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Form **990**

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

175

2019
Open to Public

		ide del vice	dar year, or tax year beginning , 2019, and en			116			السلام
<u>A</u>	For the	2019 calend			, 20				
В	Check If	applicable	C Name of organization WOODBURY COUNTY RURAL ELECTRIC COOP	ERATI	VE	D Emplo	oyer identificati	on nur	nber
	Address	change	Doing business as				42-060821	9	
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address)	Room	n/suite	E Teleph	none number		
	Initial ret	urn	P.O. BOX 566				712-873-312	25	
$\overline{\Box}$	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code						
\Box	Amende		MOVILLE, IA 51039-0566		1	G Gross	receipts \$		
Η		on pending	F Name and address of principal officer				r subordinates?	Ves	√ No
ш	Applicati	on pending	KENT AMUNDSON, P O. BOX 566 MOVILLE 51039	<i>`.'</i>	1		es included?		
	Tav-over	npt status	□ 501(c)(3)	7 Pm	1 ' '		st (see instruction		
÷		•	301(c)(c) 301(c) (12) ((insert 10) 4047 (a)(1) (in 622	1 10	H(c) Group exe		•	J113)	
<u></u>	Website		Corporation ☐ Trust ☐ Association ☐ Other ► L Year of fo				of legal domicile	. 1	IA
_		organization		mation	1730	M State	or legal domicile	; '	
	art I	Summa		COOD	EDATIVE ST	DIVES	TO DELIVED	CAFE	
	1	Briefly des	cribe the organization's mission or most significant activities. THE	COOP	ERATIVE ST	RIVES	ACTIOES TO	SAFE	
Activities & Governance			AND ENVIRONMENTALLY RESPONSIBLE ELECTRICAL POWER USIN	IG 500	JIND ECONOL	VIIC PR	ACTICES TO	11.2	
na			ONSUMERS						
Ver			box ► ☐ if the organization discontinued its operations or dispos	sed of	more than 2	5% of	its net asset	s.	
မ္	3	Number of	voting members of the governing body (Part VI, line 1a)		• .	3			7
∞ ŏ	4	Number of	independent voting members of the governing body (Part VI, line	1b) .	•	4			7
ties	5	Total numb	per of individuals employed in calendar year 2019 (Part V, line 2a)	i		5			18
ξį	6	Total numb	per of volunteers (estimate if necessary)			6			7
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12			7a			0
			ted business taxable income from Form 990-T, line 39			7b			0
				<u>. </u>	Prior Year	•	Current	Year	
Revenue	8	Contributio	ons and grants (Part VIII, line 1h) RECEIVED .		1				
	1		envice revenue (Part VIII line 2g)	10,4	26,944		10,97	1,430	
		_	101		13,551			2,931	
æ	11	Other reve	t income (Part VIII, column (A), lines 3, 4, and 7d) 9 2020. nue (Part VIII, column (A), lines 5, 58, 8c, 9c, 10c, and 11e).		-				
	12	Total rayon	ue—add lines 8 through 11 (must equal Part VIII), column (A), line 42	∤	10.4	40,495		10 99	4,361
_			I similar amounts paid (Part IX, column (A) (Ines (1-B))		10,44	10,173			7,001
	ı		1 0000111101	i	1 20	90,713		Ω1	2,168
			aid to or for members (Part IX, column (A), line 4)		1,415,209 1,484,35				
Expenses	1		her compensation, employee benefits (Part IX, column (A), lines 5–10	′	1,4	13,209		1,40	4,350
ens	ı		al fundraising fees (Part IX, column (A), line 11e)	-					 ,
х	ı		raising expenses (Part IX, column (D), line 25)				7.00		
_			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,901			6,932	
		•	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		09,429			3,450	
		Revenue le	ess expenses. Subtract line 18 from line 12	_		31,066			0,911
ets or lances				Beg	inning of Curre		End of		
set	20	Total asset	ts (Part X, line 16)			85,391			6,185
Net Asse Fund Balt	21		ties (Part X, line 26)			04,217		10,83	5,486
<u> </u>	22	Net assets	or fund balances Subtract line 21 from line 20		16,0	81,174		17,19	0,699
Pa	art II	Signatu	re Block						
Un tru	der penal e, correct	ties of perjury, , and complete	I declare that I have examined this return, including accompanying schedules and see Declaration of preparer (other than officer) is based on all information of which pre	statemer parer ha	nts, and to the to s any knowledg	best of m	ny knowledge a	nd beli	ef, it is
			onthe lander			62	X-2020		
Siç	gn	Signatu	ure of difficer		Date				
He	ere	Ken	1, J. Amundson, General Managor						
		Type o	r print name and title						
D-	: al	Print/Type	preparer's name Preparer's signature	Date		Check [ıf PTIN		
Pa						self-emp	_		
	epare		ne ▶		Firm's I	EIN ▶	<u> </u>		
US	e Onl	Firm's add			Phone				
Ma	y the IR		this return with the preparer shown above? (see instructions)	· · ·				s 🔲	No

