Form **990**

Return of Organization Exempt From Income Tax

2019

OMB No. 1545-0047

(Rev	. January	2020)	Under section 50 I(c), 521, or		•			idadonis,	20						
Dep	artment of	the Treasury	► Do not enter socia		Open to I										
_		ue Service		ov/Form990 for instruct	tions and the lat	est informati	on.		Inspec	lion					
<u>A</u>	For the	2019 calen	dar year, or tax year beginning	JANUARY 1	, 2019, and en	ding DE	CEMB	ER 31	, 20 19						
В	Check if a	applicable:	C Name of organization SOUTHE	AST ELECTRIC COOPE	RATIVE, INC.			D Employe	er identification	number					
	Address o	change	Doing business as						81-0228814						
	Name cha	ange	Number and street (or P.O box it	mail is not delivered to stree	et address)	Room/suite		E Telephor	ne number						
	Initial retu	ım	PO BOX 369						<u>406-775-8762</u>						
	Final retur	n/terminated	City or town, state or province, c	ountry, and ZIP or foreign po	stal code										
	Amended	return	EKALAKA, MT 59324					G Gross re	ceipts \$	7,235,23 <u>6</u>					
	Application	on pending	F Name and address of principal of	ubordinates? 🔲 Y	es 🗹 No										
			JACK E HAMBLIN, PO BOX 30	69, EKALAKA, MT 59324	7	Н(ы) А	re all su	ıbordınates	ıncluded? 🔲 Y	es 🗹 No					
ī	Tax-exem	npt status:	501(c)(3) 501(c) (1;	2) ◀ (insert no.)	947(a)(1) or 🗌 52	#/H	"No," a	ttach a list.	(see instruction:	s)					
J Website: ► WWW.SEECOOP.COM															
ĸ	Form of o	rganization 🗸	Corporation Trust Associa	ution ☐ Other ►	L Year of fo	rmation 19	46	M State of	legal domicile	MT					
P	art I	Summa			1										
	1	Briefly des	cribe the organization's miss	ion or most significant	activities: Miss	ion Stateme	nt: Th	rough dec	lication, coop	eration,					
8	,	community	involvement and local control	, we provide safe, depe	ndable, affordab	le energy, a	nd inn	ovations	for the better	ment of					
Activities & Governance			embers to improve the quality of life and create a brighter future for all. k this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.												
ē	2	Check this	box ▶ ☐ if the organization	discontinued its opera	ations or dispos	ed of more	than 2	25% of its	s net assets.						
ő	3	Number of	voting members of the gove	rning body (Part VI, lin	e 1a)			3		5					
∘ಶ	4	Number of	independent voting member	rs of the governing boo	dy (Part VI, line	1b)		4							
ies	5	Total numb	per of individuals employed in	n calendar year 2019 (l	Part V, line 2a)			5		14					
Ξ	6	Total numb	per of volunteers (estimate if	necessary)				6		0					
Ac	7a -	Total unrel	ated business revenue from	Part VIII, column (C), li	ne 12			7a		0					
	b	Net unrelat	ted business taxable income	from Form 990-T, line	39	· · · ·		7b		0					
					Current Y	ear									
	8 (Contributio	ons and grants (Part VIII, line	1h)	. 			0		0					
Ĕ	9	Program s	ervice revenue (Part VIII, line	101,827		7,178,106									
Revenue	10	Investmen	t income (Part VIII, column (A	50,806		53,394									
Œ	11 🕠	Other reve	nue (Part VIII, column (A), line	7,261		3,736									
	12	Total reven	ue-add lines 8 through 11 (r	59,894		7,235,236									
	13	Grants and	d similar amounts paid (Part I	X, column (A), lines 1-	3)			49,098		54,473					
			aid to or for members (Part I)				1,4	115,645		494,786					
စ္တ	15	Salaries, ot	her compensation, employee	benefits (Part IX, colum	n (A), lines 5–10)	1,7	701,232		1,720,205					
Expenses	16a	Profession	al fundraising fees (Part IX, o	olumn (A), line 11e)				0		0					
9	Ь	Total fundi	aising expenses (Part IX, col	umn (D), line 25) 🕨		<u> </u>]					
ŵ	17	Other expe	enses (Part IX, column (A), lin	es.11a-11d, 11f-24e)-			3,9	93,919		4,965,772					
	18	Total expe	nses. Add lines 13–17 (must	equal Pate & Columb	(A), line 25)	,	7,1	59,894		7,235,236					
	19	Revenue le	ess expenses. Subtract line		၂ပ္က			0		0					
Net Assets or Fund Balances				800 MAY 1 3 20	20. %	Beginning	of Curre	ent Year	End of Ye	ar					
sets alan	20	Total asset	ts (Part X, line 16)				19,9	38,966	2	0,072,926					
₽ B	21	Total liabilı	ties (Part X, line 26)	. L	——1≝∤		8,9	99,606		<u>8,797,140</u>					
			or fund balances. Subtract I	ne 21(from line 210)	<u>JT</u>		10,9	39,360	1	<u>1,275,786</u>					
	art II		re Block												
Un	der penali	ties of perjury	, I declare that I have examined this e. Declaration of preparer (other than	return, including accompany	ing schedules and :	statements, and	to the	best of my	knowledge and	I belief, it is					
— tru	e, correct,	and complet	e. Declaration of preparer (other than	onicer) is based on an inion		parer mas any a	IOWICO		1000						
0.		\bot	aren Kreet	e ()			ـــِــ	<u> 514</u>	12020						
Sig	-	Signat	ure of officer	-			Date								
Here			aREN Kreitel, Sec	cretary											
_		<u> </u>	or print name and title	·		15			l pro-						
Pa	id	Print/Type	preparer's name	Preparer's signature		Date		Check							
	eparei	r		L				self-emplo	yeu						
	e Only	Firm's nar						EIN >							
	•	Firm's add		-b	-A		Phone	no.							
Ма	y the IR	S discuss	this return with the preparer	snown above? (see ins	structions) .		• •	<u> </u>	. □Yes	□ No					
	-					A NA 11000V			Ea-m	APPENDING 101 101					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 99	00 (2019)	Page 2
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: Through dedication, cooperation, community involvement, and local control, we provide safe, dependable, affordable energy and innovation for the betterment of our members to improve the quality of life and create a brighter future for all.	i
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?] No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?] No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 3,812,217 including grants of \$) (Revenue \$ 140,163) Purchase of power to distribute to our members	
4b	(Code:) (Expenses \$ 2,936,448 including grants of \$) (Revenue \$ 7,096,767) Building and maintenance of distribution and transmission power lines to serve our members	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		/
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	. J	l

