DLN: 93493207013661 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.

OMB No. 1545-0047

☐ Yes ☐ No

Form 990 (2020)

Cat. No. 11282Y

Department of the

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

Inspection Internal Revenue Service For the 2020 calendar year, or tax year beginning 04-01-2020 , and ending 03-31-2021 C Name of organization NEBRASKA MUNICIPAL POWER POOL D Employer identification number B Check if applicable: \square Address change 47-0575470 ☐ Name change Doing business as \square 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 (402) 474-4759 City or town, state or province, country, and ZIP or foreign postal code Lincoln, NE 68516 G Gross receipts \$ 8,059,641 Name and address of principal officer: H(a) Is this a group return for Robert Poehling □Yes ☑No subordinates? 8377 Glynoaks Drive H(b) Are all subordinates Lincoln, NE 68516 ☐ Yes ☐No included? Tax-exempt status: □ 527 ☐ 501(c)(3) **☑** 501(c)(4) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► www.nmppenergy.org L Year of formation: 1975 M State of legal domicile: NE **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: Nebraska Municipal Power Pool provides a variety of energy-related services to its member communities, including the areas of electric distribution efficiency & reliability, utility & business software management, financial planning cost of service/rate studies & utility training & Activities & Governance Check this box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 61 0 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 298,970 294.958 Program service revenue (Part VIII, line 2g) . 1,126,119 1,067,619 5,949 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,239 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,598,226 6,676,682 8,029,264 8,044,498 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). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 749,083 765,660 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 7,199,358 7,224,894 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,948,441 7,990,554 80,823 53,944 19 Revenue less expenses. Subtract line 18 from line 12 . Assets or displaying **Beginning of Current Year End of Year** 2,007,510 2,088,261 20 Total assets (Part X, line 16) . 1,489,205 21 Total liabilities (Part X, line 26) 1,462,398 599,056 Net assets or fund balances. Subtract line 21 from line 20 545,112 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. 2021-07-26 Signature of officer Date Sign Here Jamie Johnson Director of Finance and Accounting Type or print name and title Print/Type preparer's name Preparer's signature Check \square if Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Phone no. Firm's address

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2020)					Page 2
Pa	rt III Statement	of Program Serv	ice Accomplis	hments		
	Check if Sche	dule O contains a res	ponse or note to a	any line in this Part III		🗆
1	Briefly describe the	organization's mission	1:			
None						
2	Did the organization	undertake any signifi	cant program serv	vices during the year	which were not listed on	
	the prior Form 990 c	or 990-EZ?				🗌 Yes 🛛 No
	If "Yes," describe the	ese new services on S	chedule O.			
3	Did the organization	cease conducting, or	make significant o	changes in how it con	ducts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Sched	lule O.			
4	Section 501(c)(3) ar		tions are required	to report the amount	e largest program services, as measur of grants and allocations to others, th	
4a	(Code:) (Expenses \$	550,878	including grants of \$	0) (Revenue \$	742,441)
	See Additional Data					
4b	(Code:) (Expenses \$	452,030	including grants of \$	0) (Revenue \$	325,178)
	See Additional Data					
4c	(Code:) (Expenses \$	0	including grants of \$	0) (Revenue \$	19,246)
	See Additional Data					
4d	Other program servi	ces (Describe in Sche	dule O.)			
	(Expenses \$	0 ir	cluding grants of	\$	0) (Revenue \$	0)
4e	Total program ser	vice expenses ▶	1,002,9	08		
						Form 990 (202

15

17

18

19

Checklist of Required Schedules

14a

14b

15

16

17

18

19

20a

20b

21

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Form **990** (2020)

	·		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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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? <i>If "Yes," complete Schedule D,</i> Part	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
Ь	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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No

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)

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

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

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 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

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

orm	990 (2020)			Page 4
Par	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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
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		
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		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	201		NI-
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c	Yes	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		
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		No
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	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			✓
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1		Yes	No

