DLN: 93493156007460 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable NORTHWESTERN ELECTRIC COOPERATIVE INC □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (580) 256-7425 City or town, state or province, country, and ZIP or foreign postal code WOODWARD, OK $\,$ 73802 $\,$ G Gross receipts \$ 34,151,054 Name and address of principal officer H(a) Is this a group return for TYSON LITTAU ☐Yes **☑**No subordinates? PO BOX 2707 H(b) Are all subordinates WOODWARD, OK 73802 ☐ Yes ☐No ıncluded? 501(c)(3) ✓ 4947(a)(1) or □ 527 501(c) (12) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW NWECOK COOP L Year of formation 1940 M State of legal domicile OK K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE ELECTRIC POWER TO RURAL AREAS AT COST ON A COOPERATIVE BASIS Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 73,135 **b** Net unrelated business taxable income from Form 990-T, line 39 -282 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 34,937,298 33,908,232 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,185 106,062 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 87,536 90,551 35,086,019 34,104,845 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 23,520 27,146 1,143,263 1,480,957 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 5,497,594 5,470,570 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 27,718,844 27,126,172 34,383,221 34,104,845 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 702,798 Net Assets or Fund Balances Beginning of Current Year End of Year 97,792,991 102,650,185 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 67,003,200 71,125,365 22 Net assets or fund balances Subtract line 21 from line 20 . 30,789,791 31,524,820 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-06-01 Signature of officer Sign Here TYSON LITTAU CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 ıf 2020-05-28 P00439459 Paid self-employed ▶ BOLINGER SEGARS GILBERT AND MOSS LLP Firm's EIN > 75-0882037 Preparer Use Only Firm's address ▶ 8215 NASHVILLE AVENUE Phone no (806) 747-3806 LUBBOCK, TX 79423 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

The COOPERATIVE'S RESPONSIBILITY AND AIM IS TO PROVIDE EXCELENT AND INNOVATIVE CUSTOMER SERVICE AS REFLECTED IN TOP QUALITY LECTORY SERVICE RELIABILITY, AFFORDABLE RATES, EMPLOYEE TEAMWORK AND THE HIGHEST DEGREE OF INTEGRITY IN ALL COOPERATIVE NODEAVORS 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?	orm	990 (2019)				Page 2
1 Barefly describe the organization's mission The Cooperative's RESPONSIBILITY AND AIM IS TO PROVIDE EXCELLENT AND INNOVATIVE CUSTOMER SERVICE AS REFLECTED IN TOP QUALITY ELECTRIC SERVICE RELIABILITY, AFFORDABLE RATES, EMPLOYEE TEAMWORK AND THE HIGHEST DEGREE OF INTEGRITY IN ALL COOPERATIVE Value	Pa	rt III State	ment of Program Service Ac	complishments		
1 Barefly describe the organization's mission The Cooperative's RESPONSIBILITY AND AIM IS TO PROVIDE EXCELLENT AND INNOVATIVE CUSTOMER SERVICE AS REFLECTED IN TOP QUALITY ELECTRIC SERVICE RELIABILITY, AFFORDABLE RATES, EMPLOYEE TEAMWORK AND THE HIGHEST DEGREE OF INTEGRITY IN ALL COOPERATIVE Value		 Check	f Schedule O contains a response o	note to any line in this Part III		🗆
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	1			•		
the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses 5 including grants of \$) (Revenue \$) See Additional Data 4b (Code) (Expenses 5 including grants of \$) (Revenue \$) Code) (Expenses 5 including grants of \$) (Revenue \$) 4c (Code) (Expenses 5 including grants of \$) (Revenue \$) If "Yes," describe these changes on Schedule O (Expenses S including grants of \$) (Revenue \$)	ELEC	TRIC SERVICE F				
If "Yes," describe these new services on Schedule O Dut the organization cease conducting, or make significant changes in how it conducts, any program services? Limit of the program services on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section SDI(c)(3) and SDI(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses S including grants of S) (Revenue S) See Additional Data 4b (Code) (Expenses S including grants of S) (Revenue S) Code) (Expenses S including grants of S) (Revenue S) 4c (Code) (Expenses S including grants of S) (Revenue S) 4d Other program services (Describe in Schedule O) (Expenses S including grants of S) (Revenue S)	2	Did the organi	zation undertake any significant pro	gram services during the year which	were not listed on	
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services?		If "Yes," descr	ibe these new services on Schedule	0		
If "Yes," describe these changes on Schedule O 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) and paramitations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ including grants of \$) (Revenue \$) See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	3	Did the organi	zation cease conducting, or make si	gnificant changes in how it conducts,	any program	
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or X as applicable