For Paperwork Reduction Act Notice, see the separate instructions.

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE PAGE 1, PART 1, LINE 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 10.223.450



	90 (2019)			Page
Part	IV Checklist of Required Schedules			r
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		ر ا
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	V	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	,	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		`
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	,	
12a	Schedule D, Parts XI and XII	12a		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		~
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
17	assistance to 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	16		
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		•
	If "Yes," complete Schedule G, Part III	19		•
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	1
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization proof more than \$5,000 of greats or other assistance to any domestic organization or	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		J

Part I	V 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		٧
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		7
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
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		V
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		<i>y</i>
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		_
	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		,
38 Dort	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	V	
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			
	Check if Concodic C Contains a response of flote to any line in this Fait V		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	. 00	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		<u></u> -	
	reportable damping inampling winnings to prize winners?	1 70 '		1

art '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		į.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			نــــا
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		,
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1	
5a	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?	5b		-
	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	•	,
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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			
L	and services provided to the payor?	7b		-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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 the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	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 . [10b]			
	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.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			- 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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	44		
	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 on 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	15		,
	excess parachute payment(s) during the year?	10		
	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?	16		7
16	If "Yes " complete Form 4720. Schedule O	-10		1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI		for a	
Secti	on A. Governing Body and Management		1	Τ
10	Enter the number of voting members of the governing body at the end of the tax year . 1a	,	Yes	No
1a	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	<u>/</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	V	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	,	
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	١	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	V	
þ	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
40-	Did the consequent of heart level should be a few along the second of th	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		— ,
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	\vdash
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	•	ļ
13	Did the organization have a written whistleblower policy?	13		<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	7	├──
b	Other officers or key employees of the organization	15b	•	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	_	~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)	「(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re- KENT AMUNDSON, 1495 HUMBOLT AVE, MOVILLE, IA 51039 712-873-3125	cords	>	

Part VII	Compensation of Officers, Dire	ctors, Trustees,	Key Employees,	Highest Compensate	d 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any relate	d org	anız	zatio	on c	ompe	ensa	ted any current	officer, director,	or trustee
(A) Name and title	(B) Average			Pos heck		e than o		(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week (list any hours for related organizations below dotted line)	office Individua				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(1) WAYNE RIECKMANN - DIRECTOR	2 8	,						3,900	0	0
(2) CHARLES WIDMAN - DIRECTOR	26	,		,				6,600	-	0
(3) RONALD STEINHOFF- DIRECTOR	3 2	,		,				9,900	0	0
(4) KEVIN REINKING - DIRECTOR	2 8	v						6,000	0	0
(5) RONALD BOHLE - DIRECTOR	2 8	,		,				6,000	0	0
(6) BRUCE SADLER - DIRECTOR	2 8	,						7,800	0	0
(7) CHRIS COUNTYMAN - DIRECTOR	2 6	,		,				7,200	0	0
(8) TOM MORGAN - DIRECTOR	2.7	v						1,800	0	0
(9) KENT AMUNDSON - CEO	42.73			,				137,238	0	58,923
(10)										
(11)										
(12)										
(13)										
(14)			-							