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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	1	
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		√
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
C	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		1
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		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	· ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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rait	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
Ь	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)			لبِ۔
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	_		_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
Ь	If "Yes," enter the name of the foreign country			
E -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
-	required to file Form 8282?	7c		- (
d		7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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			i
•	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			· J
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			
12-	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
. С	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	,		ļ
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14 <u>a</u>	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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			,
	excess parachute payment(s) during the year?	15		<u>√</u> ,
•	If "Yes," see instructions and file Form 4720, Schedule N.			بـ
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		
_	ii rea, complete i utili 4720, autieuule U.		l	1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	<u> </u>
<u>Secti</u>	on A. Governing Body and Management			
	en man alla en la laca de la laca de la laca de la laca de lac		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or			
	of the governing body delegated broad authority to an executive committee or similar			1
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . Lib	-		
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?	2	✓	
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		✓
6	Did the organization have members or stockholders?	6	✓	<u> </u>
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	1	
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	✓	<u>L</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	8a	-	
a b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	100		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
	5		Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
Ь	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?	11a	\	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لــــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
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?	15a	7	ـــا
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	130		├
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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	1		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (Sec	tion 5	501(c)
=	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,		- \-/
40	Own website Another's website Upon request Other (explain on Schedule O)	. e. 1		_U-
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			юнсу,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	Southeast Flactric Connective Inc. 110 S Main Street Fkalaka MT 59324-0369 406-775-8762			