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No

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Nο

No

Nο

Form **990** (2019)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

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 💙 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

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

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

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

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

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 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

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election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 . . . 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

5

6 7 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 9

Nο Nο No Nο

10 Yes 11a 11b Yes 11c 11d

Yes

Yes

Yes

11e

11f

12a

12b

13

14a

14b

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19

20a

20h

21

	tiV Checklist of Required Schedules (continued)			Page
Гаі	Checkiist of Required Schedules (continued)		Yes	No
2	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	Yes	
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
1a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
Ь	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		
ia	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		
•	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		No
,	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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
3	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
-	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
'a	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	. i	Yes	<u> </u>
la	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 46			.10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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)? If "Yes," enter the name of the foreign country	4a		No
5 -	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?	5a		No.
эа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
	· · · · · · · · · · · · · · · · · · ·	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		N.
	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		No
	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
u	If fes, 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
			N-	
14a	14a		No	
b 1 =	14b			
	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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

orm 9	90 (2019)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	lines
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
	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		No
	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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Old the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Old the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3	Old the organization have a written whistleblower policy?	13	Yes	
4	Old the organization have a written document retention and destruction policy?	14	Yes	
	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	Yes	
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a caxable entity during the year?	16a		No
	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?			l.
		16b		
	tion C. Disclosure			
	<u>ок</u>			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

20

organization and any related organizations

✓

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

and Independent Contractors

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

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

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

organization, more than \$10,000 of reportable co See instructions for the order in which to list the		m the	organ	ızatı	ion a	and an	y re	elated organizations	5		
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and title	(B) Average hours per week (list any hours for related	Position than o	on (do one bo oth a direct	(C) o no ox, u n of or/t) t cho inles ficer rust	eck moss persection and a decident	ore son	compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) TYSON LITTAU CEO	55 00			Х				222,051	0	128,958	
(2) JOHN KIRKWOOD DIRECTOR OF OPERATIONS	50 00					×		184,140	0	28,064	
(3) BRENT MCDOWELL DIRECTOR OF SAFETY	55 00					х		107,242	0	90,246	
(4) JAMIE RUBLE DIRECTOR OF FINANCE & ADMIN	50 00					X		116,098	0	71,728	
(5) JARET DOWLER DIRECTOR OF ENGINEERING/OPS	55 00					х		119,132	0	62,046	
(6) MARVIN WILKINSON TRUSTEE	4 70	X						26,946	0	0	
(7) KENNETH KNOWLES PRESIDENT	7 20	х		x				25,538	0	0	
(8) DARLA YOUNG TRUSTEE	5 20	х						23,588	0	0	
(9) JOHN BRUCE JR SECRETARY/TREASURER	5 70	х		х				22,558	0	0	
(10) CLAIR CRAIGHEAD TRUSTEE	5 00	Х						21,988	0	0	
(11) RAY SMITH VICE PRESIDENT	4 00	х		×				21,488	0	0	
(12) JEFF MCINTOSH TRUSTEE	5 60	х						18,275	0	0	
(13) DUANE HENDERSON TRUSTEE	2 30	Х						17,458	0	0	
(14) GILBERT PERKINS TRUSTEE	4 30	х						6,750	0	0	
(15) WAYNE HALL TRUSTEE (JAN-MAR)	3 30	х						993	0	0	
							<u> </u>			Form 990 (2019)	