Part	VII Section A. Officers, Directors, 1	rustees, l	Key I	Emį	plo	yee	s, an	d H	lighest Compe	nsated Emplo	yees (c	ontinued)
	(A) Name and title	(B) Average hours per week	officer and a director/trustee)		an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	of	(F) ted amount other pensation			
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro organi	om the zation and irganizations
(15)												,
(16)												
(17)								<u> </u>			<u> </u>	
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal	l				ـــــــــــــــــــــــــــــــــــــ		—	186,438			58,923
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio					•	▶	186,438			58,923
2	Total number of individuals (including but reportable compensation from the organi	not limited		ose	list	ed	above	e) w	ho received more	e than \$100,000) of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	officer, dire Schedule J	for su	ıch	ındı	vidi	ıal	•			3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or individua	-	
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Report											
	(A) Name and business add	ress							(B) Description of serv	ices	(C) Compensa	ation
OSBO	RNE BACKLIOE, 3750 210TH STREET, ANTH	ON IA 51004						TRI	ENCHING/DIGGIN	G		164,701
2	Total number of independent contractor							th	ose listed above	e) who		
	received more than \$100,000 of compens	ation from t	the or	gan	ızat	ion l	<u> </u>		1			

Part	VIII	Statement of Revenue						
		Check if Schedule O contains a r	espor	ise or note to ar	T	ırt VIII .	· · · · ·	
			,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns	1a				n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ir io	b	Membership dues	1h		pri 1911 in 1			
s, G	C	Fundraising events	1c					
Gift lar,	d	Related organizations .	1d 1e	-	-			
imi	e f	Government grants (contributions) All other contributions, gifts, grants,			10 0			
is si		and similar amounts not included above						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in			1			
a tr	3	lines 1a–1f	1g	\$				
<u>8</u> 0	h	Total. Add lines 1a-1f		<u>.</u>				
				Business Code		1 1		
Program Service Revenue	2a	DISTRIBUTION OF ELECTRICITY		221000	10,247,284			
le el	b	PATRONAGE CAPITAL		221000	724,146	724,146		
gram Ser Revenue	C							
F Z	d							
ğ _	e f	All other program service revenue						
<u>-</u>	g			▶	10,971,430			
	3	Investment income (including div	_	 	,,		•	
	Ū			_	22,931	22,931		
	4	Income from investment of tax-exer	npt bo	ond proceeds ►				
	5	Royalties		>				
		(i) Rea	al	(II) Personal				
	6a	Gross rents . 6a						
	b	Less rental expenses 6b						
	C	Rental income or (loss) 6c						
	d			<u>-</u>				
	7a	Gross amount from (i) Secur	mies	(II) Other				!
		sales of assets other than inventory 7a						ı
as l	h	Less: cost or other basis		-				
Revenue	b	and sales expenses 7b						
e e	С	Gain or (loss) . 7c						
1	d	Net gain or (loss)		>				
Othe	8a	Gross income from fundraising						
Ó		events (not including \$						
		of contributions reported on line	_		,			l
		1c). See Part IV, line 18	8a					
		Less, direct expenses	8h					11 21 112
	C	Net income or (loss) from fundraising	ig eve	ents ▶		-,		
	9a	Gross income from gaming activities See Part IV, line 19 .	9a					
	b	Less direct expenses	9b					
	c	Net income or (loss) from gaming a		es >		-		*
		Gross sales of inventory, less			¥-1 1 1 1 1 1 1	1 1 1 1 1	7 10 mm () 1 1	,-
		returns and allowances .	10a					
	b	Less. cost of goods sold	10b		2 (1 1	'	s da catton a t	តក ""មាម៉ែកម៉ាក់កែក"" "ប៉ាងតើម៉ែញ
	С	Net income or (loss) from sales of i	nvent	ory ▶		The state of the s		
Sn				Business Code	nessoumers of terrelight posting	ment tra particist Oubline is	. ora restricts a part to	Production or advantage polyter 1
ne eo	11a							
scellaneo Revenue	b							
e Se	С	All sales				<u> </u>		
Miscellaneous Revenue	d	All other revenue	• •	L				
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions	•	<u>, .</u> ▶	10,994,361	10,994,361	<u> </u>	
	14	Loral Leveline: Occ III20 0000012			.5,77,1,501	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L	

