For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public

Department of the Treasury

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

Inte	mal Revent	le Service	► Go to www.irs.gov/Form990 for instructions and the lates	st information.		inspect	ion
A	For the	2018 cale	ndar year, or tax year beginning JANUARY 1 , 2018, and end	ding DECEN	/BER 31	, 20 18	
В	Check if a	applicable:	C Name of organization_SOUTHEAST ELECTRIC COOPERATIVE, INC.		D Employ	er identification nu	ımber
	Address o	change	Doing business as			81-0228814	
	Name cha	ange	Number and street (or P O. box if mail is not delivered to street address) Room/	/suite	E Telepho	ne number	
\checkmark	Initia! retu	ım	PO BOX 369			406-775-8762	
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	·			
	Amended		EKALAKA, MT 59324		G Gross re	eceipts \$	7159894
$\overline{\Box}$		on pending		H(a) is this a o		subordinates? Yes	
_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		JACK E. HAMBLIN, PO BOX 369, EKALAKA, MT 59324			s included? Tes	_
_	Tax-exem	npt status	□ 501(c)(3)			a list. (see instruction	
<u>. </u>	Website:		2 301(0)(0) 2 301(0) (12) 4 (m361(110.) 2 4347(a)(1) (ii 23.32)			number ►	•
<u></u> -			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form		\neg	of legal domicile	MT
_	art I	Summ		1340	III Otato	or legal dominone	- IAI I
			escribe the organization's mission or most significant activities: MISS	SION STATEME	NT: Thro	wah dedication	
0	1		*****				
Ĕ	1		on, community involvement and local control, we provide safe, dependab		energy a	ng innovations i	or the
Ĕ			at of our members to improve the quality of life and create a brighter future is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed		250/ 05	ito not essets	
Š			- ,			its het assets.	_
5			of voting members of the governing body (Part VI, line 1a)		3		6
S			of independent voting members of the governing body (Part VI, line 1)	D)	4		
Activities & Governance			nber of individuals employed in calendar year 2018 (Part V, line 2a)		5		
			nber of volunteers (estimate if necessary)		6		0
⋖			elated business revenue from Part VIII, column (C), line 12		7a	_	0
	ь	Net unrei	ated business taxable income from Form 990 ff in 985		7b		0
	1 _		30	Prior Ye	ear	Current Ye	<u>ar</u>
9			tions and grants (Part VIII, line 1/19)		0		0
Ē		-	service revenue (Part VIII, line 2007) . APR 6000 2019 . Q		7477164		7101827
Revenue			nt income (Part VIII, column (A) lines 3, 4, and 7d)		48972		50806
_			renue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)		2027		7261
			enue—add lines 8 through 11 (must equal 2 at 411 hollumh (A), line 12)		7528163	7159894	
			nd similar amounts paid (Part IX, column (A), lines 1-3)		20157		49098
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		887079		1415645
8	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		1645080		1701232
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0		0
ğ	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶				1
Ú	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		4975847		3993919
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7528163		7159894
	19	Revenue	less expenses. Subtract line 18 from line 12		0		
58	3			Beginning of Cu	ırrent Year	End of Yea	ar
sets or	20	Total ass	ets (Part X, line 16)		15993348	-	9938966
Net Ass Fund Ba	21	Total liab	ilities (Part X, line 26)		6263725		8999606
\$2	22		ts or fund balances. Subtract line 21 from line 20		9729623	•	0939360
P	art II		ure Block	•			
		ties of penu	ry, I declare that I have examined this return, including accompanying schedules and sta	atements, and to t	he best of r	ny knowledge and	belief, it is
			ete. Declaration of preparer (other than officer) is based on all information of which prepa			/	
	_	\ <	-Aller Va		4/	24/2019	
Sig	gn	Sign	ature of officer	Da	ite	, ,	
He			Albert Paul - President		41	24/2019	,
_		Type	or print name and title		' /		
_		L/,		Date	<u> </u>	PTIN	
Pa					Check (□ #	
	eparei		amo b		:		
US	se Only				n's EIN ▶		
Ma	v the IP		ddress ► s this return with the preparer shown above? (see instructions)	Pho	ne no.	TYes	No
	.,		z and retain that are properly energy above; (see meaded)(15) , .				

