DLN: 93493276002069 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable NORTHWESTERN ELECTRIC COOPERATIVE INC ☐ Address change 73-0375825 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (580) 256-7425 City or town, state or province, country, and ZIP or foreign postal code WOODWARD, OK $\,$ 73802 $\,$ G Gross receipts \$ 35,136,809 Name and address of principal officer H(a) Is this a group return for TYSON LITTAU ☐Yes ☑No subordinates? PO BOX 2707 H(b) Are all subordinates WOODWARD, OK 73802 ☐ Yes ☐No ıncluded? 501(c)(3) ✓ 4947(a)(1) or □ 527 501(c) (12) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW NWECOK COOP L Year of formation 1940 M State of legal domicile OK Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE ELECTRIC POWER TO RURAL AREAS AT COST ON A COOPERATIVE BASIS Activities & Governance 2 Check this box ▶ ☐ 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) . 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 72,195 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 33,548,871 34,937,298 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -137,626 61,185 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 87,536 128,662 33,539,907 35,086,019 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 24,197 23,520 544,433 1,143,263 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,041,818 5,497,594 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 28,632,187 27,718,844 34,242,635 34,383,221 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -702,728 702,798 Assets or d Balances Beginning of Current Year End of Year 97,792,991 109,667,166 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 79,962,811 67,003,200 22 Net assets or fund balances Subtract line 21 from line 20 . 29,704,355 30,789,791 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-09-30 Signature of officer Sign Here TYSON LITTAU CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 ıf 2019-09-30 P00439459 Paid self-employed Firm's name

BOLINGER SEGARS GILBERT AND MOSS LLP Firm's EIN > 75-0882037 Preparer Use Only Firm's address ▶ 8215 NASHVILLE AVENUE Phone no (806) 747-3806 LUBBOCK, TX 79423 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

orm	990 (2	018)				Page 2
Pa	rt III	Statement of Program Sei	vice Accomplishments			
		Check if Schedule O contains a re	esponse or note to any line in t	hıs Part III		🗆
1	Briefly	describe the organization's mission				
ELEC		ATIVE'S RESPONSIBILITY AND AI RVICE RELIABILITY, AFFORDABLE				
2	Did th	e organization undertake any sign	ificant program services during	the year which were	not listed on	
	the pr	or Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe these new services on	Schedule O			
3	Did th	e organization cease conducting, o	er make significant changes in	how it conducts, any p	program	
		es?	edule O			☐ Yes ☑ No
4	Descri Sectio	be the organization's program ser n 501(c)(3) and 501(c)(4) organiz ses, and revenue, if any, for each	vice accomplishments for each ations are required to report t			
4a	(Code) (Expenses \$	ıncludıng g	rants of \$) (Revenue \$)
	See Ad	ditional Data				
4b	(Code) (Expenses \$	ıncludıng g	rants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	ıncluding g	rants of \$) (Revenue \$)
4d		program services (Describe in Sch	•			
	(Expe	·	including grants of \$) (Rev	enue \$)
4e	ıotal	program service expenses ▶				

Form 990 (2018) Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Νo Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Νo Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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? 4 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 💆 . . . 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 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? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Yes 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Nο **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 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

18

19

20a

20b

21

Nο

Νo

Nο

Νo

No

Form **990** (2018)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	990 (2018)			Page
Par	tiV Checklist of Required Schedules (continued)			
3	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	Yes Yes	No
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Ба	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		
5	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
,	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		No
	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? If "Yes," complete Schedule L, Part IV			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	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		No
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
	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		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	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	Yes	
a	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		•	<u> </u>

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с 7d | 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

8 9a 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? . . . 9h

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

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

b Gross income from other sources (Do not net amounts due or paid to other sources

12b

13b

13c

11a 11b

36,879,770 4,234,537

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement and Disclosure For each "Yes" response to lines 2 through 7b below, describe the circumstances, processes, or changes in Schedule O See instructions	•	onse to i	_
	Check if Schedule O contains a response or note to any line in this Part VI	• •		✓
36	ection 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	,	103	
	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	,		
2		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person?	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe 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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
_		16b		
<u>S∈</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed			
1/	List the States with which a copy of this Form 990 is required to be filed OK			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	only) available for public inspection. Indicate now you made triese available. Check all triat apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19				

✓

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization no	r any related o	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	Position than on the second se	on (do ne bo	(C o no ox, u n of) it che unle: ficer	eck moss ss pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)			(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations				
(1) KENNETH KNOWLES PRESIDENT	6 90	Х		х				22,940	0	0
(2) RAY SMITH VICE PRESIDENT	4 50	Х		×				22,040	0	0
(3) JOHN BRUCE JR SECRETARY/TREASURER	5 90	Х		х				22,367	0	0
(4) WAYNE HALL TRUSTEE	3 30	Х						6,573	0	0
(5) CLAIR CRAIGHEAD TRUSTEE	5 60	Х						22,340	0	0
(6) MARVIN WILKINSON TRUSTEE	3 80	Х						23,378	0	0
(7) DUANE HENDERSON TRUSTEE	3 40	Х						19,917	0	0
(8) GILBERT PERKINS TRUSTEE	3 70	Х						20,190	0	0
(9) DARLA YOUNG TRUSTEE	4 30	Х						20,290	0	0
(10) TYSON LITTAU CEO	50 00			х				221,783	0	136,032
(11) JARET DOWLER DIRECTOR OF ENGINEERING	50 00					×		106,204	0	57,895
(12) JOHN KIRKWOOD DIRECTOR OF OPERATIONS	50 00					×		117,030	0	141,783
(13) BRENT MCDOWELL DIRECTOR OF SAFETY	50 00					×		106,435	0	94,162
(14) JAMIE RUBLE DIRECTOR OF FINANCE & ADMIN	45 00					x		111,757	0	69,735
				l	1	1				