Part IX Statement of Functional Expenses

Soctio	n 501(c)(3) and 501(c)(1) organizations must comp	lete all columns All	other organizations	must complete colu	ımn (A)					
	Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 .		·							
2	Grants and other assistance to domestic individuals See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members	812,169	•		,					
5	Compensation of current officers, directors, trustees, and key employees	214,831								
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	804,709								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,031								
9	Other employee benefits	226,164								
10	Payroll taxes	67,615								
11	Fees for services (nonemployees)									
а	Management									
b	Legal	11,443								
С	Accounting	13,548								
d	Lobbying									
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion	13,287								
13	Office expenses	51,837								
14	Information technology	70,939								
15	Royalties									
16	Occupancy	139,153								
17	Travel	22,966			 -					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	50,938								
20	Interest	487,853								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	853,181			 					
23	Insurance	12,568								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а	ELECTRICITY	5,709,440								
b	EQUIPMENT RENTAL & MAINTENANCE	142,811								
c	SUPPLIES/TRENCHING/MATERIAL	215,959								
d	DUES/FEES/PERMITS/TESTING	107,942	-							
	All other expenses	23,066								
25	Total functional expenses. Add lines 1 through 24e	10,223,450								
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)									

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 44,790 77,082 1 1 Cash-non-interest-bearing . 323,503 2 248,023 2 Savings and temporary cash investments . . . Pledges and grants receivable, net 3 3 1.019.041 1,106,181 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 Notes and loans receivable, net 7 238,125 8 255,888 Inventories for sale or use . 8 350,471 281,163 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 32,947,311 basis. Complete Part VI of Schedule D . . 10a 21,741,729 21,977,418 10c 11,205,582 10b Less: accumulated depreciation 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 3,799,751 4,348,411 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets . . . 15 15 Other assets See Part IV, line 11 . . . Total assets. Add lines 1 through 15 (must equal line 33) 27,785,391 16 28.026.185 16 1,017,877 17 1,048,260 17 Accounts payable and accrued expenses . . . 18 Grants payable 18 19 19 Deferred revenue . . 20 20 Tax-exempt bond liabilities . Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 10.659.041 9,764,072 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 27,299 25 23,154 11,704,217 26 26 Total liabilities. Add lines 17 through 25 10,835,486 Organizations that follow FASB ASC 958, check here ▶ □ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . . 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. Capital stock or trust principal, or current funds . . . 29 30 Paid-in or capital surplus, or land, building, or equipment fund . 30 17,190,699 16,081,174 31 31 Retained earnings, endowment, accumulated income, or other funds . 17,190,699 16,081,174 32 32 27,785,391 28,026,185 Total liabilities and net assets/fund balances .

Form 990 (2019)

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Form 990 (2019)

Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\overline{\mathbf{C}}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10,99	4,361
2	Total expenses (must equal Part IX, column (A), line 25)	2			10,22	3,450
3	Revenue less expenses Subtract line 2 from line 1	3			77	0,911
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			16,08	1,174
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			33	8,614
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			17,19	0,699
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	•	•	•		
			_		Yes	No
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın			
_	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u>	2a		-
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b				2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a			- }
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					- 1
	- · · · · · · · · · · · · · · · · · · ·		- ا			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent account.			2c	,	
	If the organization changed either its oversight process or selection process during the tax year, e			20		1
	Schedule O.		_			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	rth in		3a		J
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lerao	<u> </u>			
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		
				Form	990	(2019)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name o	f the organization		Employer identification number
wood	BURY COUNTY RURAL ELECTRIC COOPERATIVE		42-0608219
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or fo	r any other purpose
	conferring impermissible private benefit?		· · · · · 🗌 Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the c	organization (check all that apply)	
	☐ Preservation of land for public use (for example, recre	ation or education) 🔲 Preservation of	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contributior	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		. 2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified hi		. 2c
d	Number of conservation easements included in (historic structure listed in the National Register .		n a
3	Number of conservation easements modified, trans		
3	tax year ►	norrea, released, extinguished, or term	mated by the organization during the
4	Number of states where property subject to conserv	vation easement is located ▶	
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas	arding the periodic monitoring, insp	ection, handling of
e	Staff and volunteer hours devoted to monitoring, inspec		
6	Staff and volunteer flours devoted to monitoring, inspect	and choroning	conservation casements daming the year
7	Amount of expenses incurred in monitoring, inspecting	a, handling of violations, and enforcing o	conservation easements during the year
•	▶ \$	g, g ,	ŷ,
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		Yes 🗍 No
9	In Part XIII, describe how the organization reports of		and expense statement and
•	balance sheet, and include, if applicable, the text of	the footnote to the organization's fina	incial statements that describes the
	organization's accounting for conservation easement	nts	
Par	III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenu	e statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education,	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these items
b	If the organization elected, as permitted under FAS	SB ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held provide the following amounts relating to these item		earch in furtherance of public service,
	•		b \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		. Ψ
_	If the organization received or held works of art,		
. 2	following amounts required to be reported under FA		assets for illiancial gain, provide the
9	Revenue included on Form 990, Part VIII, line 1		▶ \$
a b	Assets included in Form 990, Part X		▶ \$