D.		- 4
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	Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees	s, Highest Compensated	Employees, ε	ınd
_		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	aniz	atic	on c	ompe	ensa	ted any current	officer, director,	or trustee.
	(C)								_	
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average	box, unless person is both an						Reportable	Reportable	Estimated amount
	hours per week	officer and a director/trustee)					tee)	compensation from the	compensation	of other compensation
	(list any	우절	Su	♀	<u>~</u>	표표	ğ	organization	from related organizations	from the
	hours for	a Maria	鬒	Officer	Key employee	ploy	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	호 플	Į Š	1	흥	8 8	`			related organizations
	below	Individual trustee or director	1		8	ag a	1			
	dotted line)	8	Institutional trustee			Highest compensated employee				
	ļ. <u>. </u>	 	Ĺ	ļ _	▙	<u>&</u>	<u> </u>			
(1) Albert Paul	3.57									
President, Director	2.76	/	├-	✓	-		╁	7,224		12,750
(2) Mike Hansen	3.61			/						
Vice President, Director	.61	/	⊢	•	├-	-	-	8,184		
(3) Karen Kreitel	2.30	1		/				5404		
Secretary/Treasurer , Director	.44	+*		-	\vdash		\vdash	6401		
(4) Douglas Gardner	2.57	1				ļ		9,046]
Director (5) Paya Haydan	1.07 2.32	├	╁─	-	\vdash	\vdash	\vdash	9,040		
(5) Dave Hayden Director	3.36	1						10.880		
(6) LeRoy Jardee	.80	├ `	<u> </u>		t	<u> </u>	l	10,000		
Director	.01	1	1	l	ł		l	3,501		
(7) Jack E. Hamblin					T		T			
General Manager	1	1			1			143,651		120,547
(8)							Π			
	1	1						<u> </u>		
(9)							Γ			
]			Ĺ.	L				
(10)				ĺ	İ		İ	1		
				_	$oxed{oxed}$		lacksquare			
(11)										
	ļ	ļ		┖	$oldsymbol{oldsymbol{oldsymbol{eta}}}$		L			
(12)	ļ					-				
			<u> </u>		↓_	ļ	<u> </u>			
(13)			1							
440	 	<u> </u>	[<u> </u>	\vdash	<u> </u>	├—	 		
(14)									İ	
	1	Į.	1	1	1	1	1	I	I	1

Part	VII Section A. Officers, Directors, 1	rustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated Er	nplo	yees (d	contir	nued)
			(C)							Į.				
	(A)	(B)	(do not check more than on				one	(D)	(E)			(F)		
	Name and title	Average hours					is both or/trust		Reportable compensation	Reportable compensation		Estima	ted am f other	ount
		per week	\vdash		_			_	from the	from relat	ed	com	pensati	on
		(list any hours for	d N	State	Officer	Key employee	age argin	Former	organization (W-2/1099-MISC)	organizatio (W-2/1099-N			om the ization	and
		related	dividual i	ğ	7	夏	st cc	"				related (organiz	ations
		organizations below	Individual trustee or director	효		уее) mg				ļ			
		dotted line)	8	Institutional trustee			Highest compensated employee							
			<u> </u>	<u> </u>	<u> </u>	_	8.	<u> </u>						
(15)						ļ			1					
(16)			 -	-	-			-		<u>-</u>	-+			
1101			1	İ	ĺ	ĺ					Ī			
(17)							<u> </u>	_						
J			1		_		<u>.</u>				_ 1			
(18)														
				_		<u> </u>								
(19)		 	1	l	l	l	l				l			
(20)					\vdash	-		├						
3207			1]]]		,			
(21)														
(22)											_			
(0.0)				<u> </u>	ļ			<u> </u>						
(23)		 	•											
(24)			 	\vdash	-	\vdash		╌		<u> </u>				
<u>15-71</u>														
(25)														
							L							
1b	Subtotal		• .	•	•		•	>	188,887	-			13	3 <u>,297</u>
ر 5	Total from continuation sheets to Part			٠	•	•	•		109 4	<u> </u>				
d	Total (add lines 1b and 1c)						above	<u> </u>	1750,00	o than \$100				
2	reportable compensation from the organi		יו ט נו	1056	: 1151	leu i	above	s) vv	no received mon	e man proc	,,000	OI .		
						_		_					Yes	No
3	Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	ey e	mpl	oyee, or highes	t compens	sated			
	employee on line 1a? If "Yes," complete S	Schedule J	for su	uch	indi	ıvidı	ıal		· · · · · · ·			3		\
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater th	an \$1	150,	000)? /:	"Ye	s, "	complete Sched	dule J for	such			
5	Did any person listed on line 1a receive of			•	· Hon	fro.			rolated organizat	ion or indu	udual	4	✓	
9	for services rendered to the organization											5	7	
Secti	on B. Independent Contractors	7 7											•	
1	Complete this table for your five high													
	compensation from the organization. Repo	ort compen	sation	n foi	r the	ca	lenda	r ye	ar ending with or	within the	organ	ization'	s tax	year.
	(A) Name and business add							•	(B) Description of serv		,	(C)	-4	
	Name and business add		_						Description of serv	1005		Compens	allon	
			_					-						
			_					\vdash						
					_									
2	Total number of independent contractor							th	ose listed abov	e) who				Ī
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion	<u> </u>						_	