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

0

1c

Yes

1b

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	Yes	No No No No
b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	No No No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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?	Yes	No No No
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)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c To 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? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 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? 7 In the calculation of the foreign country: 5 To Does the organization of the calculation of the payor? 7 In the calculation of the payor of the calculation of the payor? 7 In the calculation of the foreign country: 5 In the calculation of the payor of the pa	Yes	No No
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: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? If "Yes," to line 5a or 5b, did 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? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? If "Yes," did 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? Tax bank and Financial accounts)? Sa bank and Financial Accounts? Sa bank and Financial	Yes	No No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	Yes	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	Yes	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	Yes Yes	
 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? 	Yes	No
solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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? 7 To the tax deductible contributions under section 170(c).		No
not tax deductible?)	No
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?)	
provided to the payor?)	
b. If "Ves " did the organization notify the donor of the value of the goods or socialed provided?		<u> </u>
	:	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
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?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	1	
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?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a	ı	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	,	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources 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?	a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	a	<u> </u>
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
the contraction receive any payments for indoor tanning services during the tax year?	a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 148	_	110
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?		No
If "Yes," see instructions and file Form 4720, Schedule N. 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.	;	No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	No" resp	onse to	lines
	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			✓
Se	ection A. Governing Body and Management			
	- Fatantia anni tarretta de la Caracteria de		Yes	No
1a		16		
	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	16		
2	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person? .	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	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?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following:	У		
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Cod		
10-	Did the averagination have lead about on humana average in the second	10a	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12-	V	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12a	Yes	
	conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes Yes	
D	Other officers or key employees of the organization	15b	Yes	
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemp status with respect to such arrangements?			
Se	ection C. Disclosure			I
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 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)			
19	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	State the name, address, and telephone number of the person who possesses the organization's books and records:			

Part VII

 \checkmark

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

and Independent Contractors

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

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

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

of reportable compensation from the organization	n and any relate	d orgai	nizati	ons.				•		
 List all of the organization's former director organization, more than \$10,000 of reportable constructions for the order in which to list the 	ompensation fro	m the								
	•									
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position that pers	on (do an on on is	(C) o not e bo both	t che ox, u h an or/tr	eck models eck models office ustee)	ore er	(D) Reportable compensation from the organization (W-2/1099- MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Robert Poehling Executive Director	3			х		-		321,647	0	51,034
(2) Brad Hans Director of Wholesale Electric Operations	0					х		195,551	0	49,164
(3) Chris Dibbern General Counsel	2					х		174,340	0	40,746
(4) Jamie Johnson Director of Finance & Accounting	0			x				180,741	0	18,843
(5) Sarah Jones Director of Enterprise Business Support	0					х		152,383	0	39,328
(6) Andrew Ross Director of Retail Utility Svcs & Member Relations	16 0			х				146,492	0	44,295
(7) Beth Ackland Director of Gas Operations	0					х		137,560	0	43,554
(8) Tim Cerveny Manager of Resources & Transmission	0					х		163,270	0	16,602
(9) Andrew Devine Director	0	Х						0	0	0
(10) Chris Anderson Director	0	Х						0	0	0
(11) Tim Luchsinger Director	0	Х						0	0	0
(12) Shelley Sahling-Zart Director	0	Х						0	0	0
(13) Tom Ourada Director	0	Х						0	0	0
(14) Randy Woldt Director	0	Х						0	0	0
(15) Chris Rodman Director	0	Х						0	0	0
(16) Jeremy Tarr Director	0	Х						0	0	0
(17) Rick Rigel Director	1	X						0	0	0

Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	hes	t Compensated	Employees (co	ntinu	ıed)	
(A) Name and title Average hours per week (list any hours for related for related for related hours per week (list any hours for related for related hours for related hours for related hours for related for related for related hours for related							c	(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)		relate organiza	ed
(18) Jeff Kohrs Director		x						0		0		0
(19) Kevin Johnson Director	1 0	x						0		0		0
(20) Bart Brinkman Director		×						0		0		0
(21) Edward Dunn Director	1 Ω	×						0		0		0
(22) Darrell Wenzel Director, President		×		X				0		0		0
(23) Mike Palmer Director, Vice President		×		х				0		0		0
(24) Bill Hinton Director, Secretary/Treasurer		×		Х				0		0		0
										+		
1b Sub-Total	/II, Section A 	 			• • • • • • • • • • • • • • • • • • •		ceive	1,471,984 ed more than \$100	0	_ <u></u>		303,566
of reportable compensation from the orga	anization ► 15									_	Yes	No
3 Did the organization list any former offic line 1a? <i>If</i> "Yes," complete Schedule J for										3	res	No
4 For any individual listed on line 1a, is the organization and related organizations graindividual										4	V	
	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for							5	Yes	No No		
Section B. Independent Contractors												
1 Complete this table for your five highest of from the organization. Report compensat										ensati	ion	
Name and b	(A) ousiness address							Descrip	(B) tion of services		(C) Compens	
										\perp		
2 Total number of independent contractors (in compensation from the organization ▶ 0	ncluding but not	limited	l to tl	nose	liste	ed abo	ove)	who received more	e than \$100,000		000	(2020)

Page **8**

		(2020)								Page 9
Part	VIII				3 rocn	onse er note to any	line in this Part VIII			П
		Check If Sched	aule_	O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts ints		Federated campaig		[1a 1b	275,712		revenue		512 - 514
Grants mounts	С	Fundraising events	5.	.	1c	0				
ons, Gifts, Grants Similar Amounts	d	Related organization	ons	Į	1d	0				
s, G mil		Government grants (L	1e	19,246				
	T	All other contributions and similar amounts above	not ir	ncluded	1f	0				
tributi Other	g	Noncash contributions lines 1a - 1f:\$	s incl	uded in	1					
Cont	h	Total. Add lines 1a	a-1f		1g	▶	204.050			
<u> </u>						Business Code	294,958	I		
	2a	Computer software a	nd su	ipport		541519	742,441	742,441	0	0
nue	b	Electric distribution s	ervice	es		F41000	325,178	325,178	0	0
Reve						541900				
dce.	c									
Program Service Revenue	d	_								
Iranı										
Prog	e						0	0	0	0
	f	All other program	serv	rice revenu	e.		· ·	U	0	
	⊢	Total. Add lines 2				1,067,619	1	Ī	I	
	9	Investment income similar amounts)			•	•	5,239			5,239
	l	Income from invest Royalties	mer	nt of tax-ex	empt b	ond proceeds				0
		Royaldes	Ċ	(i) R	eal	(ii) Personal				
	6a	Gross rents	6a							
		Less: rental					<u> </u>			
		expenses Rental income	6b		- (0	0			
		or (loss)	or (loss) 6c 0)	0				
	(Net rental income	Vet rental income or (loss)			0	0	0	0	
	7a	Gross amount from sales of assets other than inventory	7a	(1) 5000			0			
	b	Less: cost or other basis and sales expenses	7b		()	0			
	С	Gain or (loss)	7c		(o			
	ı	Net gain or (loss)				•	0	0	0	0
Other Revenue	8a	Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on	0 of line 1c).		0				
r R	ı	Less: direct expen			8b	0				
Othe	'	: Net income or (los	s) fr	om rundra	ising ev	ents •	0		"	0
	9a	Gross income from See Part IV, line 19	gam •	ing activitie	s. 9a	0				
	ŀ	Less: direct expen	ses		9b	0	_			
	١	: Net income or (los	s) fr	om gamin	activit	ies	0	0	0	0
	10	aGross sales of inve	entoi	ry, less						
		returns and allowa	nce	s	10a					
								20,027	0	0
	_	c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code						,		
	11	.aReimbursed salar	у со	sts		90009	9 6,656,547	6,656,547	0	0
	ŀ	Miscellaneous adn	ninis	trative ser	vices	90009	9 108	108	0	0
	•									
	,	All other revenue	•				0	0	0	0
	•	Total. Add lines 1	1a-:	11d		•	6,656,655			
	12	Total revenue. S	ee ir	nstructions	• •	+ + + >	8,044,498	7,744,301	0	5,239
										Form 990 (2020)

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).