Part	Organizations Maintaining	Collect	ions of	Art, His	torical	Treasures	, or O	ther Similar A	ssets (con	tınued)
3	Using the organization's acquisition, collection items (check all that apply)		n, and o	ther reco	rds, chec	k any of th	e follo	wing that make	significant u	ise of its
а	☐ Public exhibition					or exchang				
b	Scholarly research			е	☐ Other					
С	☐ Preservation for future generations									
4	Provide a description of the organiza XIII.	tion's coll	ections	and expl	aın how t	hey further	the or	ganization's exe	empt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather									□ No
Part	IV Escrow and Custodial Arra									
	Complete if the organization 990, Part X, line 21.	answer	ed "Yes	s" on Foi	m 990, i	Part IV, lin	e 9, or	reported an a	imount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?		n or oti		-	or contribu			not 🗌 Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII an	d compl	lete the fo	ollowing ta	able:	_			
									Amount	
C	Beginning balance						10			
d	Additions during the year			•	•		10			
e f	Distributions during the year . Ending balance			• •	•		11			
2a	Did the organization include an amount				 21 for e	scrow or c			tv2 🗆 Ves	□ No
	If "Yes," explain the arrangement in P									
Part V Endowment Funds.										
	Complete if the organization	answere	ed "Yes	s" on For	m 990, F	Part IV, lin	e 10.			
		(a) Curre	ent year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses .									
g	End of year balance .									
2	Provide the estimated percentage of t				e (line 1g	ı, column (a	ı)) held	as.		
a	Board designated or quasi-endowmen			 .%						
b	Permanent endowment									
С	Term endowment ▶% The percentages on lines 2a, 2b, and		l equal 1	100%						
3a	Are there endowment funds not in the		-		zation the	at are held	and ac	Iministered for	tha	
Ja	organization by.	e possess	SIOIT OF L	ne organi	zauon un	at are riciu	and ac	iriiinistered for		es No
	(i) Unrelated organizations								. 3a(i)	
	(ii) Related organizations								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganızatıo	ns listed	d as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses		ganızatı	on's endo	owment fu	unds				
Part			1.007		000 5		4.4	0 5 00		40
	Complete if the organization				I					
	Description of property	(a)	Cost or o		1 ' '	or other basis ther)		Accumulated epreciation	(d) Book v	
1a	Land	<u> </u>				9,888				9,888
b	Buildings	·				603,088		383,074		220,014
C	Leasehold improvements	·				22 224 754		10.014.007		L E11 027
d e	Equipment	.			-	32,326,754 7,581		10,814,927 7,581		1,511,827
	Add lines 1a through 1e (Column (d) n	nust equa	l Form 9	90, Part	X, column	-)c)	, , ,	21	1,741,729