Form **990** (2018)

Part IV	Checklist	of Rec	uired	Schedules
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			Tes	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		1
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	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		1
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, VIII, 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		1
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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
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		1
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		✓
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		1
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	1	
		_	000	

Form **990** (2018)

Part	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	,	√
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		
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		✓
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		1
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		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓_
c 29	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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u>,</u> ✓
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		1
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		1
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	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	E		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_	Fater the purpher of employees received as Farm W.O. Turansitial of Warrant True		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 15 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.		_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	•	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓_
b	If "Yes," enter the name of the foreign country:			
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		_
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		—	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter: 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			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
	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		1
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
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.			
		Fom	990	(2018)

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	ee ins	tructi	ions.
Check if Schedule O contains a response or note to any line in this Part VI	· ·		. 🗸
Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1
Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
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.			
if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
committee, explain in Schedule O.			
Enter the number of voting members included in line 1a, above, who are independent . 1b 6			
Enter the flumber of found floribote floredes in the fat above, the are maspersacing.			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
any other officer, director, trustee, or key employee?	2	<u>√</u>	
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		/
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
Did the organization have members or stockholders?	6	✓	
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	✓	<u> </u>
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
The governing body?	8a	✓_	<u> </u>
	8b_	✓_	<u> </u>
	9		1
		ode.)	
		Yes	No
Did the organization have local chapters, branches, or affiliates?	10a		✓
If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	$\overline{}$		-
	па	V	
, , , , , , , , , , , , , , , , , , ,	12a		
	12b	7	
	_		
describe in Schedule O how this was done	12c	✓	
Did the organization have a written whistleblower policy?	13	✓	<u> </u>
· · ·	14	<u> </u>	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_		
		✓	
	15b		-
with a taxable entity during the year?	16a		1
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		Ь
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	, (Sec	เนอก (או חנ"
, , , , , , , , , , , , , , , , ,	_	•-	
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
State the name, address, and telephone number of the person who possesses the organization's books and re			
	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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? 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Did the organization regularly and consistently monitor and enforce compliance with the policy? Did the organization have a written	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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? 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Beach at the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Beach at the organization regularly and consistentl	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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? It is the organization have a written conflict of interest policy policies not required by the Internal Revenue Code. Yes 10a the organization have a written conflict of interest policy? If "No," go to line 13 11b Upon the organization have a written conflict of interest policy? If "No," go to line 13 11c Upon the organization have a written policy? 11d the organization have a