Form 990 (2020)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_		· · · · · · · · · · · · · · · · · · ·
Check if Schedule O contains a response or note to an	y 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
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	178,500	111,563	66,937	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	311,522	211,642	99,880	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	61,253	40,400	20,853	0
9 Other employee benefits	160,789	106,051	54,738	0
10 Payroll taxes	53,596	35,350	18,246	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	15,000	0	15,000	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,814	0	2,814	0
12 Advertising and promotion	2,631	0	2,631	0
13 Office expenses	11,983	10,898	1,085	0
14 Information technology	0	0	0	0
15 Royalties	369,351	369,351	0	0
16 Occupancy	125,992	83,155	42,837	0
17 Travel	1,082	1,082	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	31,686	25,608	6,078	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	7,808	7,808	0	0
23 Insurance	0	0	0	0
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 expenses on Schedule O.)				
a Reimbursed salary costs	6,656,547	0	6,656,547	0
b				
С				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	7,990,554	1.002,908	6,987,646	0

Form 990 (2020)

0 3

0 5

0 6 0

14.002

347,771

14.683

0 11 0

0

0

0 18

0 20

0 21

0 22

0

0 25

1.462.398

304,399

240.713

545,112

2,007,510

23 0

24

26

27

28

29

30

31

32

33

2,007,510

849,316

613,082

4

7

10c

12 0 13

14

15

16

17

19

944.763

Page **11**

0

0

9.832

363,485

12,606

0

0

0

0

0

0

0

0

0

0

1.489.205

339,097

259,959

599,056

2,088,261

Form 990 (2020)

2,088,261

881.917

607.288

952.055

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

Pledges and grants receivable, net . .

Notes and loans receivable, net . . .

Inventories for sale or use . . . 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 .

Investments—program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current 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,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

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 .

Total liabilities and net assets/fund balances

Tax-exempt bond liabilities . .

Grants payable .

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

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

Accounts receivable, net .

	Beginning of year		End of year
1 Cash-non-interest-bearing	461,291	1	510,283
2 Savings and temporary cash investments	225,000	2	240,000

41,412

28,806

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30

Audit Act and OMB Circular A-133? 3a No

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. 3h Form 990 (2020)

Additional Data

Software ID: 20012124

Software Version: v1.00

EIN: 47-0575470

Name: NEBRASKA MUNICIPAL POWER POOL

Form 990 (2020)

Form 990, Part III, Line 4a:

Provide computer software programs to approximately 180 municipalities with populations ranging from 70 to 10,300. The computer software programs include a complete financial billing package, or the packages can be purchased individually, depending on the needs of the community. The packages include: general ledger, utility billing, inventory control, accounts payable, payroll, accounts receivable, bank reconciliation, time sheet, and service orders. New user workshops and annual "refresher" workshops are held throughout the Nebraska Municipal Power Pool (NMPP) service area.

Provide electric distribution related services which include: Cost of service/rate design studies/financial plans to aid decision makers in the understanding of system costs and assistance in determining customer rates; mutual aid to assist member communities in the event of a natural disaster or emergency; electric distribution services to assist in the maintenance of member distribution systems; infrared scanning services to identify abnormal heat in electrical and mechanical systems to predict equipment trouble and

potential revenue loss; create community newsletters; utility brochures and logos to promote community services and image. More than 60 cost of service, financial planning & rate design agreements are in place for electric, water, sewer, natural gas & refuse, 65 reports were completed for 29 participants as part of U.S. Energy Information

Administration (EIA) reporting service. 41 utilities participated in NMPP's electric distribution services (EDS) program.

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: Provide grants paid through the Energy Research & Development Fund (ERDF) which allows individual NMPP members who contribute to the ERDF to apply for grants to help finance the member's energy-innovative project.