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other			*	
(B)				
(C)				
(D)				
(E)			_	
(F)				
				···
(H)	(1) 1.5 000 B (1/4 (D) L (1/4 (D) L)			/
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII	Investments—Program Related.	000 David IV Iva	- 11 - C F	000 Dort Viling 10
	Complete if the organization answered "Yes" on For	· ·		
	(a) Description of investment	(b) Book value		od of valuation of-year market value
(1) Patronag	ge Capital- Suppliers	3,450,447	COST	
(2) Capital 1	Ferm Certificates	341,653	COST	
(3) Members	ship in Cooperatives	6,205	COST	
(4) Investme	ents in economic development projects	550,106	COST	
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13) .	4,348,411	Α	
Part IX	Other Assets.	000 Dort IV line	a 11 d. Coo Form	000 Port V line 15
	Complete if the organization answered "Yes" on For	in 990, Part IV, line	e i id. See Foilii	(b) Book value
	(a) Description			(b) BOOK Value
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·			·
(4)				
(5)	 .			
(6)				
(7)		<u>-</u>	Ť	
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15.)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal ır	ncome taxes		-	
(2) Unamort	ized Gain - RUS		-	23,154
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		. <u></u>		
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	· · · · · ·	<u> ▶ </u>	23,154
2 Liability for	ruppertain tay positions. In Part XIII, provide the text of the footno	nte to the organization	rs tinancial statemei	ars that renorts the

Part				eturi	n.
	Complete if the organization answered "Yes" on Form 990,		2a		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		•	
đ	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	
3				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			ŀ	
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,		2a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d		• -	2e	
3	Subtract line 2e from line 1	1 1	· -	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-	40	
с 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, III		· · · · - -	4c	
	XIII Supplemental Information.		<u>· · · · · </u>	<u> </u>	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	d 4 Part IV line	es 1h and 2h I	Part \	/ line / Part Y line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
_,	,, p	,			
PART	X - LINE 2				
THE C	OOPERATIVE HAS EVALUATED WHETHER IT WAS NECESSARY TO RECOGI	IIZE ANY BENEF	FIT FROM UNCE	ERTAI	N TAX POSITIONS IN
CURR	ENTLY OPEN TAX PERIODS AND DETERMINED THAT THERE ARE NO MATEI	RIAL UNCERTAI	NTIES WITHIN I	TS FIL	ED TAX RETURNS
AS OF	JUNE 30, 2019 AND 2018, THE UNRECOGNIZED TAX BENEFIT ACCRUAL WA	S ZERO. THE C	OOPERATIVE W	VOUL	D RECOGNIZE
FUTUE	RE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX	BENEFITS IN I	NCOME TAX EX	PENS	E IF INCURRED.
					
					

Schedule D (For	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
···		
	<u> </u>	

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization WOODBURY COUNTY RURAL ELECTRIC COOPERATIVE Employer identification number

42-0608219

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4		
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
		2	-	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee. Written employment contract			
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		Ĺ,
	If "Yes" on line 5a or 5b, describe in Part III.			
_	For assess letted as Form 000 Part VIII Control A line to did the expensation pay or control any			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
а		6a		
b	The organization?	6b		
~	If "Yes" on line 6a or 6b, describe in Part III			
	· · · · · · · · · · · · · · · · · · ·			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		<u> </u>
	and a second of the second			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (b)(t)-(iii) for each listed individual must equal the total amount of Port VII). Section A, line 1a, applicable column (b) and (c) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC compensation	or eac	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	r vii, oeciioii A, iiile i	a, applicable colulli	ווטסוווג (ב) מווסחווג	in or triat individual.
		(i) Base	(11) Bonus & ancentive	, (III) Other	(C) Hetirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported
(A) Name and Title		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
Kent Amundson - CEO	8	136,482	0	756	39,413	19,510	196,161	
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	(E)							
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	(9)							:
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							Sch	Schedule J (Form 990) 2019