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

Page **8**

Par	Section A. Officers, Direct	tors, irustees	s, key	стр	loye	es,	, and	пıgr	nest Compensat	ea employees	CONTI	nuea)	
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	one b	οα, ι an of tor/t	ot che unles officer trust	<u> </u>	son a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	5	(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		relat organiz	ted
			<u> </u>	<u> </u>			<u> </u>	⊥'					
			<u> </u>	igspace	igspace	\downarrow	<u> </u>	<u> </u>					
			<u> </u>	↓	\perp	\perp	 	<u></u> '			\perp		
		<u> </u>	<u> </u>	—	\perp	1	 	<u></u> '			\perp		
			<u> </u>		\downarrow	\downarrow	 	<u> </u> -	<u> </u>		\perp		
			<u> </u>	↓_	igspace	\downarrow	 	<u></u> '			\perp		
			<u> </u>	↓_	igspace	\downarrow	 	<u></u> '			\perp		
			<u> </u>		\perp	\downarrow	 	<u></u> '			\perp		
			<u> </u>	igspace	igspace	\downarrow	 	<u></u>			\perp		
				<u></u>	\perp	\perp		<u> </u>	<u> </u>				
	Sub-Total	· · · · · · Part VII, Section		· ·	· ·	•	>				-		
	Total (add lines 1b and 1c)	<u> </u>					<u> </u>		934,245		0		381,042
2	Total number of individuals (including of reportable compensation from the			se list	.ed a	3bov	e) who) rece	eived more than \$	100,000			
					—	—						Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2			:ee, k	ey e •	empl	oyee,	or hi	ghest compensate	d employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual									m the	4	Yes	
5	Did any person listed on line 1a receivers									dıvıdual for	5		N _a
Se	ection B. Independent Contract				_	-		_	-				No
1	Complete this table for your five high from the organization Report compe	nest compensate									npens	ation	
		(A)		уса		IIII	WICH C	1 VVIC	T	(B)		((
RES S	Name a	and business addre	<u> </u>		—				ELECTRIC	DIST CONST	-		nsation 3,376,434
	ARDEN WAY STE 280 AMENTO, CA 95815								CONTRACT	TOR			
	S TREE SERVICE INC								TREE TRIM	MING AND RIGHT OF	=		617,753
	OX 453225 /E, OK 74345									•			
R&R F	POWERLINE CONSTRUCTION INC								ELECTRIC CONTRACT	DIST CONST FOR			598,572
SAYRI	OX 246 E, OK 73662												
	ER CONSULTING ASSOCIATES				_	_			INSPECTIO	ONS			507,018
GALLA	GREEN LEA BLVD STE B ATIN, TN 37066												
	ENGINEERING LLC								ENGINEER	ING/STAKING			480,180
	BLOSSER DR CORDIA, KS 66901												

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 6

		(2019)							Page 9
Part	VIII	 '				line in this Part VIII			🗹
		Check ii Sched	dule o contains	a respo	onse of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
w 90	1 a	a Federated campa	aigns	1a			revenue		J12 J14
ants	ı	b Membership dues	5	1b					
Gr.	١ ٠	c Fundraising even		1c					
ifts ar	١	d Related organizat		1d	1				
imi	Ľ	Government grants All other contribution	,	1e	1				
rtior er S	'	 All other contribution and similar amounts above 	s not included	1f					
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributio lines 1a - 1f \$	ns included in	1					
Cont		h Total. Add lines :	1a-1f	1g	•				
				•	Business Code				
	2a	SALES OF ELECTRICI	TY		221000	33,141,767	33,141,767		
를	١.	PATRONAGE DIVIDEN	IDE			647,074	647,074		
الا الا	Ь	PATRONAGE DIVIDEN	ND3		221000		·		
r E	С	DISTRIBUTION LINE	LEASE		221000	71,810	71,810		
Program Service Revenue	d	SERVICE FEES			221000	44,893	44,893		
an)	_	OTHER PROGRAM RE	VENITE		-	2,688	2,688		
rogr	е	OTHER PROGRAM RE	VENUE		221000	_,	_,		
Δ.	f	All other program	service revenue	2	1				
	g	Total. Add lines 2	2a-2f	. •	33,908,232		lI	I	
	3	Investment income similar amounts) .	(including divid		interest, and other	58,42	.2		58,422
	l	Income from invest			ond proceeds				
	5	Royalties			•	. 5	1		51
			(ı) Re	eal	(II) Personal	_			
		Gross rents	6a						
	b	Less rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income				4			
			(ı) Secu	rities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	7a		80,07	1			
	b	Less cost or other basis and sales expenses	7b		32,43	1			
	С	Gain or (loss)	7c		47,64				
		Net gain or (loss)				47,64	0		47,640
Other Revenue	8a	Gross income from fu (not including \$ contributions reported See Part IV, line 18	of d on line 1c)	8a					
Re	Ь	Less direct expen		8b		-			
her	c	: Net income or (los	s) from fundrai	sing ev	ents				
	9a	Gross income from See Part IV, line 19		9a					
	l	Less direct expen		9b					
	l c	: Net income or (los	s) from gaming	activit	les ▶	1			
		aGross sales of invertering and allowa	inces	10a 10b	-	_			
		Less cost of good: Net income or (los					7,527		
		Miscellaneo	us Revenue		Business Code				
	11	a BILLING REVENUE	E		56149	·		73,135	
	b	POLE ATTACHMEN	IT INCOME		22100	9,83	8		9,838
	c								
		All other revenue Total. Add lines 1			▶				
		: Total. Add lines 1 : Total revenue. S				82,97	3		
		. Total revenue, S	ee msuluctions	• •	• • • •	34,104,84	5 33,915,759	73,135	115,951 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must o		_		
Check if Schedule O contains a response or note to ar	ny line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	21,146			
2 Grants and other assistance to domestic individuals See Part IV, line 22	6,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	1,480,957			
5 Compensation of current officers, directors, trustees, and key employees	536,591			
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	3,063,170			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	746,764			
9 Other employee benefits	893,973			
10 Payroll taxes	230,072			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				