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

Page **8**

Section At Officers, Birect	T									1		
(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an of	t che unle: ficer	eck moss ss pers r and a tee)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (V	v-	Estima amount o compen from	ated of other sation the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensional	Former	2/1099-MISC)	2/1099-MISC)		organizat relat organiza	:ed
		क्लेडा	Trustee		iš	pensated						
			lacksquare			\vdash						
1b Sub-Total			<u> </u>	L.		▶ [
			<u></u>			*		843,244)		499,607
2 Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than \$1	00,000		Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J			ee, k	ey e	mpl	oyee, o	or hi	ghest compensated	employee on	3		No
For any individual listed on line 1a, is organization and related organization individual									n the	4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization										5		No
Section B. Independent Contract Complete this table for your five higher from the organization Report comper	est compensate									npen	nsation	
Name <i>i</i>	(A) and business addre	ess						Desc	(B) cription of services		(C Comper	
R&R POWERLINE CONSTRUCTION INC PO BOX 246 SAYRE, OK 73662								ELECTRIC E	ISTRIBUTION		1	,297,689
RIGGS TREE SERVICE INC PO BOX 453225 GROVE, OK 74345								TREE TRIMI WAY MAINT	MING AND RIGHT OF			636,008
MID-CON ENERGY SERVICES INC PO BOX 2648								EMERGENC'	Y RESTORATION			336,055
PONCA CITY, OK 74602 CUSTOM ENERGY SERVICES INC 27583 STATE HWY 34								ELECTRIC D	DISTRIBUTION			254,691
SHARON, OK 73857 JCL POWER								DEBRIS REI	MOVAL			213,616
268 COOKS POINT DRIVE BOYCE, LA 71409						1 -1 - 1	- 1		+400.00	2 (

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 ▶ 6

Statement of Revenue Total			(2018)	•									Page 9
Test Person Selected or Company Compan	Part	VIII			- roon	ance or note to any	line in thic	Dort VIII					.
Page			Check II Schedul	e O contains a	a resp	onse of note to any	(A)		Rela ex fur	(B) ated or empt action	bı	nrelated usiness	(D) Revenue excluded from tax under sections
Second Part	0	1	a Federated campaig	ns	1a			I					
Second Part	ants		b Membership dues		1 b								
Second Part	ا وزر		c Fundraising events		1c								
Second Part	ifs, ir A		d Related organizatio	ns	1d								
Second Part]; ⊒:		e Government grants (co	ontributions)	1e								
Second Comparison Compari	ons Sil		and similar amounts n		16								
Second Comparison Compari	buti the				11								
SALES OF EXCENDENCE 221000 587,627 587,627	a di			ons included									
2a SALES OF ELECTRICITY	G F		h Total. Add lines 1a	-1f	•	•							
3 Treatment normer (noting dividends, interest, and other similar amounts) 60,393 60,393	ı.					Business	Code						
3 Treatment normer (noting dividends, interest, and other similar amounts) 60,393 60,393	เลย						221000		1				
3 Treatment normer (noting dividends, interest, and other similar amounts) 60,393 60,393	á						221000						
3 Treatment normer (noting dividends, interest, and other similar amounts) 60,393 60,393	MC€			ACE.									
3 Treatment normer (noting dividends, interest, and other similar amounts) 60,393 60,393	32	C	- DISTRIBUTION LINE LEA	431			221000		+				+
3 Treatment normer (noting dividends, interest, and other similar amounts) 60,393 60,393	gran				_								
3 Investment income (including dividends, interest, and other smills amounts) 60,553 60,353 4 Income from investment of tax-exempt bond proceeds 6,355 5 Royalbes	δ					34,9	937,298						
### Smiller amounts						Interest and other	1						
S Royalties		9	sımılar amounts) .			•	.	60,553					60,553
Ga Gross rents			5				-	4.391					4 391
B Less rental expenses c Rental income or (loss) d Net rental income or (loss)		,	Noyalties				1	.,051					.,051
C Rental income or (loss)		6a	Gross rents				1						
Total Income or (loss)		ŀ	b Less rental expenses				1						
Ta Gross smount (i) Securities (ii) Other		(c Rental income or				-						
Ta Gross amount From sales of then inventory See Scat or other basis and sales expenses Gain of (loss) G32 G			• •										
To form select of assets other than inventory		(Net rental income o				1						
## Description of the basis and sales expenses 30,368 632 632 ## Description of the basis and sales expenses 632 632 632 ## Description of the basis and sales expenses 632 632 632 ## Description of the basis and sales expenses 632 632 ## Description of the basis and sales expenses 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sales of inventory 632 632 ## Description of the basis and sal		7 a	from sales of	(1)		, ,							
Other basis and sales expenses Gan or (loss) G32 G3													
C Gain or (loss)		ŀ	other basis and			30,368	3						
Sa Gross income from fundraising events (not including \$ of contributions reported on line 1c)		•	•			632	2						
Continuition Cont						•		632					632
a b Less direct expenses b c Net income or (loss) from gaming activities	anu∈	8a	(not including \$contributions reporte	ed on line 1c)	of								
a b Less direct expenses b c Net income or (loss) from gaming activities	ev.	ŀ					1						
a b Less direct expenses b c Net income or (loss) from gaming activities	er		•			L							
a b Less direct expenses b c Net income or (loss) from gaming activities	oth	9a			es								
c Net income or (loss) from gaming activities . ▶ 10aGross sales of inventory, less returns and allowances					а								
10aGross sales of inventory, less returns and allowances			· ·				_						
returns and allowances					activit	lies ▶	1						
b Less cost of goods sold b					_	24.224							
C Net income or (loss) from sales of inventory ▶ 812 812 Miscellaneous Revenue Business Code 72,195 11aBILLING REVENUE 561499 72,195 b POLE ATTACHMENT INCOME 221000 10,138 c d All other revenue		ŀ	bless cost of goods s	sold			_						
Miscellaneous Revenue Business Code 11aBILLING REVENUE 561499 b POLE ATTACHMENT INCOME 221000 c 10,138 d All other revenue 4 All other revenue e Total. Add lines 11a-11d						` <u> </u>	J	812		812			
b POLE ATTACHMENT INCOME 221000 10,138 10,138 c			Miscellaneous			Business Code							
d All other revenue • Total. Add lines 11a-11d •		11	LaBILLING REVENUE			561499	9	72,195				72,195	
d All other revenue		ŀ	POLE ATTACHMENT	INCOME		221000	0	10,138					10,138
d All other revenue							1						
e Total. Add lines 11a-11d		•	C										
82,333 82		•	d All other revenue .										
35,086,019 34,938,110 72,195 75,714						•		82,333					
= (·-)		12	2 Total revenue. See	Instructions	• •	• • • •	3	35,086,019		34,938,110		72,195	