Pari	VIII	Statement of Re				one or note to on	u line in this Da	.+ \/UI		
		Check if Schedule	0 00	ntains a re	spor	ise or note to an	<u>- </u>	(B)	(C)	· · · · L
							(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ats ats	1a	Federated campaig			1a	0				
Contrib ritions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	0	ļ			
S, E	C	Fundraising events			1c	0				
를 Par	d	Related organization			1d	0		ı		
iE.	e	Government grants	•		1e	-				
tion r. S	f	All other contribution and similar amounts no			1f	ا				
ig ig	g	Noncash contribution								
들음	9	lines 1a-1f			1g	s o				
မှု မှ	h	Total. Add lines 1a-					0			
						Business Code				
9	2a	Sales of electricity				22100	6,936,917	6,936,917		
Program Service Revenue	b	Generation/Transmis	sion	Capital Cred	dit	22100	140,163			
gram Ser Revenue	С	Other Capital Credits				22100	67,638	67,638		
eve	d	Bad Debts				22100	-1,695	-1,695		
ogr R	е		- -		- 					
٩	f	All other program se				22100	35,083	35,083		ļ
	9	Total. Add lines 2a-					7,178,106			
	3	Investment income								
		other similar amoun					53,394	53,394	<u> </u>	
	4	Income from investment of tax-exempt bon Royalties					0			
	5	noyaities	· ·	(i) Non		(ii) Porsonal	0			
	6a	Gross rents	6a	- W1104		 				
	ь	Less: rental expenses	6b			 				
	C	Rental income or (loss)								
	ď	Net rental income o		s)		▶	0			
	7a	Gross amount from	<u> </u>	(i) Securities		(ii) Other				
	'-	sales of assets								
		other than inventory	7a		0	0				ļ
e	b	Less: cost or other basis								
er Revenue		and sales expenses .	7b		0	0				
Š		Gain or (loss)	7c	l	0				<u> </u>	·
erl	d	Net gain or (loss)	• •		<u> </u>	<u> ▶</u>	0			
ot l	8a	Gross income from		ndraising	ļ	<u> </u>				
		events (not including of contributions re		d on line		i				
		1c). See Part IV, line			8a	ا				•
	ь	Less: direct expens			8b	0			i	
	C	Net income or (loss)			$\overline{}$	<u> </u>	0			
	9a	Gross income f			<u> </u>					
	"-	activities. See Part I			9a	اما				
	ь	Less: direct expens	-		9b	0	·			
	С	Net income or (loss)	from	gaming a	ctivitie	es >	0			
	1 <u>0</u> a	Gross sales of in		-						
	,	returns and allowan	ces	• • •	10a	28,356				
	b	Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of ir	vento	,	3,736	3,736		
Sn	l			1		Business Code		<u> </u>	·	
Miscellaneous Revenue	11a					ļ				
llar /en	b					 				
scellaneo Revenue	C	All other revenue								
Ξ̈́	d e	Total. Add lines 11a	 _11^		• •					
	12	Total revenue. See			· · ·	· · · · Þ	7 235 236	7 235 236		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (D) Fundraising expenses (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, 7b, Program service expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 38,815 38,815 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 15,658 15,658 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 494,786 494,786 Compensation of current officers, directors, trustees, and key employees 270.840 270,840 270.840 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 854,907 854,907 R Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 203,727 203,727 9 Other employee benefits 306,245 306,245 10 Payroll taxes 84,486 84,486 Fees for services (nonemployees): 11 Management 6,184 6,184 Accounting C 9,006 9,006 Lobbying 367 367 Professional fundraising services. See Part IV, line 17 a Investment management fees 3,920 3,920 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 11,562 11,562 12 Advertising and promotion 5,296 5,296 13 Office expenses 16,521 16,521 Information technology 14 53,552 53,552 15 Royalties 0 16 192,204 192,204 17 172,832 172,832 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 7,574 7,574 20 328,006 328,006 21 Payments to affiliates 47,797 47,797 Depreciation, depletion, and amortization. 