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Page 7

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 no	or any relate	d org	aniz	atic	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(B) (C) Position (do not check more than box, unless person is bot officer and a director/trus						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndrvidua or directo	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) ALBERT PAUL PRESIDENT/DIRECTOR	4.52 6.73	1		√				7119	o	13800
(2) KAREN KREITEL SECRETARY/TREASURER/DIRECTOR	1.87 .92	1		1				7421	0	0
(3) MICHAEL HANSEN VICE-PRESIDENT/DIRECTOR	3.12 1.06	1		1				7643	0	0
(4) DAVE HAYDEN DIRECTOR	2.63 2.73	1						10116	0	0
(5) LEROY JARDEE DIRECTOR	1.77 .15	1						6137	0	0
(6) DOUGLAS GARDNER DIRECTOR	2.77	1						8506	0	0
(7) JACK HAMBLIN GENERAL MANAGER	40.00			1				139082	0	124293
(8)	<u> </u>									
(9)	-									
(10)										
(11)										
(12)				_						_
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	C)								
(A)		(B)	(do n	ot ch		more	than c	one	_{ne} (D) (E)					
	Name and title		box,	unles	s pe	rson	is both	n an	Reportable compensation	Reportable compensation from			nated unt of	
		hours per week (list any		_	_	-	or/trust	<u> </u>	from	related		ot	her	
		hours for related	Individual trustee or director	Stat	Officer	Key employee	팔	Former	the organization	organizatio (W-2/1099-N		compe	nsation	n
		organizations	ecto	l tig	٣	퓱	st c	횩	(W-2/1099-MISC)	(** 1000 11	,	organ	ızatıon	l
		below dotted	1 2 2	힏		oye] - g						elated zations	s
			stee	Institutional trustee		"	Highest compensated employee					5		_
				8			ted							
(15)						\vdash								
		T	1											
(16)														
							ļ	<u> </u>						
(17)		ļ	Į						l .					
	<u> </u>							_						
(18)		ļ	ļ				ļ							
44.03					_	_								
(19)														
(00)						-								
(20)		 					1							
(21)				-	-		 		 					
3=-:/		 			Ì									
(22)								\vdash						
3		†			1									
(23)														
F		†	l			i								
(24)														
						<u> </u>								
(25)		ļ												
								Ļ						
	Sub-total							•						
C	Total from continuation sheets to Part			-	-	•				-	+			
d	Total (add lines 1b and 1c)							- V	186024		00.000	of		38093
2	reportable compensation from the organi		1 10 ti	iose	; IIS	lea	above	e) w	no received m	ore man \$11	00,000	OI		
	reportable compensation from the organi	Zalion P											Yes	No
3	Did the organization list any former of	ficer direc	tor c	or tr	net	۵۵	kov s	mr	Novee or high	est compe	nested			111
•	employee on line 1a? If "Yes," complete											3		7
4	For any individual listed on line 1a, is the													
•	organization and related organizations													
	individual											4	✓	
5	Did any person listed on line 1a receive of													
	for services rendered to the organization	? If "Yes," c	comp	ete	Scl	nedu	ıle J f	for s	such person			5	✓	
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	oort compe	nsatı	on f	or ti	he c	alend	lar y	year ending wit	h or within	the orga	anızatic	n's ta	ЭX
	year.							1						
	(A) Name and business add	Iress							(B) Description of s	ervices	_	(C) Compens	ation	
								├				. J		
								├						
								+-						
								\vdash						
	 .:							†						
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	lımıt	ted to	o th	nose listed ab	ove) who				
_	received more than \$100,000 of compens									•				

Par	VIII	Statement of Rever						_
		Check if Schedule O	contains a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
<u> </u>	1a	Federated campaigns	1a			1040100		312-314
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .						
ם ה	С	Fundraising events						
ifts ar A	ď	Related organizations						
e E	e	Government grants (contr						
S S	f	All other contributions, gift						
e e		and similar amounts not inclu						
₹ 5	g	Noncash contributions included		·				
and	h	Total. Add lines 1a-1f			0			
				Business Code	7			·
en.	2a	SALES OF ELECTRICITY	,	22100	6601618	6601618	0	
Program Service Revenue	b	GENERATION/TRANSMI		22100	419784	419784		-
<u>.</u>	C	OTHER CAPITAL CREDI		22100	45607	45607	0	
er.	d	BAD DEBTS		22100	0	0		
E	e			22,00				
gra	f	All other program service	ce revenue .	22100	34768	34768	0	
Pro	g	Total. Add lines 2a-2f			7101827	547.00		
	3	Investment income (ir	ncluding divide	ends, interest,			**	
		and other similar amou	nts)	▶	50806	50806	0	
	4	Income from investment of	of tax-exempt be	ond proceeds ►	0	0	0	
	5	Royalties		▶	0	0	0	
			(i) Real	(ii) Personal				
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	C	Rental income or (loss)	0	0		1		
	ď	Net rental income or (lo	ss)	▶	0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	0	0				
	b	Less: cost or other basis		***		:		
		and sales expenses .	0	o		İ		
	C	Gain or (loss)	0	_ 0				
	d	Net gain or (loss) .		🕨	0	0	0	0
venue	8a	Gross income from fundevents (not including \$	0					
Other Re		of contributions reported See Part IV, line 18	on line 1c).	0				
#		Less: direct expenses		0				
		Net income or (loss) fro		events . 🕨	0		0	0
-	9a	Gross income from gam						
		See Part IV, line 19 .		0				
		Less: direct expenses						
		Net income or (loss) fro		vities ►	0	0	0	0
	10a	Gross sales of inve						
1		returns and allowances	~ <u> </u>	24512				
		Less: cost of goods sol			_			
ļ	С	Net income or (loss) fro		entory ►	7261	0	0	0
ļ		Miscellaneous Rev	enue	Business Code				
	11a							
İ	b							
	C							
i	d	All other revenue						
	е	Total. Add lines 11a-11		🟲				
I	12	Total revenue. See inst	tructions	▶	7450004	ام	<u></u>	^