Form 990 (2018)					Page 10
Part IX Statement of Fund Section 501(c)(3) and 501(c)(4) org		umns All other orga	inizations must com	plete column (A)	
Check if Schedule O con	tains a response or note to any l	ine in this Part IX .			🗹
Do not include amounts reported to the state of Part VIII.	d on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic governments See Pa		15,770	·		
2 Grants and other assistance to Part IV, line 22	domestic individuals See	7,750			
3 Grants and other assistance to governments, and foreign indivand 16	foreign organizations, foreign iduals See Part IV, line 15				
4 Benefits paid to or for members		1,143,263			
5 Compensation of current officer key employees	rs, directors, trustees, and	537,850			
6 Compensation not included abo defined under section 4958(f)(1 section 4958(c)(3)(B)	L)) and persons described in				
7 Other salaries and wages		3,094,412			
8 Pension plan accruals and contr (k) and 403(b) employer contri		696,987			
9 Other employee benefits		935,290			
10 Payroll taxes		233,055			
11 Fees for services (non-employe	es)				
a Management					
b Legal	🖯				
c Accounting	<u> </u>				
d Lobbying	<u> </u>				
e Professional fundraising service	<u> </u>				
f Investment management fees	· –				
g Other (If line 11g amount exce	<u> </u>				
(A) amount, list line 11g expen	ses on Schedule O)				
12 Advertising and promotion .	<u> </u>				
13 Office expenses	—				
14 Information technology					
15 Royalties					
16 Occupancy					
17 Travel					
18 Payments of travel or entertain federal, state, or local public of					
19 Conferences, conventions, and	meetings				
20 Interest		2,286,896			
21 Payments to affiliates					
22 Depreciation, depletion, and an	nortization	2,837,604			
23 Insurance	<u> </u>				
24 Other expenses Itemize expen miscellaneous expenses in line exceeds 10% of line 25, column expenses on Schedule O)	24e If line 24e amount				
a PURCHASED POWER		19,045,284			
b DISTRIBUTION EXPENSE		1,318,400			
c ADMIN & GENERAL EXPENSE		976,923			
d OPERATING TAXES		765,548			
e All other expenses		488,189			
25 Total functional expenses. A	dd lines 1 through 24e	34,383,221			
26 Joint costs. Complete this line reported in column (B) joint coseducational campaign and fund Check here ▶ ☐ if following:	sts from a combined raising solicitation				

Form 990 (2018)

15

16

17

18 19

20

21

23

24

26

27

28

29

30

31

32

33

34

Liabilities 22

Assets or Fund Balances

Net

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

				l End or your
1	Cash-non-interest-bearing	1,188,209	1	932,588
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	18,353,396	4	5,708,986
5	Loans and other receivables from current and former officers, directors,		_	

Loans and other receivables from other disqualified persons (as defined under

		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	ations o	of section 501(c)(9)		6	
ets	7	Notes and loans receivable, net	• •		563,686	7	469,993
SS	8	Inventories for sale or use			847,353	8	1,039,921
A	9	Prepaid expenses and deferred charges			1,400,923	9	1,153,930
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	95,603,441			
	ь	Less accumulated depreciation	10 b	22,122,078	72,580,202	10c	73,481,363
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .		13,886,359	13	14,101,315
	14	Intangible assets				14	

847.038

109.667.166

2.650.747

75,510,771

1.801.293

79.962.811

4,114,693

25,589,662

29,704,355

109,667,166

15

16

17

18

19

20

21

22

23

24

25

26

27 28

29

30

31

32

33

34

904.895

97.792.991

2,517,935

61.990.199

2.495.066

67,003,200

4,579,568

26,210,223

30,789,791

97,792,991

Form **990** (2018)

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

3a

3b

Yes

Yes Form 990 (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 73-0375825

Name: NORTHWESTERN ELECTRIC COOPERATIVE INC.