22 553,225 553,225 23 30,476 30,476 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.) Purchased Power 3,812,217 3,812,217 Operating & maintenance 83,483 83,483 Labor Capitalized C -352,222 -352,222 Customer Advance for Construction -13,837 -13,837 All other expenses Accrued Vacation -2,391 -2,391 Total functional expenses. Add lines 1 through 24e 25 7,235,236 7,235,236 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 thi	s Part X	<u></u>	<u></u> <u>.</u> <u>D</u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	. 156,859	1	403,023
	2	Savings and temporary cash investments	. 2,277,974,	2	1,482,630
	3	Pledges and grants receivable, net	·	3	0
	4	Accounts receivable, net		4	1,384,209
	5	Loans and other receivables from any current or former officer, direct	tor,		
		trustee, Key employee, creator or founder, substantial contributor, or 3	5%		
		controlled entity or family member of any of these persons	0	5	0
	Ü	Loans and other receivables from other disqualified persons (as defin			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(E			0
əts	7	Notes and loans receivable, net			0
Assets	8	Inventories for sale or use			261,921
⋖	9	Prepaid expenses and deferred charges	9,993	9	5,831
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 20,038		 -	
				11	12,812,075
	11 12	Investments—publicly traded securities		12	0
	13	Investments—program-related. See Part IV, line 11		-	0
	14	Intangible assets			00
	15	Other assets, See Part IV, line 11			<u>3,564,722</u> 158,515
	16	Total assets. Add lines 1 through 15 (must equal line 33)			20,072,926
	17	Accounts payable and accrued expenses			1,066,639
	18	Grants payable		 _ 	0
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	. 0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	. 0	21	0
S	22	Loans and other payables to any current or former officer, direc-	tor,		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
abi		controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	7,730,501
	24	Unsecured notes and loans payable to unrelated third parties	· 0	24	0
	25	Other liabilities (including federal income tax, payables to related the			
		parties, and other liabilities not included on lines 17-24). Complete Par			
		of Schedule D			0
_	26	Total liabilities. Add lines 17 through 25	8,999,606	26	8,797,140
ces		Organizations that follow FASB ASC 958, check here ▶ □			
au	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		27	
Bal	27 28	Net assets without donor restrictions	. 0	T	0
힏	20	-		20	0
Ē		Organizations that do not follow FASB ASC 958, check here ▶ ✓ and complete lines 29 through 33.			
Net Assets or Fund Balan	29	Capital stock or trust principal, or current funds	10,939,360	29	11,275,786
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		1	0
SSE	31	Retained earnings, endowment, accumulated income, or other funds.			0
Ĭ,	32	Total net assets or fund balances			11,275,786
Ž	33	Total liabilities and net assets/fund balances			20,072,926
-					