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .	<u> </u>	🗆
	ot include amounts reported on lines 6b, 7b, o, 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	31895	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	17203	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	1415645		 -	
5	Compensation of current officers, directors,				
	trustees, and key employees	267689		267689	0
6	Compensation not included above, to disqualified		·		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	839172	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
_		198971	0	0	<u>_</u>
9	Other employee benefits	306309	0	0	
10 11	Payroll taxes	89091	0	0	0
	Management	0	a	o	0
a b	Legal	6177	0	0	
G	Accounting	6474		0	
ď	Lobbying	479	0	0	0
e	Professional fundraising services. See Part IV, line 17	0		<u></u>	0
f	Investment management fees	3720	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	7177	0	o	0
12	Advertising and promotion	7673	0	0	0
13	Office expenses	22643	0	0	0
14	Information technology	32999	0	0	0
15	Royalties	. 0	0	0	0
16	Occupancy	166448	0	0	0
17	Travel	193699	0	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	5930	0	0	
20	Interest	263059	0	0	0
21	Payments to affiliates	37745	0	0	0
22 23	Depreciation, depletion, and amortization . Insurance	483392	0	0	0
24	Other expenses. Itemize expenses not covered	30046			
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				ì
	(A) amount, list line 24e expenses on Schedule O.)	[(
а	Purchased Power	3304285	0	0	0
b	Operating & Maintenance	(253255)	0	0	0
C	Labor Capitalized	(307747)	0	0	0
d	Customer Advance Construction	(13837)	0	0	0
Θ	All other expenses Accrued Vacation	(3188)	0	0	0
25	Total functional expenses. Add lines 1 through 24e	7159894	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs			l	
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		}		

	n 990 (20 art X	·			Page 11
Y	ar t A	Check if Schedule O contains a response or note to any line in this	Part X		
		Officer in ochecule o contains a response of note to any line in this	(A) Beginning of year		
	1	Cash—non-interest-bearing	180272	1	156859
	2	Savings and temporary cash investments	755220	t _	2277974
	3	Pledges and grants receivable, net	0		0
	4	Accounts receivable, net	510119	4	1264049
	5	Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
ţs	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 an sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions). Complete Part II of Schedule L	d	6	0
Assets	7	Notes and loans receivable, net	0	7	0
ä	8	Inventories for sale or use	197339	8	211637
	9	Prepaid expenses and deferred charges	6875	9	9993
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedulc D 10a 194374	57		
	b	Less: accumulated depreciation 10b 71340		10c	12303374
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	3205473	14	3505154
	15	Other assets. See Part IV, line 11	261336		209926
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15993348		19938966
	17	Accounts payable and accrued expenses	716376		1028935
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
Liabilities	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	j		0
<u>ia</u>		· · · · · · · · · · · · · · · · · · ·	0		0
_	23 24	Secured mortgages and notes payable to unrelated third parties	5547349		7970671
		Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	, <u> </u>	24	0
	25	parties, and other liabilities not included on lines 17–24). Complete Part 3 of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6263725		8999606
es –			nd 0203723		8339000
3LC	27	Unrestricted net assets	0	27	0
3ak	28	Temporarily restricted net assets	0		0
Ā	29	Permanently restricted net assets	- 0		. 0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ an complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds	9729623	30	10939360
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Ĕ	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
Z	33	Total net assets or fund balances	9729623	33	10939360

Total liabilities and net assets/fund balances .