Form 990 (2018)

ALLOCATION OF PATRONAGE CAPITAL

Form 990, Part III, Line 4a: PROVIDING ELECTRIC ENERGY TO OUR MEMBERS - 11,858 ACTIVE SERVICES AT YEAR END WERE PROVIDED ELECTRICITY ON A COOPERATIVE BASIS THROUGH THE **SCHEDULE D**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

Cat No 52283D

Schedule D (Form 990) 2018

OMB No 1545-0047

DLN: 93493276002069

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

	nal Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for the	e latest information		Ins	spection
Na	me of the organi	ization RIC COOPERATIVE INC			Employer ide	entification	number
VOI	KIHWESTERN ELECT	RIC COOPERATIVE INC			73-0375825		
Pa		zations Maintaining Donor Advi			or Accounts.		
	Complet	te if the organization answered "Ye		art IV, line 6. Idvised funds	(h)[d		
	Total number at	and of year	(a) Donor a	iavisea runas	(b)Funds	s and other a	iccounts
		of contributions to (during year)					
		of grants from (during year)					
	Aggregate value	` ' ' '					
		ation inform all donors and donor adviso	rs in writing that the .	assets held in donor a	dvised funds are	the	
		roperty, subject to the organization's ex					Yes 🗌 No
•		ation inform all grantees, donors, and do ses and not for the benefit of the donor				missible	Yes 🗌 No
Pa	rt III Conser	vation Easements. Complete if th	ne organization ans	wered "Yes" on For	m 990, Part IV	, line 7.	
i	Purpose(s) of co	onservation easements held by the organ	nızatıon (check all tha	t apply)			
	Preservation	on of land for public use (e g , recreation	n or education)	Preservation of a	n historically imp	ortant land a	ırea
	Protection	of natural habitat		Preservation of a	certified historic	structure	
	☐ Preservation	on of open space					
		2a through 2d if the organization held a e last day of the tax year	qualified conservation	n contribution in the fo		ntion It the End o	f the Year
a	Total number of	conservation easements			2a		
b	Total acreage res	stricted by conservation easements			2b		
С	Number of conse	ervation easements on a certified histori	c structure included in	n (a)	2c		
d		ervation easements included in (c) acqui n the National Register	red after 7/25/06, an	d not on a historic	2d		
	Number of consetax year ►	ervation easements modified, transferre 	d, released, extinguis	hed, or terminated by	y the organizatior	during the	
	Number of state	es where property subject to conservation	n easement is located				
		zation have a written policy regarding th		յ, ınspection, handling	of violations,	_	
						☐ Yes	∐ No
,	Staff and volunt	eer hours devoted to monitoring, inspec 	ting, handling of viola	ations, and enforcing	conservation ease	ements durin	g the year
	Amount of exper ▶ \$	nses incurred in monitoring, inspecting,	handling of violations	, and enforcing conse	ervation easemen	ts during the	year
	Does each conse and section 170	ervation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the req	uirements of section	170(h)(4)(B)(ı)	☐ Yes	□ No
ı	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the	footnote to the organ			and	
ar	rt IIII Organi:	i's accounting for conservation easemen zations Maintaining Collections te if the organization answered "Ye	of Art, Historical		her Similar As	sets.	
a	If the organization	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	6 (ASC 958), not to r public exhibition, edu	eport in its revenue s cation, or research in			
b	If the organization	on elected, as permitted under SFAS 11 res, or other similar assets held for pub	6 (ASC 958), to repo	rt ın ıts revenue state			
,	_	nts relating to these items led on Form 990, Part VIII, line 1			▶ \$		
		in Form 990, Part X			· · ·		
:	If the organizati	on received or held works of art, historicates required to be reported under SFAS:			ancıal gaın, provi	de the	
а	_	ed on Form 990, Part VIII, line 1	(, .55 555) Telatill	3 10 these from 5	▶ \$		
b		in Form 990, Part X			• * _ • \$		
-		,			· +		

Par	t III	Organizations M	aintaining Col	lections o	of Art, H	istori	cal T	reasu	ıres, oı	Other	Similar A	ssets (cor	itinued)	
3		ig the organization's acq is (check all that apply)	uisition, accessioi	n, and other	records,	check	any of	the fo	llowing t	hat are a	significant i	use of its co	llection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				е		Othe	r					
C		Preservation for future	e generations											
4		ride a description of the XIII	organization's col	lections and	l explain h	ow the	ey furth	ner the	e organiz	zation's ex	xempt purpo	ose in		
5		ng the year, did the org ets to be sold to raise fur									nılar	☐ Yes	□ No	
Pa	rt IV	Escrow and Cust Complete if the ori X, line 21.			" on Forr	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on For	m 990, Pa	art
1a		ne organization an agent uded on Form 990, Part :		an or other	ıntermedia	ary for	contri	bution	s or othe	er assets	not	☐ Yes	□ No	
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the foll	lowing	table				Α	mount		
С		inning balance				_				1c				
d	_	itions during the year								1d				
е	Dıstı	ributions during the year	r							1e				
f	Endi	ng balance								1f				
2a	Did i	the organization include	an amount on Fo	rm 990 Pai	rt X line 2	1 for	escrow	ı or cu	r stodial a	occount lia	ability?	□ ves		
		es," explain the arrange											□ N0	
	rt V	Endowment Fund												
FG		Liidowillelit i dii	us. Complete ii	(a)Currer			rior yea				(d)Three ye		Four years b	
1a	Begin	ning of year balance .		(=)=====	, , , , ,	ν-,-	, , , , ,		(-),		(-, , -		<u>,, , </u>	
b	Contr	ibutions												
С	Net in	nvestment earnings, gair	ns, and losses											
d	Grant	s or scholarships												
e		expenditures for facilition	es											
f	Admır	nistrative expenses .												
g	End o	f year balance												
2	Prov	ride the estimated perce	ntage of the curre	ent year end	balance ((line 1	g, colu	mn (a))) held a	s				
а	Boar	rd designated or quasi-e	ndowment 🟲											
b	Pern	manent endowment 🕨												
С	Tem	porarily restricted endo	wment 🟲											
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3а		there endowment funds anization by	not in the posses	sion of the	organizatio	on that	t are h	eld an	d admini	istered fo	r the		Yes N	No OF
	(i) u	unrelated organizations										3a(i)	
		related organizations										3a(ii)	
b 4		'es" on 3a(11), are the re cribe in Part XIII the inte	-		•			· •				3b		
4					n s endow	ment	unas							
řē	rt VI	Land, Buildings, Complete if the or			" on Forn	n 990	. Part	IV. lı	ne 11a	. See Foi	rm 990. Pa	art X. line	10.	
	Desc	ription of property	(a) Cost or oth (investme	er basıs	(b) Cost o						depreciation		Book value	
12	Land						74	43,016					2.	43,016
	Buildi							31,584			1,889,253			92,331
		hold improvements						2,201			_,,			
		ment					87.48	34,310			20,232,825		67 2	51,485
-	-4414		i				/ **	,			,,		,	,