Page	1	2

Form 9	90 (2019)				Pε	ige 12
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					/
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,23	15,236
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,23	15,236
3	Revenue less expenses. Subtract line 2 from line 1	3				0
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			10,93	19,360
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			33	16,426
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			11,27	<u>5,786</u>
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· : </u>	<u>· · · </u>	<u> </u>	_	<u></u>
_					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explair	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	$\overline{\checkmark}$	
	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					
ь	Were the organization's financial statements audited by an independent accountant?		.	2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a			
	separate basis, consolidated basis, or both:		- 1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				_	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single Audit Act and OMB Circular A-133?		.	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits		3b	ليا	
				For	n 990	(2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

South	east Electric Cooperative, Inc.		81-0228814
Par			s 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		
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?	<u> </u>	· · · · · L Yes D No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, recre	• _	a historically important land area
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld 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 Tax Year
а	Total number of conservation easements		. 2a
þ	Total acreage restricted by conservation easement	s	. 2b
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not or	na
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	inated by the organization during the
	tax year ►		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting	ig, handling of violations, and enforcing c	onservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(II)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o		ncial statements that describes the
	organization's accounting for conservation easeme		
Part			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		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote	to its financial statements that describe	s these items.
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		earch in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,		
	following amounts required to be reported under FA	ASB ASC 958 relating to these items:	-
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		▶ \$
b	Assets included in Form 990, Part Y		b ¢

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (co	ntinu	ed)
3	Using the organization's acquisition, collection items (check all that apply):	· ·	her reco	rds, chec	k any of th	e follow	ring that make	significant	use	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 collections a	and expla	ain how t	hey further	the org	anization's exe	mpt purpo	se in	Part
5	During the year, did the organization assets to be sold to raise funds rather								s 🔲	No
Part	IV Escrow and Custodial Arra						·	_		
	Complete if the organization 990, Part X, line 21.	answered "Yes'	on For	m 990, f 	Part IV, line	e 9, or ———	reported an a	mount on	Forn	n
1a	Is the organization an agent, trustee included on Form 990, Part X?								s 🗌	No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able:		-			
								Amount_		
C	Beginning balance					1c				
d	Additions during the year					1d	+ -			
e	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amou If "Yes," explain the arrangement in P									
Par	V Endowment Funds.					4.0				
	Complete if the organization									
_		(a) Current year	(b) Pn	or year	(c) Two year	rs back	(d) Three years ba	ck (e) Four	years b	ack_
1a	Beginning of year balance				<u> </u>					
þ	Contributions									
С	Net investment earnings, gains, and losses						<u></u>			
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	the current year en	d balanc	e (line 1g	, column (a)) held a	as:			
а	Board designated or quasi-endowme	nt 🕨	_ %							
b	Permanent endowment ▶	%								
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.							
3a	Are there endowment funds not in th organization by:	e possession of th	e organi	zation tha	at are held	and adı	ministered for t	he	Yes	No
	(i) Unrelated organizations							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on So	chedule R?			. 3b		
4	Describe in Part XIII the intended uses	s of the organization	n's endo	wment fo	unds.					
Part	, , ,									
	Complete if the organization	answered "Yes"	<u>' on For</u>	<u>m 990, F</u>	Part IV, line	e 11a. S	See Form 990	, Part X, I	ine 1	0
	Description of property	(a) Cost or other			or other basis ther)		Accumulated preciation	(d) Boo	k value	
1a	Land				77,390				. 77	7,390
b	Buildings				1,640,598		294,097			6,501
С	Leasehold improvements				0		0			0
d	Equipment				18,057,291		6,790,354		11,266	6,9 <u>37</u>
е	Other				263,549		142,302		121	1,247
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90, Part 2	K, column	(B), line 10)c.)	▶		12,812	2,075

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form	m 990 Part IV lin	e 11b. See Form	990 Part X line 12
_	(a) Description of security or category	(b) Book value	(c) Met	hod of valuation -of-year market value
40.5	(including name of security)		Cost or end	-oi-year market value
(1) Financial			-	
	eld equity interests			
(3) Other			-	
				