_ /	Other salaries and wages	3,063,170		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	746,764		
9	Other employee benefits	893,973		
10	Payroll taxes	230,072		
11	Fees for services (non-employees)			
	a Management			
ı	D Legal			
	Accounting			
	d Lobbying			
	Professional fundraising services See Part IV, line 17			
1	Investment management fees			
9	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	Office expenses			
14	Information technology			
15	Royalties			
16	Occupancy			
17	Travel			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			
19	Conferences, conventions, and meetings			
20	Interest	2,168,196		
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	2,932,084		
23	Insurance			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e			

18,533,669

1,283,048

950,802

754,582

503,791

34,104,845

expenses on Schedule O)

b DISTRIBUTION EXPENSE

c ADMIN & GENERAL EXPENSE

25 Total functional expenses. Add lines 1 through 24e

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)

a PURCHASED POWER

d OPERATING TAXES

e All other expenses

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Investments-program-related See Part IV, line 11

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

basis Complete Part VI of Schedule D

b Less accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

30

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets

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

Page **11**

375.201

928.364

966,334

79,317,086

14,371,206

872,658

102,650,185

2,814,267

65,858,490

2,452,608

71.125.365

0

4.895.717

26.629.103

31,524,820

102.650.185

Form 990 (2019)

1,153,930

73,481,363

14,101,315

904,895

97,792,991

2,517,935

61,990,199

2,495,066

67.003.200

4.579.568

26.210.223

30,789,791

97,792,991

9

10c

11

12

13

14

15

16

17

18

19

20 21

22

23

24

25

26

27

28

29 0

30

31

32

33

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	932,588	1	1,721,200

	Cash-non-interest-bearing	932,300		1,721,200
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	5,708,986	4	4,098,136
5	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		5	
6	Loans and other receivables from other disqualified persons (as defined under			

102,649,578

23,332,492

section 4958(f)(1), and persons described in section 4958(c)(3)(B). 6 469.993 Notes and loans receivable, net 7 Assets 1.039.921 8 Inventories for sale or use .

10a

10b

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 73-0375825

Name: NORTHWESTERN ELECTRIC COOPERATIVE INC.

Form 990 (2019)

ALLOCATION OF PATRONAGE CAPITAL

Form 990, Part III, Line 4a:

PROVIDING ELECTRIC ENERGY TO OUR MEMBERS - 11.868 ACTIVE SERVICES AT YEAR END WERE PROVIDED ELECTRICITY ON A COOPERATIVE BASIS THROUGH THE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493156007460

OMB No 1545-0047

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.

Internal Revenue Service

(Form 990)

Open to Public ► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** NORTHWESTERN ELECTRIC COOPERATIVE INC 73-0375825 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

d Equipment .