1,094,531

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

1,094,531

73,481,363

Part VII Investments—Other Securities. Complete if	the organiza	tion answer	ed "Yes" on Form 990, Part IV, line 11b.	Page
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)				
3)				
2)				
D)				
:)				
=)				
3)				
н)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) art VIII Investments—Program Related.	>			
Complete if the organization answered 'Yes' on	Form 990, F	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)PATRONAGE CAPITAL - WFEC	12	2,483,358	С	
2)PATRONAGE CAPITAL - CFC 3)PATRONAGE CAPITAL - AEC		170,690 228,698	С С	
4)PATRONAGE CAPITAL - SEDC		108,459	C	
5)PATRONAGE CAPITAL - COBANK		312,020	С	
6)PATRONAGE CAPITAL - OTHER 7)MEMBERSHIPS IN ASSOCIATED ORGANIZATIONS		121,631	C 	
8)CAPITAL TERM CERTIFICATES - CFC		664,759	C	
9)		·		
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)		4,101,315		
Part IX Other Assets. Complete if the organization answers (a) Description		m 990, Part 1	V, line 11d See Form 990, Part X, line 15 (b) Book v	, alue
1)	011		(B) Book v	alue
2)				
3)				
4)				
5)				
5)				
7)				
3)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization	answered 'Y	es' on Form	990 Part IV line 11e or 11f	
See Form 990, Part X, line 25.	answered 1			
(a) Description of liability 1) Federal income taxes		(b) Book	t Value	
CONSUMER DEPOSITS			00.605	
CCUMULATED PROVISION FOR PENSIONS & BENEFITS			98,685 1,564,245	
DEFERRED CREDITS - LINE EXTENSIONS			832,136	
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	•		2,495,066	
2. Liability for uncertain tax positions In Part XIII, provide the text				
organization's liability for uncertain tax positions under FIN 48 (ASC	740) Check h	nere if the tex	ct of the footnote has been provided in Part XI	fff

Page 4

35,020,931

33,174,870

33,174,870

1,208,351

34.383.221

Schedule D (Form 990) 2018

2e

3

4c

5

1,208,351

3 35,020,931 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

3 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 65,088 b

Schedule D (Form 990) 2018

Part XI

1

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines **4a** and **4b** 65,088 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 35,086,019 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

2a 2b

2c

2d

4a 4b

Explanation

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 73-0375825

Name: NORTHWESTERN ELECTRIC COOPERATIVE INC

Supplemental Information

PART X, LINE 2

Return Reference

Explanation

THE COOPERATIVE HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIP LES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY. THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), OR OTHER STATE TAXING AUTHORITY AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	EXPENSES IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 65,088

Sı

Supplemental Information		
Return Reference	Explanation	
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXPENSES IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 65,088 PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 1,143,263	

_

Supplemental Information	
Return Reference	Explanation
PART IX	THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY, IN A CCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D. PART IX HAS BEEN LEFT BLANK

_ _ _

upplemental information		
Return Reference	Explanation	
PART XII, LINE 4B	FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE D IVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL ST ATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPEC TO HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BAS IS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS P	

ROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

Supplemental Information

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	19327	76002	069
Schedule J (Form 990)		Con	npensati	ion Information	00	1B No	1545-0	0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		➤ Complete if the organ	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2018		
		▶ Attach to Form 990.				pen to Public		
•	tment of the Treasurv al Revenue Service	Go to www.irs.gov/	<u> </u>	instructions and the latest inform	nation.		ectio	
	me of the organiza	ation RIC COOPERATIVE INC			Employer identificat	ion nu	ımber	
NOF	CITWESTERN ELECT	RIC COOPERATIVE INC			73-0375825			
Pa	rt I Questi	ons Regarding Compensatio	n					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		or charter travel		Housing allowance or residence for	personal use			
	_	companions		Payments for business use of perso				
		nification and gross-up payments	⊻	Health or social club dues or initiation				
	☐ Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cner)			
b		kes in line 1a are checked, did the dill of the expenses described above		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all	. 1-3	2	Yes	
	directors, truste	es, officers, including the CEO/Exe	cutive Director	r, regarding the items checked in line	e la?			
3				d to establish the compensation of the	ne			
	_	EO/Executive Director Check all th d organization to establish compen		not cneck any boxes for methods CEO/Executive Director, but explain i	n Part III			
		tion committee		Written employment centract				
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<u></u>	Approval by the board or compensa	tion committee			
4), Part VII, Se	ction A, line 1a, with respect to the f	ılıng organızatıon or a			
	related organiza					١.		
a b		ance payment or change-of-control r receive payment from, a supplem		ified retirement plan?		4a 4b		No_ No
C	•		•	·		4c		No
·	c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
_), 501(c)(4), and 501(c)(29) or	_	-				
5		ontingent on the revenues of		the organization pay or accrue any				
а	The organization	٦٦				5a		
b	Any related orga	anization?				5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any				
а	The organization	٦٦				6 a		
b	Any related orga					6b		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 67 If "Yes,"		the organization provide any nonfixe rt III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow t	he rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	ction Act Notice, see the Instru	ctions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	1 990)	2018