9729623 33

15993348 34

19938966 Form 990 (2018)

om 99	00 (2018)				Pag	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1			715	<u> 9894</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			715	<u> 59894</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			972	<u> 29623</u>
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments				0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			120	9737
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			1093	<u> 39360</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u>.</u>	<u></u>	<u> 7</u>
	·		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain i	n			
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	_ -	✓	
2a				- +	•	\neg
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	nieu c	"			
	Separate basis Consolidated basis, or both.		1			
_	Were the organization's financial statements audited by an independent accountant?		-	b -	7	—
D			` -	-	*	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	u on	a			ļ
	Separate basis Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				ı	1
	- ,	oroiat		- -	—	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	reisigi ntant?	," 2	.c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex				*	$\overline{}$
	Schedule O.	Piairi	"			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n -	_	_	
	the Single Audit Act and OMB Circular A-133?		. 3	a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		b		
			f	Form	990	(2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SOUTE	EAST ELECTRIC COOPERATIVE, INC.		81-0228814
Par			
	Complete if the organization answered		
	Taket mounts on at an el aforca o	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
4	Aggregate value of grants from (during year)		
5	Did the organization inform all donors and dono	r advisors in writing that the assets h	leld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit? .		· · · · · · · Yes 🗌 No
Par			-
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	☐ Protection of natural habitat ☐ Preservation of open space	☐ Preservation o	f a certified historic structure
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribute	on in the form of a conservation
-	easement on the last day of the tax year.	iola a qualifica control valion continuation	Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easemen	nts	
С	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	9		· · 2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4 5	Number of states where property subject to conse Does the organization have a written policy re		enaction handling of
J	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe		
•		ooting, harraing of violations, and official	g concertation casements daring the year
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
	▶\$		•
8	Does each conservation easement reported on line		f section 170(h)(4)(B)(i)
			· · · · · · · · Tyes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easem		nancial statements that describes the
Part	<u> </u>		Other Similar Assets
rait	Complete if the organization answered		
	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		
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	-	ducation, or research in furtherance of
	public service, provide the following amounts rela	-	. .
	(i) Revenue included on Form 990, Part VIII, line 1	1	• 5
2	(ii) Assets included in Form 990, Part X If the organization received or held works of an		
2	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		
a h	Assets included in Form 990. Part Y		Ψ

Pag	e	2
ay	Ç	_

Part	III Organizations Maintaining (Collections of A	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (continu	ıed)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and oth						significant use	of its
а	☐ Public exhibition		d [] Loan	or exchange	e prog	rams		
b	Scholarly research		е [☐ Other	,				
C	Preservation for future generations								
4	Provide a description of the organization XIII.								n Part
5	During the year, did the organization sassets to be sold to raise funds rather t	han to be maintai	donations ined as p	of art, art of the	historical tre e organization	easure on's co	s, or other simil ollection?	ar 🔲 Yes 🗆] No
Part	Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.	ngements. answered "Yes"	on Forr	n 990, F	Part IV, line	9, or	reported an ai	mount on For	m
	Is the organization an agent, trustee, included on Form 990, Part X?								No
b	If "Yes," explain the arrangement in Par	t XIII and comple	te the fol	lowing to	able: 	<u>:</u>	- · A	mount	
С	Beginning balance					10	;	<u>. </u>	
d	Additions during the year					10			
е	Distributions during the year					16	•		
f	Ending balance					11			
2a	Did the organization include an amount								_
	If "Yes," explain the arrangement in Par	rt XIII. Check here	ouf the ex	planatio	n has been i	orovid	ed on Part XIII .	<u> L</u>	<u></u>
Par			· -	- 000 [7-4 N/ II	10			
	Complete if the organization a	(a) Current year	On Forr		(c) Two years		(d) Three years bac	k (e) Four years	hack
	Parinning of war balance	(a) Current year	(0) 1110	yeai	(c) Two years	Dack	(u) Three years bac	(e) rour years	Dack
1a	Beginning of year balance Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships	-						 	
e	Other expenditures for facilities and programs								
f	Administrative expenses		_						
g	End of year balance								
2	Provide the estimated percentage of th	e current year en	d balance	e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowment	▶	_%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	possession of th	e organiz	ation tha	at are held a	and ad	lministered for t		
	organization by.							Yes	No
	(i) unrelated organizations							3a(i)	
_	(ii) related organizations				 shodulo B2	• •		3a(ii) 3b	-
ь 4	Describe in Part XIII the intended uses							36	
Pari				William I	<u> </u>			-	
i aii	Complete if the organization		on For	n 990. l	Part IV. line	11a.	See Form 990	. Part X. line ¹	10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost of	or other basis other)	(c)	Accumulated epreciation	(d) Book value	
	Land				77390	•			77390
b	Buildings				1636598	_	244961		91637
c	Leasehold improvements				.00000			1,0	<u>,, </u>
d	Equipment				17536249		6767404	107	68845
e	Other			<u> </u>	187220		121718		65502
Total.	Add lines 1a through 1e. (Column (d) mi	ust equal Form 99	90. Part X	C. column	(B), line 10	c.) .	•		03374