Par	t III	Organizations Ma	aintaining Col	lections of A	Art, Histor	ical Tr	easure	es, or Other	Similar As	sets (c	ontinued)
3	Using	the organization's acq (check all that apply)									
а		Public exhibition			d		Loan or	exchange prog	ırams		
b		Scholarly research			е		Other				
С		Preservation for future	e generations								
4	Provid Part X	de a description of the c	organızatıon's coll	lections and ex	plain how the	ey furth	er the o	rganızatıon's ex	kempt purpo	se in	
5		g the year, did the orga s to be sold to raise fur							ılar	☐ Ye	s 🗆 No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			n Form 990), Part	IV, line	9, or reporte	ed an amou	int on F	orm 990, Part
1a		e organization an agent ded on Form 990, Part X		an or other inte	ermediary for	r contrib	utions o	or other assets	not	☐ Ye	s 🗆 No
ь	If "Ye	es," explain the arrange	ement in Part XIII	and complete	the following	ı table			A	mount	
С		ining balance		,	_			1c			
d		ions during the year						1d			
е	Dıstrı	butions during the year	r					1e			
f	Endın	ig balance						1f			
2a	Did th	re organization include	an amount on Fo	rm 990. Part X	line 21, for	escrow	or custo	odial account lia	bility?		s 🗆 No
		es," explain the arrange								_	, L 110
	irt V	Endowment Fund		Check here ii	the explanat	.ioii iias	been pi	Ovided III Fait 7	<u> </u>		
		Complete if the or		ered "Yes" o	n Form 990), Part	IV, line	10.			
	_			(a) Current y	ear (b) I	Prior year	(c)	Two years back	(d) Three yea	ars back	(e) Four years back
	-	ing of year balance .									
		outions									
		estment earnings, gair	•								
		or scholarships									
	and pro	expenditures for facilitie ograms	es								
f	Admını	strative expenses .									
g	End of	year balance									
2		de the estimated perce	-	ent year end ba	alance (line 1	g, colun	nn (a)) l	held as			
а	Board	d designated or quasi-e	ndowment 🟲								
b	Perma	anent endowment 🟲									
c	Temp	orarily restricted endov	wment 🟲								
3a	Are th	percentages on lines 2a here endowment funds				nt are he	ld and a	administered fo	r the		
	-	nization by hrelated organizations				_				2-	Yes No
		elated organizations .				• •	•	•			(ii)
Ь		es" on 3a(II), are the rel		s listed as requ	uired on Sche	• • • edule R7	· · ·				b
4		ribe in Part XIII the inte	-	•							<u> </u>
Pa	rt VI	Land, Buildings,	and Equipmer	nt.							
		Complete if the or	ganization answ	vered "Yes" o							
	Descri	ption of property	(a) Cost or oth (Investme) Cost or other	r basıs (o	:her) ((c) Accumulated o	lepreciation	(6	d) Book value
			·								
	Land						3,185				243,185
	Buildin	_				7,07	1,332		2,109,055		4,965,277
C	Leaseh	old improvements									

91,461,368

3,870,693

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

70,237,931

3,870,693

79,317,086

21,223,437

Part VIII Investments—Other Securities.			r age s
Complete if the organization answered "Yes" on Form 990, P			·
(a) Description of security or category (including name of security)	(b) Book	• •	od of valuation f-year market value
(value		
(1) Financial derivatives			
(2) Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related.	l l		
Complete if the organization answered 'Yes' on Form 990, P	art IV, lır	e 11c. See Form 990,	
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)PATRONAGE CAPITAL - WFEC		12,650,025	C
(2)PATRONAGE CAPITAL - CFC		183,848	С
(3)PATRONAGE CAPITAL - AEC		249,330	С
(4)PATRONAGE CAPITAL - SEDC		112,933	С
(5)PATRONAGE CAPITAL - COBANK		359,551	C
(6)PATRONAGE CAPITAL - OTHER		139,059	C
(7)MEMBERSHIPS IN ASSOCIATED ORGANIZATIONS		11,700	<u>C</u>
(8)CAPITAL TERM CERTIFICATES - CFC		664,760	С
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	14,371,206	
Part IX Other Assets.		14,371,200	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line	e 11d. See Form 990, Pa	irt X, line 15
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Part X Other Liabilities.			•
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line	e 11e or 11f.See Form	990, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote	e to the or	anızatıon's fınancıal state	
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check h			· —

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2b b 2c c

2a

2a 2b

2c

2d

4a 4b

Explanation

Page 4

34,035,678

34,035,678

69,167

34,104,845

32,554,721

32,554,721

1,550,124

34.104.845

Schedule D (Form 990) 2019

4c

2e

3

4c

5

1,550,124

d 2d 2e e 3

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 69.167

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

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

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

b

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2019

Part XI

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

c 5

Part XII

Amounts included on line 1 but not on Form 990, Part IX, line 25

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

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

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Page 5		chedule D (Form 990) 2019	
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 73-0375825

Name: NORTHWESTERN ELECTRIC COOPERATIVE INC

Supplemental Information

Cappicinical zinicinianon	
Return Reference	Explanation
PART X, LINE 2	THE COOPERATIVE HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIP LES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE CO OPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), OR OTHER STATE TAXING AUTHORITY AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	EXPENSES IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 69,167

Sı

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXPENSES IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 69,167 PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 1,480,957

_

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

_ _ _

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

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

Supplemental Information

DLN: 93493156007460 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number NORTHWESTERN ELECTRIC COOPERATIVE INC 73-0375825 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

Schedule I (Form 990) 2019 Part III Grants and Other Assistance to Part III can be duplicated if addition		omplete if the organization	n answered "Yes" on For	m 990, Part IV, line 22	Page 2
(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) SCHOLARSHIPS TO AREA STUDENTS	12	6,000			
(2)					
(3)					
4)					
5)					
6)					
7)					
Part IV Supplemental Information	on. Provide the informa	tion required in Part I,	line 2; Part III, colum	nn (b); and any other addition.	al information.