(B) (C)				
(D)				
(C)				
(C)		<u> </u>		
(0)				
(H)				·
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨			
Part VIII	Investments-Program Related.			
	Complete if the organization answered "Yes" on Fore	m 990, Part IV, lir	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		hod of valuation -of-year market value
(1)				
(2)				
(3)				
_(4)				
_(5)				
(6)				
<u>(7)</u>		<u>.</u>		
(8)				
(9)	ma (h) must a ust Farm 000 Part V and (D) (ma 12)			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.		<u> </u>	
Partix	Complete if the organization answered "Yes" on Form	m 990 Part IV lin	e 11d See Form	990 Part X line 15
	(a) Description	11 000,1 41 14, 11	114. 000 1 0111	(b) Book value
(1)	(4) 5 5 5 7 7 1			\-/
(2)				_
(3)				
(4)				
(5)				
(6)				
(7)			·-	
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	. <u></u>	<u>.</u> ▶	
Part X	Other Liabilities. Complete if the organization answered "Yes" on Fore	m 990, Part IV, lir	e 11e or 11f. See	e Form 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal in				(b) Book Value
	COITIE LAXES			
(3)				
(4) .				
(5)				
(6)				<u> </u>
(7)				
(8)				
(9)				-
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footnot			nts that reports the
at Liubility 101	uncertain tax positions. If I all Alli, provide the text of the looting	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Do	_	
ru	u	; -

Part				Return.	
	Complete if the organization answered "Yes" on Form 990,			1	
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:				7,666,917
2	Net unrealized gains (losses) on investments	2a	•		
a	Donated services and use of facilities	2b	0	1	
b	Recoveries of prior year grants	2c			
c d	Other (Describe in Part XIII.)	2d	1,955,679	ľ	
e	Add lines 2a through 2d			2e	1,955,679
3	Subtract line 2e from line 1			3	5,711,238
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			3,711,238
a a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	_	1,523,998		
С	Add lines 4a and 4b			4c	1,523,998
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	7,235,236
Part				r Return	
	Complete if the organization answered "Yes" on Form 990,		-		
1	Total expenses and losses per audited financial statements			1	6,601,929
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)		1,034,040		
e	Add lines 2a through 2d			2e	1,034,040
3	Subtract line 2e from line 1			3	<u>5,567,889</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	1	
þ	Other (Describe in Part XIII.)		1,667,347		
c	Add lines 4a and 4b			4c	1,667,347
5 Doct	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	ne 16.) .	<u> </u>	5	<u>7,235,236</u>
2; Par Part XI	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ait XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par 1-2d November and December 2018 interest, electric revenue, plus Nov and December 2019 interest and revenue plus Nov and December 2019 interest and Revenue plus Nov and December 2019 interest and Revenue plus Nov and December 2019 interest and Revenue Plus Nov and December 2019 interest and Revenue Plus Nov and December 2019 interest and Revenue Plus Nov and December 2019 interest and Revenue Plus Nov and December 2019 interest and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plus Nov and Revenue Plu	t to provid cc 2018 ca	le any additional in pital creits allocated	formation. I to Southe	
	I - 2d November and December, 2018 expenses plus 2019 write offs. I - 4b November and December 2019 expenses plus 2019 total capital credits.				·····
				·	
				. 	······································
					·

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

(rorm sau)	GOVERNMENTS, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2019
Department of the Treasury Internal Revenue Service	asury ► Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization		Employer identification number
Southeast Electric Cooperative, Inc		81-0228814
Part Gen	General Information on Grants and Assistance	
1 Does the	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	P
the selecti	the selection criteria used to award the grants or assistance?	. □ Yes □ No
2 Describe	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grai	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990	1 "Yes" on Form 990

Part II Grants and Other Assistance to Domestic (Part IV, line 21, for any recipient that received	istance to Do recipient that	mestic Organiza	ations and Dorr an \$5,000. Part	nestic Governm Il can be duplica	ents. Complete ited if additional	Organizations and Domestic Governments. Complete if the organization answ more than \$5,000. Part II can be duplicated if additional space is needed.	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Energy Share of Montana							
Helena, MT	81-0411562		2000				Donation
(2) Dahl Memorial Healthcare Assn						,	
Ekalaka, MT 59324	81-0264548		33,000			LED Lights	EE Lights for new hospital
(3)							
(4)							
(9)							
(9)							
(a)							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table 	501(c)(3) and gov ganizations listed	vernment organizat in the line 1 table	organizations listed in the line 1 table in	ine 1 table			2
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)
Part III Grants an