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Page 3

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

WOODBURY COUNTY RURAL ELECTRIC COOPERATIVE	42-0608219
PART IV - LINE 12	
THE COOPERATIVE'S BOARD OF DIRECTORS HAS A FISCAL GAAP AUDIT COMPLETED AS OF JUNE 30	TH EACH YEAR THE FORM 990 IS
COMPLETED USING THE CALENDAR YEAR. THEREFORE, THE RECONCILIATION OF STATEMENTS OF S	CHEDULE D, PARTS XI AND XII
ARE NOT APPLICABLE.	
PART VI - LINE 2	
TWO OF THE COOPERATIVE'S DIRECTORS HAVE A FAMILY RELATIONSHIP BY MARRIAGE AND HAVE N	O BUSINESS RELATIONSHIPS.
PART VI - LINE 6	
THE COOPERATIVE IS A 501(C)(12) ORGANIZATION THAT PROVIDES ELECTRICITY TO ITS MEMBER-COM	ISUMERS MEMBERS OF THE
COOPERATIVE ARE INDIVIDUALS OR ENTITIES THAT RECEIVE ELECTRICITY FROM THE COOPERATIVE	
PART VI - LINE 7a	
EACH MEMBER-CONSUMER OF THE COOPERATIVE VOTES TO ELECT SEVEN (7) PEOPLE TO SERVE ON	ITS GOVERNING BOARD.
PART VI - LINE 7b	
PERSUANT TO THE COOPERATIVE BYLAWS CERTAIN TRANSACTIONS AND ACTIONS HAVE TO BE CON	FIRMED OR CONCEIVED BY THE
MEMBERSHIP THOSE ACTIONS OR TRANSACTIONS ARE SUCH AS 1)REMOVAL OF BOARD MEMBERS OF	DR 2) DISPOSITION OF A
SUBSTANTIAL PORTION OF THE COOPERATIVE PROPERTY.	
PART VI - LINE 11b	
A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO	ITS FILING ACTION IS TAKEN
FOR ITS APPROVAL AND AUTHORIZATION TO FILE.	
PART VI- LINE 12c	-
EACH DIRECTOR AND OFFICER MUST REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A	N ANNUAL QUESTIONAIRE.

Name of the organization WOODBURY COUNTY RURAL ELECTRIC COOPERATIVE	Employer identification number 42-0608219
PART VI- LINE 15, 15a, AND 15b	
THE COMPENSATION PACKAGE OF THE TOP OFFICIAL OF THE COOPERATIVE IS AGREED TO AND SET	BY THE GOVERNING
INDEPENDENT BOARD OF THE COOPERATIVE THE BOARD USES A COMBINATION OF COMPARABLE N	ATIONAL COMPENSATION
SURVEY FOR ITS INDUSTRY ALONG WITH THE RESULTS OF LOCAL LABOR NEGOTIATIONS OF THE OTHER	HER PERSONNEL AT THE
COOPERATIVE THE BOARD OF DIRECTORS USE THIS INFORMATION IN CONJUNCTION WITH SATISFAC	TORY PERFORMANCE
TO MAKE COMPENSATION DECISIONS INVOLVING THE OFFICER'S OF THE COOPERATIVE.	
PART VI- LINE 19	
THE COOPERATIVE PROVIDES FINANCIAL INFORMATION ANNUALLY IN IT'S NEWSLETTER TO MEMBER	S AND INTERESTED PARTIES
THE COOPERATIVE ALSO PROVIDES ACCESS TO GOVERNING DOCUMENTS, POLICIES, AND ADDITIONAL	AL FINANCIAL INFORMATION
UPON REQUEST AT IT'S HEADQUARTERS	
PART XI - LINE 3	
EDUCATIONAL FUND RESERVE USED - IOWA CODE 499 30, PAR 3	\$(9,407)
APPROPRIATIONS ASSIGNED TO EDUCATION FUND RESERVE - IOWA CODE 499 30, PAR 3	\$15,924
APPROPRIATIONS ASSIGNED TO CONTINGENT LOSS FOR STORM DAMAGE - IOWA CODE 499.30, PAR 3	\$31,850
APPROPRIATIONS ASSIGNED TO STATATORY RESERVES - IOWA CODE 499 30, PAR 3	\$732,544
TOTAL FOR PART XI - LINE 3	\$770,911
PART XI - LINE 9	
PATRONAGE DIVIDENDS RETIRED	\$(473,554)
PATRONAGE DIVIDENDS PAID/ASSIGNED (PART IX, LINE 4)	\$812,168
TOTAL FOR PART XI - LINE 9	\$338,614