Part VII	Investments—Other Securities. Complete if the organization answe	red "Yes" on For	m 990. Part IV. lir	ne 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)		•••••			
(F)					
(G)					
(H)	Name				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.			<u> </u>	
Pait VIII	Complete if the organization answer	red "Yes" on For	m 990. Part IV. lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	100 011101	(b) Book value	(c) Met	thod of valuation: -of-year market value
(1)				-	<u> </u>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX	Other Assets.				
	Complete if the organization answe		m 990, Part IV, lin	e 11d. See Form	
405	(a) De	escription	.		(b) Book value
(1)		· 			
(2)					
(3)					
<u>(4)</u> <u>(5)</u>					
(6)					
(7)					
(8)					
(9)			· -		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answelline 25.	red "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·	
(1) Federal in					
(2)	-				
(3)					
(4)					
(5)					
(6)					
(7)		-			
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
2. Liability for	runcertain tax positions. In Part XIII, provide	the text of the footno	te to the organizatio	n's financial stateme	ents that reports the
organization'	s liability for uncertain tax positions under FIN	l 48 (ASC 740). Che	ck here if the text of t	the footnote has bee	n provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line		Return.	(/
1	Total revenue, gains, and other support per audited financial statements		1	6491665
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			0101000
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b			
C	Recoveries of prior year grants			
ď	Other (Describe in Part XIII.)	1287450		
е	Add lines 2a through 2d		2e	1287450
3	Subtract line 2e from line 1		3	5204215
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Î	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)	1955679		
C	Add lines 4a and 4b		4c	1955679
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7159894
Part			r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	5739910
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)	1004569	 -	
е	Add lines 2a through 2d		2e	1004569
3	Subtract line 2e from line 1		3	4735341
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	;		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b		2424553	4c	2424552
С 5	Add lines 4a and 4b		5	<u>2424553</u> 7159894
	XIII Supplemental Information.	<u> </u>	<u> </u>	/105054
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1h and 2h	· Part V line	4 Part X line
2: Par	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	anv additional in	formation.	, , , , , , , , , , , , , , , , , , , ,
	XI-2d: November & December 2017 Interest, electric revenue, plus November & December			urthoast
PARI	Al-20: NOVEMBER & December 2017 Interest, electric revenue, plus november & December	Oapitai Orean aii	ocated to ot	<u> </u>
Electri	ic Cooperative, Inc.			
Liecu	ic Cooperative, Iliu.			
DADT	XI-4b: November & December 2018 Interest and Revenue; December and November Capita	al Credits allocate	a	
TUNI.	AI-D. INVENIDE & Describer 2010 Interest and November Describer and November Outland			
PART	XII-2d: November & December 2017 Expenses			
TUNI.	AN-LU. HOVELING & December Love Expenses			
PART	XII-4b: November & December 2019 Expenses, plus 2018 total Capital Credits			
2-2-2-2-				
	,			
				

SCHEDULEI (Form 990)

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

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

► Attach to Form 990.