רמון ווו כמון טפ טיטווכמופט וו מסטווטומן אסטפים וא	ו שלמכים וא וומפתפת				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Low Income Power Assistance	11		0009		Electric Bill Credit
2 4-H Market Animals	m	1536	Ö		
3 Youth Tour	1	3707	0		
4 Appliance Rebate	3		400		Electric Bill Credit
5 Water Heater Rebate	13		2956		Rebate of \$5.00 per gallon on wtr htr
6 Scholarship	6	1250			
7 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other addit	ional information.
1. Energy Share of Montana received a donation for low income assistance.	income assistance.				
2. Dahl Memorial Healthcare Association received assistance for purchase of enegy	ance for purchase o	f enegy			
3. The college scholarship and youth tour recipients were selected		by the Board of Directors, Scholarship Committee	larship Committee		
4. The purchase of 4-H animals is done by a Board Member in each		of the 3 counties at the Annual 4-H livestock sales	4-H livestock sales		
5. In 2018 we started a rebate program for our members who purchase energy efficient appliances. After receipt and the proper documentation, a bill credit is issued	who purchase energ	ly efficient appliances.	After receipt and the	roper documentation, a bill	credit is issued.
6. In 2018 we started an "in house" low income energy assistance.		ibers submit an applica	ation which is reviewed	The members submit an application which is reviewed and upon approval, receive a bill credit.	a bill credit.
7. Water heater rebates are given to members who buy a water heat	water heater throug	lh Southeast Electric.	They receive \$5.00 per	er through Southeast Electric. They receive \$5.00 per gallon off the cost of the water heater.	ter heater.
-					
		, , , , , , , , , , , , , , , , , , ,	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

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

2019

Open to Public Inspection

Employer identification number Name of the organization 810228814 Southeast Electric Cooperative, Inc. **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. Housing allowance or residence for personal use ☐ First-class or charter travel Payments for business use of personal residence ☐ Travel for companions ☐ 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 linc 1a arc 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 1b 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 2 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. ☐ Written employment contract ☐ Compensation committee Compensation survey or study ☐ Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a a The organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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: 6a 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 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

9

Page 2

Schedule J (Form 990) 2019

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)(ii)-(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.

	ſ		0.74					(1)
		(b) Breakdown o	(b) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
	8	143.651		4.627	81.793	18.463	248.534	
Jack E. namblin, 1General Manager	Ξ							
	(6)	7,224					7,224	
2Albert Paul, President/director	Ξ	12,750						
	8							
6	Ξ)	
	ε							
4	€							
	6							
S	€							
	(2)							
,	E							
	€							
7	Ξ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	8							
8	(E)							
	(0)							
6	(1)							
	(1)							
10	(1)							
	ω							
11	E							
	6							
12	(ii)							
	ω							
13	<u>(ii)</u>							
	E							
14	(ii)							
	()							
15	Ξ							
-	6							
16	E							

Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Part VI Section A2 - Director Michael Hansen is the son-in-law of Director LeRoy Jardee Part VI Section A6 - Southeast Electric Cooperative, Inc., has single, joint and association memberships which are effective	upon receipt of
Part VI Section A6 - Southeast Electric Cooperative, Inc., has single, joint and association memberships which are effective	upon receipt of
electric service	
Part VI Section A7a - All members are eligible to vote for or elect members for the Board of Directors	
Part VI Section A7b - All members have a right to vote on and approve changes proposed to the By-Laws.	
Part VI Section B 11b - The completed Form 990 was presented to the Board of Directors at their regular monthly meeting.	After review by
the Board of Directors, Form 990 was signed by a Board officer.	
Part VI Section B12c - The Conflict of Interest Policy is reviewed annually. Each Board member is requested to complete a	nd sign the
Conflict of Interest Disclosure Statement.	
Part VI Section B 15a&b - The General Manager gets the Montana Electric Cooperative Assn data on salaries for state coop	eratives. A
summary is presented to the Board with the full schedule available. The Board of Directors then acts on the compensation	for all employees
including the General Manager.	
Part VI Section C19 - All governing documents, by-laws, Conflict of Interest Policy, tax documents, and financial statement	s are kept at the
office of Southeast Electric Cooperative, 110 South Main Street, Ekalaka, MT 59324, and are available to the public upon rec	quest.
Part XI 9 - Changes in net assets include: Member patronage \$488,286, less general retirements -\$135,430, less estate retire	ments -\$16,391,
less retired memberships -\$40, plus rounding \$1.00.	