Return Reference Explanation

PART I, LINE 2

THE COOPERATIVE AWARDS SCHOLARSHIPS TO APPLICANTS WHO SATISFY THE ELIGIBILITY REQUIREMENTS AND ARE SELECTED BY THE SCHOLARSHIP COMMITTEE OF THE COOPERATIVE'S BOARD OF TRUSTEES TO BE ELIGIBLE, STUDENTS MUST BE A SENIOR AND RESIDE IN A HOUSEHOLD SERVED BY THE COOPERATIVE

Schedule I (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Data	a -	DLN: 93	49315	6007	460	
Sch	nedule J	Com	pensati	ion Information	10	4B No	1545-0	0047	
(For	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest								
Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							2019		
► Attach to Form 990.							to Pul		
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/r</u>	<u> </u>	instructions and the latest infor	nation.		ectio		
	me of the organiza	ation RIC COOPERATIVE INC			Employer identifica	tion nu	ımber		
NOF	CITWESTERN ELECT	RIC COOPERATIVE INC			73-0375825				
Pa	rt I Questio	ons Regarding Compensation	1						
							Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
		or charter travel		Housing allowance or residence for	•				
	_	companions		Payments for business use of perso					
		nification and gross-up payments	lacksquare	Health or social club dues or initiati					
	□ Discretion	ary spending account	ш	Personal services (e g , maid, chau	rreur, cner)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes		
2		ation require substantiation prior to			4.3	2	Yes		
	directors, truste	es, officers, including the CEO/Exec	utive Director	r, regarding the items checked on Lii	ne la?				
3				d to establish the compensation of t	he				
		EO/Executive Director Check all that d organization to establish compens		CEO/Executive Director, but explain	ın Part III				
	Compens	ation committee	П	Written employment contract					
		ent compensation consultant	<u> </u>	Compensation survey or study					
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	ation committee				
4	During the year, related organiza		, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-control	pavment?			4a		No	
b		r receive payment from, a suppleme		ified retirement plan?		4b		No	
c	Participate in, o	r receive payment from, an equity-b	ased comper	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and pro	ovide the app	olicable amounts for each item in Par	t III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) org	ranizatione	must complete lines 5-9					
5		ed on Form 990, Part VII, Section A,	=						
		ontingent on the revenues of	,	, , , , ,					
а	The organization	۱۶				5a			
b	Any related orga					5b			
	-	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of	line 1a, did t	the organization pay or accrue any					
а	The organization	1 ⁷				6a			
b	Any related orga					6b			
_	•	6a or 6b, describe in Part III	Inc. 4	kla	ن				
7		ed on Form 990, Part VII, Section A, escribed in lines 5 and 6? If "Yes," d		the organization provide any nonfixe rt III	a	7			
8		nts reported on Form 990, Part VII, utial contract exception described in		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow th	ne rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	ction Act Notice, see the Instru	tions for Fo	orm 990. Cat No. !	50053T Schedule J	(Forn	990)	2019	

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

(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	and (E) amounts for that (E) Total of columns (B)(i)-(D)	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		column (B) reported as deferred on prior Form 990
L TYSON LITTAU CEO	(i)	212,835	1,530	7,686	98,189	30,769	351,009	0
320	(ii)	0	0	0	0	0	0	0
2 JOHN KIRKWOOD DIRECTOR OF OPERATIONS	(i)	83,420	89,376	11,344	1,833	26,231	212,204	0
	(ii)	0	0	0	0	0	0	0
BRENT MCDOWELL DIRECTOR OF SAFETY	(i)	101,302	1,650	4,290	66,536	23,710	197,488	0
	(ii)	0	0	0	0	0	0	0
JAMIE RUBLE DIRECTOR OF FINANCE &	(i)	113,142	1,530	1,426	42,016	29,712	187,826	0
ADMIN	(ii)	0	0	0	0	0	0	0
JARET DOWLER DIRECTOR OF	(i)	111,355	1,650	6,127	32,223	29,823	181,178	0
ENGINEERING/OPS	(ii)	0	0	0	0	0	0	0
	H							

Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation

PART I, LINE IA	proksoant to applicable travel policies, the cooperative will only partion red incorred by a trostles spouse trostles may
	ONLY ATTEND ONE NATIONAL MEETING PER YEAR ALSO PURSUANT TO THE CURRENT POLICY, THE COOPERATIVE WILL PAY FOR REGISTRATION FEES, TRAVEL
	AND MEALS INCURRED BY AN EMPLOYEE'S SPOUSE IF INVITED TO ATTEND AN NRECA REGIONAL OR NATIONAL MEETING NO EMPLOYEES RECEIVED THIS
	BENEFIT DURING THE YEAR PURSUANT TO THE EMPLOYEE WELLNESS PROGRAM, EMPLOYEES PARTICIPATING IN THE COOPERATIVE SPONSORED HEALTH

BENEFIT DURING THE YEAR PURSUANT TO THE EMPLOYEE WELLNESS PROGRAM, EMPLOYEES PARTICIPATING IN THE COOPERATIVE SPONSORED HEALTH INSURANCE PLAN RECEIVE UP TO \$50 PER MONTH, LIMITED TO \$600 PER YEAR, FOR THE COST OF HEALTH CLUB DUES
 PURSUANT TO THE COOPERATIVE'S EMPLOYEE RETIREMENT POLICY, EMPLOYEES RETIRING AT NORMAL RETIREMENT WILL RECEIVE A RETIREMENT BONUS/INCENTIVE ON THEIR OFFICIAL RETIREMENT DATE THE AMOUNT REPORTED ON SCHEDULE J, PART II, COLUMN B (II) REPRESENTS THE RETIREMENT

	portos/internite on their officere refinement byte the reformed on seneboles, thin in, coloring (ii) he resident
	BONUS JOHN KIRKWOOD RECEIVED UPON HIS RETIREMENT
PART II, COLUMN C	INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN THE CONTRIBUTION
	RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE
	CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE, YEARS OF SERVICE AND THE CURRENT INTEREST RATE ENVIRONMENT IN
	OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS
	BEING FOLIAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN CASH CONTRIBUTIONS TO THE PLAN IN LIFLUOF THE ACTUARIAL INCREASE ARE EXPENSED.

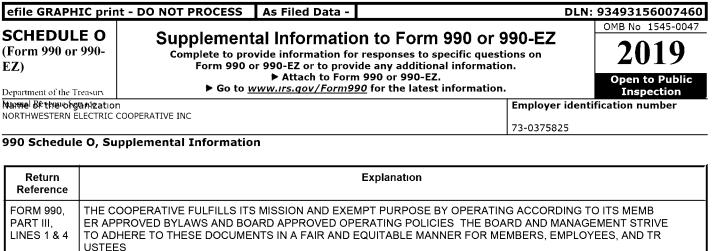
IN THE FINANCIAL STATEMENTS TYSON LITTAU ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 93,764 EMPLOYER CONTRIBUTION TO 401(K) PLAN 4,425 TOTAL REPORTED IN COLUMN C \$ 98,189 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (93,764) ADD CASH CONTRIBUTED TO DEFINED BENEFIT PLAN 63.135 EXPENSE TO THE COOPERATIVE \$ 67.560 JOHN KIRKWOOD ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ -0- EMPLOYER CONTRIBUTION TO 401(K)PLAN 1.833 TOTAL REPORTED IN COLUMN C \$ 1.833 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN -0- ADD CASH CONTRIBUTED TO DEFINED BENEFIT PLAN 28,499 EXPENSE TO THE COOPERATIVE \$ 30,332 BRENT MCDOWELL ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 64,367 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2,169 TOTAL REPORTED IN COLUMN C \$ 66,536 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (64,367) ADD CASH

CONTRIBUTED TO DEFINED BENEFIT PLAN 30,946 EXPENSE TO THE COOPERATIVE \$ 33,115 JAMIE RUBLE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 39.579 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2.437 TOTAL REPORTED IN COLUMN C \$ 42.016 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (39,579) ADD CASH CONTRIBUTED TO DEFINED BENEFIT PLAN 34,709 EXPENSE TO THE COOPERATIVE \$ 37,146 JARET DOWLER ACTUARIAL INCREASE IN

DUDGHANT TO ADDITION FOR THE COOPERATIVE WILL ONLY DAY FOR DECISTRATION FEES INCHIRED BY A TRUSTEES' SPOUGE TRUSTEES MAY

Page 3

DEFINED BENEFIT PLAN \$ 29.818 EMPLOYER CONTRIBUTION TO 401(K)PLAN 2.405 TOTAL REPORTED IN COLUMN C \$ 32.223 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (29,818) ADD CASH CONTRIBUTED TO DEFINED BENEFIT PLAN 33,401 EXPENSE TO THE COOPERATIVE \$ 35,806 Schedule 1 (Form 990) 2019