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990. Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 TYSON LITTAU 212,134 357,815 (i) 1,555 8,094 107,353 28,679 CEO 0 0 0 0 0 n (ii) 101,239 2 JARET DOWLER (i) 3,775 1,190 31,111 26,784 164,099 0 DIRECTOR OF ENGINEERING 0 0 0 0 0 0 0 (ii) 3 JOHN KIRKWOOD 109,842 (i) 3,975 3,213 116,851 24,932 258,813 0 DIRECTOR OF OPERATIONS 0 0 0 0 0 0 0 (ii) 4 BRENT MCDOWELL 98,153 (i) 3,675 4,607 68,028 26,134 200,597 0 DIRECTOR OF SAFETY 0 0 0 0 (ii) 5 JAMIE RUBLE 107,725 (i) 2,655 1,377 43,105 26,630 181,492 Ω DIRECTOR OF FINANCE & ADMIN 0 0 0 0 0 0 0 (ii)

rage 3			
Part III Supplemental Information			
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information		
Return Reference	Explanation		
· ·	PURSUANT TO APPLICABLE TRAVEL POLICIES, THE COOPERATIVE WILL ONLY PAY FOR REGISTRATION FEES INCURRED BY A TRUSTEES' SPOUSE TRUSTEES MAY ONLY ATTEND ONE NATIONAL MEETING PER YEAR ALSO PURSUANT TO THE CURRENT POLICY, THE COOPERATIVE WILL PAY FOR REGISTRATION FEES, TRAVEL AND MEALS INCURRED BY AN EMPLOYEE'S SPOUSE IS INVITED TO ATTEND AN INDECA PECTANAL OR NATIONAL MEETING. THESE EMPLOYEES RECEIVED THIS		

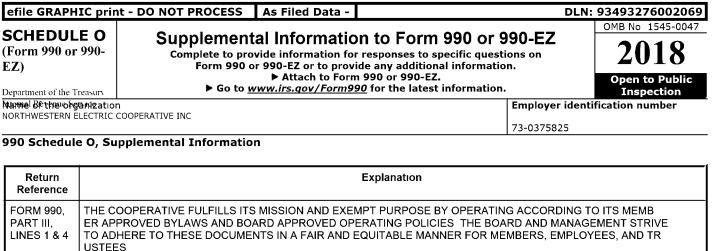
AND MEALS INCURRED BY AN EMPLOYEE'S SPOUSE IF INVITED TO ATTEND AN NRECA REGIONAL OR NATIONAL MEETING THREE EMPLOYEE'S RECEIVED THIS BENEFIT DURING THE YEAR, HOWEVER, ONLY ONE EMPLOYEE THAT RECEIVED THIS BENEFIT IS REPORTED ON FORM 990, PART VII AS AN EMPLOYEE OFFICER PURSUANT TO THE EMPLOYEE WELLNESS PROGRAM, EMPLOYEES PARTICIPATING IN THE COOPERATIVE SPONSORED HEALTH INSURANCE PLAN RECEIVE UP TO

\$50 PER MONTH, LIMITED TO \$600 PER YEAR, FOR THE COST OF HEALTH CLUB DUES

Schodula 1 (Form 990) 2018

Return Reference	Explanation
	INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN THE CONTRIBUTION
	RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE
	CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE, YEARS OF SERVICE AND THE CURRENT INTEREST RATE ENVIRONMENT IN
	OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS
	BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTIONS TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED
	IN THE FINANCIAL STATEMENTS TYSON LITTAU ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 102,953 EMPLOYER CONTRIBUTION TO 401(K) PLAN 4,400
	TOTAL REPORTED IN COLUMN C \$ 107,353 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (102,953) ADD CASH CONTRIBUTED TO DEFINED BENEFIT
	PLAN 63,807 EXPENSE TO THE COOPERATIVE \$ 68,207 JARET DOWLER ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 28,916 EMPLOYER CONTRIBUTION TO
	401(K)PLAN 2,195 TOTAL REPORTED IN COLUMN C \$ 31,111 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (28,916) ADD CASH CONTRIBUTED TO
	DEFINED BENEFIT PLAN 30,479 EXPENSE TO THE COOPERATIVE \$ 32,674 JOHN KIRKWOOD ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 114,521
	EMPLOYER CONTRIBUTION TO 401(K)PLAN 2,330 TOTAL REPORTED IN COLUMN C \$ 116,851 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (114,521)
	ADD CASH CONTRIBUTED TO DEFINED BENEFIT PLAN 33,605 EXPENSE TO THE COOPERATIVE \$ 35,935 BRENT MCDOWELL ACTUARIAL INCREASE IN DEFINED
	BENEFIT PLAN \$ 65,907 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2,121 TOTAL REPORTED IN COLUMN C \$ 68,028 LESS ACTUARIAL INCREASE IN DEFINED
	BENEFIT PLAN (65,907) ADD CASH CONTRIBUTED TO DEFINED BENEFIT PLAN 30,454 EXPENSE TO THE COOPERATIVE \$ 32,575 JAMIE RUBLE ACTUARIAL
	INCREASE IN DEFINED BENEFIT PLAN \$ 40,783 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2,322 TOTAL REPORTED IN COLUMN C \$ 43,105 LESS ACTUARIAL
	INCREASE IN DEFINED BENEFIT PLAN (40,783) ADD CASH CONTRIBUTED TO DEFINED BENEFIT PLAN 33,331 EXPENSE TO THE COOPERATIVE \$ 35,653