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

OMB No 1545-0047	2018	Open to Publice Inspection
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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Employer identification number □Yes 81-0228814 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance SOUTHEAST ELECTRIC COOPERATIVE, INC. Department of the Treasury Internal Revenue Service Name of the organization Part

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ENERGY SHARE OF MT HELENA MT	81-0411562		1000		ONA	NA	DONATION
(2) CARTER CO. HIGH SCHOOL EKALAKA, MT 59324				30000 NA	NA	LED LIGHTS/INSTALL	IMPROVE LIGHTING
(6)							IN HALLWAYS &
(4)							CLASSROOMS
(5)							
(9)							
(7)							
(8)							
(6)							
(10)	•						
(11)							
(12)							
	501(c)(3) and gov	ernment organizat	ions listed in the l	ine 1 table			A
3 Enter total number of other organizations listed in the line 1 table	ganizations listed	in the line 1 table					. • 2
For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule 1 (Form 990) (2018)

Schedule I (Form 990) (2018)	8)				-	Page 2
Part III Grants Part III c	Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	mestic Individual space is needed.		Complete if the organization answered	"Yes"	on Form 990, Part IV, line 22.
(a) Type	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 LOW INCOME PC	LOW INCOME POWER ASSISTANCE	14	0	8000		ELECTRIC BILL CREDIT
2 4-H MARKET ANIMALS	IIMALS	3	2017	0		
3 LILLIANA HANSO	LILLIANA HANSON - YOUTH TOUR	-	3253	0	# 1 ·	
4 APPLIANCE REBATE	ЗАТЕ	10	0	1500	1	ELECTRIC BILL CREDIT
5 WATER HEATER REBATE	REBATE	7	0	1311		REBATE OF \$5/GL ON WTR HTR
6 ASHLEY SCHMIC	ASHLEY SCHMID - SCHOLARSHIP	-	200		-	
7					•	
Part IV Supple	Supplemental Information. Provide the information required in Part I, line 2;	the information re	quired in Part I, line	e 2; Part III, column	Part III, column (b); and any other additional information.	tional information.
1. Energy Share of Mc	1. Energy Share of Montana received a donation for low income assistance.	income assistance.				
2. Carter County High	2. Carter County High School needed new lighting to help lower costs. All fixtures were replaced with LED fixtures.	p lower costs. All fix	tures were replaced w	/ith LED fixtures.		
3. The college scholar	3. The college scholarship and youth tour recipients were selected by the Board of Directors, Scholarship Committee	e selected by the Bo	ard of Directors, Scho	larship Committee	1	
4. The purchase of 4-1	4. The purchase of 4-H animals is done by a Board Member in each of the 3 counties at the Annual 4-H Livestock Sales.	oer in each of the 3 c	ounties at the Annual	4-H Livestock Sales.		
5. In 2018 we started	ر ال 2018 we started a rebate program for our members who purchase energy efficient appliances. After receipt and the proper documentation, a bill credit is issued	who purchase energ	y efficient appliances.	After receipt and the	proper documentation, a bi	Il credit is issued.
6. In 2018 we started	6. In 2018 we started an "in-house" low income energy assistance. T	ssistance. The mem	bers submit an applica	ation which is reviewe	he members submit an application which is reviewed and upon approval receive a bill credit.	e a bill credit.
7. Water Heater rebate). Water Heater rebates are given to members who buy a water heater through Southeast Electric. They receive \$5.00 per gallon off the cost of the water heater	water heater throug	ih Southeast Electric.	They receive \$5.00 per	 gallon off the cost of the v	ater heater.
					- \-	
					- -	
		1	6 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTHEAST ELECTRIC COOPERATIVE, INC