Return Reference	Explanation
FORM 990,	DURING THE YEAR, THE BYLAWS OF THE COOPERATIVE WERE AMENDED MEMBERS OF THE COOPERATIVE WH
PART VI,	O ATTENDED THE 2019 ANNUAL MEETING APPROVED BY A MAJORITY VOTE TO AMEND ARTICLE III, SECTI
SECTION A,	ON 6 OF THE BYLAWS ARTICLE III - MEETING OF MEMBERS, SECTION 6 - VOTING DISTRICTS, WAS AM
LINE 4	ENDED TO ADJUST THE NUMBER OF MEMBERS IN EACH VOTING DISTRICT TO A MORE EQUITABLE RATIO AM
	ONG ALL DISTRICTS

990 Schedule O, Supplemental Information

Return

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

Explanation

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

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

Return Explanation
Reference

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

Return Explanation
Reference

FORM 990,	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION AND REVIEW PRIOR T
PART VI,	O FILING THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE
SECTION B,	FILING THE FORM 990
LINE 11B	

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

990 Schedule O, Supplemental Information

Return Explanation

Reference

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

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

Return Explanation

PART VII

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

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

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

Funlanation

Return Explanation
Reference

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

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

Return Explanation
Reference

FORM 990,	ALL GRANTS, DONATIONS, AND/OR SCHOLARSHIPS ARE MADE TO NON-PROFIT, CIVIC ORGANIZATIONS, AN
PART IX,	DINDIVIDUALS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTEND
LINES 1 & 2	ED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE EACH DONATION MADE DURING THE Y
	EAR WAS BELOW THE REPORTING THRESHOLD OF SCHEDULE I. PART II

Return Reference	Explanation
FORM 990, PART IX, LINE 4	PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBE RS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRAS E "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE C COPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRON S THE COOPERATIVE'S TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS PATRONS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATING ON A COOPERATIVE BASIS" AS SUBORDIN ATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT C OST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCAT ION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE B ASIS OF PATRONAGE (I E PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SH OULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS THE AMOUNT REPORTED O N PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2019 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHIN G ITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE NOT AN EXPENSE FOR FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, HOWEVER

Return Reference FORM 990, PART IX. COUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LIN

PART IX,
LINES 5-7

COUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LIN
ES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$ 3,599,761 LESS TRUSTEE F
EES REPORTED ON FORMS 1099-MISC (185,582) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE
5 (128,958) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGINS 2,773 PLUS SALARI
ES AND WAGES CAPITALIZED DIRECTLY TO PLANT 868,742 PLUS SALARIES AND WAGES CAPITALIZED/EX
PENSED INDIRECTLY THROUGH CLEARING AND OTHER ACCOUNTS 193,154 TOTAL WAGES ACCRUED AND/OR P
AID \$ 4,349,890

Return Reference	Explanation
FORM 990, PART IX, LINE 24	ADMINISTRATIVE & GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING ADMINISTRATIVE & GENERAL \$ 1,158,207 OFFICE SUPPLIES 341,844 OUTSIDE SERVICES 74,207 EMPLOYEES 125,588 TRUSTEES 248, 929 INSURANCES 93,240 DUES 106,570 DONATIONS 21,146 ANNUAL & DISTRICT MEETINGS 76,708 MISC ELLANEOUS GENERAL 52,383 MAINTENANCE OF GENERAL PLANT 38,604 TOTAL ADMIN & GENERAL EXP PER FINANCIAL STATEMENTS \$ 2,337,426 LESS RECLASS OF DONATIONS TO PART IX, LINE 1 (21,146) L ESS RECLASS OF TRUSTEES FEES TO PART IX, LINE 5 (185,582) LESS RECLASS OF LABOR TO PART IX, LINES 5 & 7 (733,440) LESS RECLASS OF BENEFITS TO PART IX, LINES 8-10 (446,456) TOTAL ADMIN & GENERAL EXPENSE PER FORM 990, PART IX \$ 950,802

Explanation Return Deference

Reference	
,	PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 1,480,957 PATRONAGE CAPITAL RETIRED - TOTA
PART XI,	L -1,117,894 PATRONAGE CAPITAL RETIRED - DISCOUNT 42,764 PATRONAGE CAPITAL RETIRED - UNC

LINE 9 LAIMED 273.385 NET CHANGE IN POST-RETIREMENT BENEFIT 55.817

Return Explanation

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