employer identification number 46-0111503

Part	Questions Regarding Compensation			
			Yes	No
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			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			i
	☐ Discretionary spending account ☐ 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	1b	· · · · -	
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?	2		
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.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	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:			
а	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			
а	The organization?	6a		
b	Any related organization?	6b		
	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	7		
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			-
	ın Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			•

Page 2

Schedule J'(Form 990), 2018

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.

NOTE: THE SUIT OF COLUMN (L/V) (III) FOR EACH INSTRUCTION OF THE SUIT OF THE S	200	וווויייייייייייייייייייייייייייייייייי	st edual tile total allik	5	at vii, occitor of mic 1a, applicable coulin (b) and (c) another individual	a, applicable coluin		o lor triat individual.
		(b) Breakdown o	(b) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on pnor Form 990
Walker Witt, General Manager & CEO	€ 3	192,396	150	16,705	71,923	24,752	305,926	0
Sammi Langendorf, Office Manager & CFO	E 8	116,021	150	7,001	45,024	23,767	191,963	0
Bill Brisk, Manager of Operations		121,618	150	7,469	45,024	11,193	185,454	0
8	E							
Mike Chase, Manager of Marketing & Member Services	© (E	117,847	150	10,192	45,024	23,767	196,980	0
Jesse Sorenson, System Coordinator	€ 1	110,525	150	4,288	41,818	23,649	180,430	0
5,000	E							
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Schedule J (Form 990) 2018

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

BLACK HILLS ELECTRIC COOPERATIVE INC	46-0111503
FORM 990, PART VI, LINE 7B- GOVERNANCE SUBJECT TO APPROVAL BY MEMBERS	
Changes to bylaws must be approved by a vote of members Each member is allowed one vote	
FORM 990, PART VI, LINE 11B -ORGANIZATIONS'S PROCESS USED TO REVIEW FORM 990	
CFO prepares the form 990 A copy is provided to the board of directors one week prior to the board r	neeting Directors and management
review Form 990 at the board meeting If changes are needed, the CFO makes them proir to filing	
FORM 990, PART VI, LINE 12C -ENFORCEMENT OF CONFLICTS POLICY	
When a potential conflict of interest comes up, the general counsel reviews the conflict of interest police	y and the board ensures compliance
The policy is reviewed on a yearly basis	
FORM 990, PART VI, LINE 15A & B -COMPENSATION PROCESS	
A yearly compensation study is prepared by management and presented to the board. The study inclu-	ides national, regional, state and local
wage comparisons for each position within the cooperative. It compares internal equity based on ben	chmarking a common position along
with evaluating external competitiveness. The board uses this information to set compensation	
•	
FORM 990, PART VI, LINE 19 -GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	
All disclosures of documents required by law are made available to the public Private corporate docu	ments, financial statements, and
policies may be available to the public or members pursuant to board policy number 111 Member Rec	quests for Information Upon
written request the General Manager schedules a time for the review of requested articles at the coope	rative headquarters Also an
audited financial statement is mailed yearly to all active member of the Cooperative as part of the Annual Statement is mailed yearly to all active member of the Cooperative as part of the Annual Statement is mailed yearly to all active member of the Cooperative as part of the Annual Statement is mailed yearly to all active member of the Cooperative as part of the Annual Statement is mailed yearly to all active member of the Cooperative as part of the Annual Statement is mailed yearly to all active member of the Cooperative as part of the Annual Statement is mailed yearly to all active member of the Cooperative as part of the Annual Statement is mailed yearly to all active member of the Cooperative as part of the Annual Statement is mailed yearly to all active member of the Cooperative as part of the Annual Statement is mailed yearly to all active member of the Cooperative as part of the Annual Statement is mailed yearly to all active member of the Cooperative as part of the Coo	ual Report
FORM 990, PART IX, LINE 4 - BENEFITS PAID TO OR FOR MEMBERS	
In 2018, \$1,060,024 in capital credits were paid out to members	
	· -

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Open to Public Inspection 2018

OMB No 1545-0047

Employer identification number

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ž 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. Yes 46-0111503 (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 4 BLACK HILLS ELECTRIC COOPERATIVE INC (1) Part I Part II Ξ € 9 3 ග 3 8 ල € 9 9 8

Page 2

Schedule R*(Form 990) 2018

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. Part III

	!							<u>,</u>	12(b)(13) olled ty?	2	,					:		0) 2018
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Yes No		:						m 990, P		>						,		Schedule R (Form 990) 2018
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							٠.	elated Organiza	organization									
	1)	2)	(6	4)	(9	(9	7		(a) Name, address, and EIN of related		1)Black Hills Engineering & Develo Box 792, Custer, SD, 46-0391683	2)	3)	4)	. (9	(9	7)	
	No	X-es	Yes No Yes	Aes No	Yes No Yes	Ves No Ves No <td>Ace No Ace td> <td>Ace No Ace td> <td> Yes No Y</td> <td> Yes No Yes No</td> <td> Yes No Yes Yes No Yes Ye</td> <td> Yes No No Yes No No Yes No No Yes No No No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No No No Yes No No Yes No No Yes No No No Yes No No Yes No No No Yes No No Yes No No Yes No No Yes No No No Yes No No Yes No No Yes No No No Yes No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No No Yes No No No No Yes No No No No No Yes No No No No No No No N</td> <td> Yes No. No.</td> <td> Test No. Test No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active Active State of transpring to the state of spansarion Active /td> <td> Table </td> <td> Yes No Yes Y</td> <td> Ves No Not Active SD Not Active Act</td> <td> Yes No Yes No</td>	Ace No Ac	Ace No Ac	Yes No Y	Yes No Yes No	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes Yes No Yes Ye	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No No Yes No No Yes No No Yes No No No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No No No Yes No No Yes No No Yes No No No Yes No No Yes No No No Yes No No Yes No No Yes No No Yes No No No Yes No No Yes No No Yes No No No Yes No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No No Yes No No No No Yes No No No No No Yes No No No No No No No N	Yes No. Test No. Test No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion No. Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active State of transpring to the state of spansarion Active Active State of transpring to the state of spansarion Active Table	Yes No Yes Y	Ves No Not Active SD Not Active Act	Yes No Yes No		

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

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Beceint of (i) interest (ii) amountes (iii) rovalties or (iv) rent from a controlled entity.
Performance of services or membership or fundraising solicitations for related organization(s)
tations by related organization(s)
with related organization(s)
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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.

(c) Primary activity Legal domicile (state or foreign country)	sections 512—514) Yes No Yes No																
•			•											,			
Name, address, and EIN of entity Prir		(1)	(2)	(6)	(4)	(9)	(9)	(J)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	

m 990) 2018 Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instruction	ins.
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