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

2018

Open to Public Inspection **Employer identification number**

81-0228814

Part	Questions Regarding Compensation			
40	a Check the appropriate box(es) if the organization provided any of the following to o	or for a named listed as Form	Yes	No
Ia	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information			
	☐ First-class or charter travel ☐ Housing allowance or resi			
	☐ Travel for companions ☐ Payments for business us	·		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues	· ·		
	☐ Discretionary spending account ☐ Personal services (such as	s maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a writte or reimbursement or provision of all of the expenses described above? If			
	explain	<u>1b</u>		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing directors, trustees, and officers, including the CEO/Executive Director, regardin 1a?	g the items checked on line		
	141	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 be related organization to establish compensation of the CEO/Executive Director, but	oxes for methods used by a		
	☐ Compensation committee ☐ Written employment contr	· · · · · · · · · · · · · · · · · · ·		į
	☐ Independent compensation consultant ☐ Compensation survey or s	I		
	☐ Form 990 of other organizations ☐ Approval by the board or		1	
			1	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, w organization or a related organization:	rith respect to the filing		
а	Receive a severance payment or change-of-control payment?	4a		✓
b	- · · · · · · · · · · · · · · · · · · ·			1
С			ļ	✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts	for each item in Part III.		
	Only 2004; 504(-)(0) 504(-)(4) and 504(-)(00) annualizations may be assured as a surely	lines 5 0		
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete For persons listed on Form 990, Part VII, Section A, line 1a, did the organization		1	
3	compensation contingent on the revenues of:	pay of accide any	1	
а			- 	
b				l
-	If "Yes" on line 5a or 5b, describe in Part III.	· · · · · · · · · · · · · · · · · · ·	1	t
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization compensation contingent on the net earnings of:	pay or accrue any		
а	The organization?	6a		1
b	Any related organization?	6b		✓
	If "Yes" on line 6a or 6b, describe in Part III.			
_			ļ	ļ
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organic payments not described on lines 5 and 6? If "Yes," describe in Part III			1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a			
	to the initial contract exception described in Regulations section 53.4958			.
	in Part III	8	<u> </u>	✓
_			 	<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumpt Regulations section 53.4958-6(c)?			

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II 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.

m 990 Part VII Section A line 1s applicable column (I) and (E) s (B)(I)_(iii) for each listed individual must equal the total am

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation		:		
(A) Name and Title	_	(i) Base	(ii) Bonus & Incentive	(iii) Other	(C) Hetirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	(F) Compensation in column (B) reported
		compensation	compensation	reportable compensation	compensation			as deterred on prior Form 990
	ε	139,082		4,574	84,368	25,797	114739	
1 Jack E Hamblin, General Manager	E						,	
	()	7,119					611,7	
2Albert Paul, President/Director	Ξ	13,800						
	ε							:
	Ξ							
	ε							
	E							
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SCHEDULE O (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.

2018
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

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.

SOUTHEAST ELECTRIC COOPERATIVE, INC.	810228814
PART VI, SECTION A-2: Director Michael Hansen is the son-in-law of Director Leroy Jardee.	
PART VI, SECTION A-6: Southeast Electric Cooperative, Inc. has one class of membership which is eff	fective upon receipt of electric service.
PART VI, SECTION A-7a: All members are eligible to vote for or elect members for the Board of Directo	ors.
PART VI, SECTION A-7b: All members have a right to vote on and approve changes to the proposed B	y-Laws.
PART VI, SECTION B-11b. The completed Form 990 was presented to the Board of Directors at their rec	gular monthly meeting. After review by
the Board of Directors, the secretary signed the Form 990.	
PART VI, SECTION B-12c: The Conflict of Interest Policy is reviewed annually. Each Board Member is	requested to complete and sign the
Conflict of Interest Disclosure Statement.	
PART VI, SECTION B-15a&b: The General Manager gets the Montana Electric Cooperative Association	data on salaries for state cooperatives
A summary is presented to the Board with the full schedule available. The Board of Directors then act	s on the compensation for all
employees including the General Manager.	
PART VI, SECTION C-19: All governing documents, by-laws, Conflict of Interest Policy, tax documents	, and financial statements are kept at
the office of Southeast Electric Cooperative, 110 South Main Street, Ekalaka, MT 59324 and are availab	ele to the public upon request.
PART XI-9: Changes in net assets include Member Patronage \$1,392,209 less general retirements \$14	1,642, less estate retirements \$40,824
less retired memberships - \$5.00; less rounding \$1.00	
	·····
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Schedule O (Form 990 or 990-EZ) (2018)	
Name of the organization	Employer identification number
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