2018 Schedule 1



	
Return Reference	Explanation
FORM 990, PART I, LINES 14 & 19 AS WELL AS PART IX, LINE 4	FOR EACH YEAR THERE IS A NET MARGIN FROM THE SALE OF ELECTRIC ENERGY TO ITS MEMBERS, THE C OOPERATIVE OPERATES AT COST BY EQUITABLY ALLOCATING THE NET MARGINS AMONG THE MEMBERS PRO RATA ON THE BASIS OF PATRONAGE THE PRO RATA ALLOCATION OF THE MARGINS IS THEN CONTRIBUTED BY EACH MEMBER AS CAPITAL TO THE COOPERATIVE IN THE FORM OF A CREDIT TO AN INDIVIDUAL PAT RONAGE CAPITAL ACCOUNT THE PROCESS OF ALLOCATING THE NET MARGINS TO THE MEMBERS WITH A SU BSEQUENT CONTRIBUTION BY THE MEMBERS AS CAPITAL TO THE COOPERATIVE IS REFERRED TO UNDER THE FEDERAL TAX LAW AS A PATRONAGE DIVIDEND AND IS CONSIDERED PAID AT THE TIME OF THE ALLOCA TION FOR THE 2017 CALENDAR YEAR, THE COOPERATIVE INCURRED A NET LOSS OF \$702,728 (PART I, LINE 19) AS A RESULT OF WEATHER RELATED EVENTS IN ORDER TO OPERATE AT COST WITH RESPECT TO THIS LOSS, THE BOARD OF DIRECTORS, THROUGH THE BYLAWS OF THE COOPERATIVE, APPROVED RECO VERING THE LOSS AS A REDUCTION OF FUTURE PATRONAGE DIVIDENDS FOR THE 2018 CALENDAR YEAR, THE COOPERATIVE RECOGNIZED AN OVERALL NET MARGIN FROM THE SALE OF ELECTRIC ENERGY TO ITS MEMBERS IN THE AMOUNT OF \$1,846,061 PRIOR TO THE ISSUANCE OF PATRONAGE DIVIDENDS, THIS NET MARGIN IS FIRST OFFSET AND REDUCED BY PRIOR YEAR NET LOSS OF \$702,728 FOR A 2018 PATRONAGE E DIVIDEND IN THE AMOUNT OF \$1,143,263 AS NOTED IN THE PRECEDING PARAGRAPH, THIS OFFSET I S PURSUANT TO ACTION TAKEN BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH THE COOPERATIVE'S BYLAWS IT IS THE PROCESS BY WHICH THE COOPERATIVE IS OPERATING AT COST WITH RESPECT THE L OSS IN ACCORDANCE WITH FORM 990 INSTRUCTIONS, THE COOPERATIVE REPORTED THE PATRONAGE DIVIDENDS AS AN EXPENSE ON PART I, LINE 19 "REVEN UE LESS EXPENSES" IS \$702,798, WHICH IS THE APPROXIMATE AMOUNT OF THE 2017 NET LOSS RECOVE RED THROUGH THE 2018 PATRONAGE DIVIDENDS AS AN EXPENSE IN FOR PROVIDE THE NET HOUGH THE 2018 PATRONAGE DIVIDENDS AS AN EXPENSE IN TO REDUCE THE N ET BOOK MARGINS OF \$1,846,061 BY A CORRESPONDING AMOUNT THEREFORE, PART I, LINE 19 "REVEN UE LESS EXPENSES" IS \$702,798, WHICH IS THE APPROXIMA

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE
PART VI, SECTION A,	BASIS
LINE 6	

Explanation

Return Explanation
Reference

LINE 7A

FORM 990, THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF TRUSTEES ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS
SECTION A,

Return Explanation
Reference

FORM 990, THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQU PART VI, IDATION OF THE COOPERATIVE 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGA SECTION A, NIZATION 3 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS 4 AMENDMENTS TO LINE 7B THE ARTICLES OF INCORPORATION 5 AMENDMENTS TO THE BYLAWS

Return Explanation
Reference

FORM 990,	THE COOPERATIVE HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY T
PART VI,	HEREFORE, AND PURSUANT TO FORM 990 INSTRUCTIONS, THE QUESTION HAS BEEN ANSWERED "NO"
SECTION A,	
LINE 8B	

Explanation Return Reference

FORM 990. IMANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION AND APPROVAL PRIOR TO FILING THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFOR E FILING THE FORM 990

PART VI. SECTION B.

990 Schedule O, Supplemental Information

LINE 11B

Return

Reference	Explanation
FORM 990,	THE BOARD OF TRUSTEES AND OFFICERS ARE REQUIRED TO REVIEW AND BE FAMILIAR WITH THE POLICIE
PART VI,	S OUTLINED IN THE COOPERATIVE'S CONFLICT OF INTEREST POLICY THE BOARD OF TRUSTEES AND OFF
SECTION B,	ICERS ARE REQUIRED TO DISCLOSE ANY ACTION OR SITUATION THAT MIGHT VIOLATE THE POLICY TO TH
LINE 12C	E FULL BOARD OF TRUSTEES AS SOON AS POSSIBLE THE CONFLICT OF INTEREST POLICY IS REVIEWED
	AND REDISTRIBUTED TO EACH EMPLOYEE, OFFICER, AND DIRECTOR AT LEAST ANNUALLY

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Reference

11010101100	
FORM 990,	THE BOARD OF TRUSTEES USE A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE C
PART VI,	EO THE SURVEY SHOWS COMPARATIVE SALARIES FOR CEOS FROM SIMILARLY SITUATED COOPERATIVES LO
SECTION B,	CATED IN OKLAHOMA AND THE NATION OTHER THAN THE CEO, THE COOPERATIVE DID NOT HAVE ANY EMP
LINE 15A	LOYEES MEETING THE DEFINITION OF OFFICER OR KEY EMPLOYEE THEREFORE, AND PURSUANT TO FORM
	990 INSTRUCTIONS, LINE 15B HAS BEEN ANSWERED "NO"

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS, EXTERNAL POLICIES , AND AUDITED FINANCIAL STATEMENTS TO ANY MEMBER WHO REQUESTS A COPY OF ANY SUCH DOCUMENT ANNUALLY, THE COOPERATIVE PROVIDES THE YEAR END BALANCE SHEET AND INCOME STATEMENT TO THE MEMBERS OF THE COOPERATIVE WITH THE ANNUAL MEETING NOTICE AND ANNUAL REPORT ADDITIONALLY , AN OPERATING REPORT WHICH SUMMARIZES VARIOUS FINANCIAL STATISTICS IS PUBLISHED IN AND DI STRIBUTED TO THE MEMBERS VIA MONTHLY NEWSLETTER THE COOPERATIVE'S BYLAWS ARE ALSO MADE AV AILABLE ON THE COOPERATIVE'S WEBSITE

Return Explanation

PART VII

Reference	
FORM 990.	THE BOARD OF TRUSTEES CONSIDERS THE CEO TO BE BOTH THE TOP MANAGEMENT OFFICIAL AND THE TOP

FINANCIAL OFFICIAL THEREFORE, ONLY THE CEO IS LISTED AS AN EMPLOYEE OFFICER

Return Reference	Explanation
FORM 990, PART VII, COLUMN F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE EMPLOYER CO NTRIBUTIONS TO THE PLAN ARE MADE PURSUANT TO THE PLAN DOCUMENT ADDITIONALLY, THE COOPERAT IVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS A RE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYE ES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEAL TH, DENTAL AND LIFE INSURANCE TO ALL ELIGIBLE EMPLOYEES THROUGH A QUALIFIED PLAN THE AMOU NTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER AND HIGHLY COMPENSATED EMPLOYEES IS COMPRISED OF ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN, THE TOTAL AMOUNT CONTRIBUTED BY THE COOPERATIVE TO THE DEFINED CONTRIBUTION PLAN AND INSURANCE PAID ON BEHALF OF AND FOR THEIR BENEFIT IN ADDITION TO THE ABOVE BENEFIT PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED

Return Explanation
Reference

FORM 990,	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSM
PART VIII,	ISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOP
LINE 2	ERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIO
	NS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZAT
	IONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE ORGANIZATION T
	O ITS MEMBERS

Return Reference	Explanation
FORM 990, PART IX	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE RURAL UTIL ITIES SERVICE (RUS) UNIFORM SYSTEM OF ACCOUNTS (USOA) AS PRESCRIBED RUS ELECTRIC BORROWERS THE USOA DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EX PENSES THAT ARE DESCRIBED IN LINES 1 - 23 ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGO RIES REQUIRED BY THE USOA

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,
PART IX,
LINES 1 & 2

LINES 1 Made and the companion of the comp

Return Reference	Explanation
FORM 990, PART IX, LINE 4	PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBE RS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRAS E "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE C COPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRON S THE COOPERATIVE'S TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS PATRONS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATING ON A COOPERATIVE BASIS" AS SUBORDIN ATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT C OST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCAT ION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE B ASIS OF PATRONAGE (I E PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SH OULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS THE AMOUNT REPORTED O N PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2018 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATICS OF THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE HEP ROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHIN G ITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE FOR FORM 99

Return Reference	Explanation	
FORM 990, PART IX, LINES 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE AC COUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LIN ES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$ 3,632,262 LESS TRUSTEE F EES REPORTED ON FORMS 1099-MISC (180,035) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (136,032) PLUS SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 876,538 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING AND OTHER ACCOUNTS 78,018 TOTA L WAGES ACCRUED AND/OR PAID \$ 4,270,751	

Return Reference	Explanation
FORM 990,	ADMINISTRATIVE & GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING ADMINISTRATIVE & GENERAL \$
PART IX,	1,105,667 OFFICE SUPPLIES 271,266 OUTSIDE SERVICES 213,958 EMPLOYEES 123,819 INSURANCES 9
LINE 24	3,361 DUES 104,228 DONATIONS 15,769 ANNUAL & DISTRICT MEETINGS 74,806 MISCELLANEOUS GENERA
	L 29,755 MAINTENANCE OF GENERAL PLANT 22,407 TOTAL ADMIN & GENERAL EXP PER FINANCIAL STATE
	MENTS \$ 2,289,095 LESS RECLASS OF DONATIONS TO PART IX, LINE 1 (15,770) LESS RECLASS OF
	TRUSTEES FEES TO PART IX, LINE 5 (180,035) LESS RECLASS OF LABOR TO PART IX, LINES 5 & 7
	(696,202) LESS RECLASS OF BENEFITS TO PART IX, LINES 8-10 (420,165) TOTAL ADMIN & GENERAL
	EXPENSE PER FORM 990 PART IX \$ 976 923

Explanation Return Pafaranca

Reference	
FORM 990,	PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 1,143,263 PATRONAGE CAPITAL RETIRED - TOTA
PART XI,	L -1,334,658 PATRONAGE CAPITAL RETIRED - DISCOUNT 44,013 PATRONAGE CAPITAL RETIRED - UNC

LINE 9 LAIMED 420.861 NET CHANGE IN POST-RETIREMENT BENEFIT 109.159

Return Explanation
Reference

FORM 990,	THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELEC
PART XII,	TING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR PROCEDURAL CHANGES DID NOT OCCUR DURING
LINE 2C	THE YEAR