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

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2020

DLN: 93493207013661

2020

OMB No. 1545-0047

Open to Public Inspection

EZ)

5

SCHEDULE C (Form 990 or 990-

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** NEBRASKA MUNICIPAL POWER POOL 47-0575470 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b........ 3 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020

ress,	EIN,	

Page 2

4	Check ► ☐ if the filing organization belongs expenses, and share of excess lob			t in Part IV each a	ffiliated gro	up member's n	iame, a	address, EIN,
3	Check ▶ ☐ if the filing organization checked	box A and "l	imited control" p	rovisions apply.				
	Limits on Lobb (The term "expenditures" m	ying Exp	enditures	,		(a) Filing organization totals		b) Affiliated group totals
La	Total lobbying expenditures to influence public	opinion (gras	ss roots lobbyina)				
	Total lobbying expenditures to influence a legis			•	İ			
	Total lobbying expenditures (add lines 1a and 1		,					
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1							
f	Lobbying nontaxable amount. Enter the amoun columns.							
	If the amount on line 1e, column (a) or (b) is: The lo	bbying nontax	able amount is:				
	Not over \$500,000	20% of	the amount on line	1e.				
	Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the	excess over \$500,000	o.			
	Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the	excess over \$1,000,0	000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,00	00 plus 5% of the e	xcess over \$1,500,00	0.			
	Over \$17,000,000	\$1,000,	000.					
j		ar Averagi	ng Period Und	der Section 50	1(h)			Yes No
	(Some organizations that mad columns below. S						the f	five
	Lobbying	Expenditu	res During 4	Year Averagin	g Period			
	Calendar year (or fiscal year beginning in)		(a) 2017	(b) 2018	(c) 201	9 (d) 2	.020	(e) Total
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount							

Return Reference

For e	Form 5768 (election under section 501(h)). ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(:	a)		(b)	=
activ	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Aı	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti	on		
	Were substantially all (90% or more) dues received nondeductible by members?		_		Yes	No
1 2			<u> </u>	2	Yes	No
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	3	-	Ne
_				_	044-1	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				or(c))(0
1	Dues, assessments and similar amounts from members	1				_
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				_
	rt IV Supplemental Information					

Explanation

SCHEDULE D

DLN: 93493207013661

OMB No. 1545-0047

2020

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

(Form 990)

		Part IV, line 6, 7, 8, 9, 1			12b.	One	n to Bublic
	rtment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Forn</u>	► Attach to Form 990. <u>1990</u> for instructions a		mation.		n to Public
Na	me of the organ				Employer	·identification	
NE	BRASKA MUNICIPAL I	POWER POOL			47-05754	70	
Ρź	art I Organi	zations Maintaining Donor Advi	sed Funds or Other	Similar Funds o	1		
		te if the organization answered "Ye					
	•		(a) Donor adv	ised funds	(b) F	unds 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	organization's p	ation inform all donors and donor adviso roperty, subject to the organization's ex	clusive legal control? .] Yes □ No
6	charitable purpo	ation inform all grantees, donors, and donors and donors and not for the benefit of the donor	or donor advisor, or for	any other purpose o		permissible _] Yes □ No
Pa		vation Easements.					_ 1es 140
		te if the organization answered "Ye	es" on Form 990, Part	IV, line 7.			
1		onservation easements held by the orga					
	☐ Preservation	on of land for public use (e.g., recreation	n or education)	Preservation of an	historically	important land	area
	☐ Protection	of natural habitat	·	Preservation of a c	ertified histo	oric structure	
			_	110001101101101		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_		on of open space	11.6		,		
2		2a through 2d if the organization held a e last day of the tax year.	qualified conservation c	ontribution in the for		ervation Id at the End	of the Year
а		conservation easements			2a 110	ia de tire Liia	or the rear
b	Total acreage re	stricted by conservation easements			2b		
c	-	ervation easements on a certified histori		-	2c		
d	Number of conse	ervation easements included in (c) acqu n the National Register	,	´ -	2d		
3		ervation easements modified, transferre	ed, released, extinguishe	d, or terminated by t	the organiza	tion during the	
4	Number of state	es where property subject to conservation	on easement is located >	•			
5	Does the organi	zation have a written policy regarding that of the conservation easements it holds	he periodic monitoring, i	nspection, handling o	of violations,	_	□ .
						∐ Yes	∐ No
6	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of violation	ons, and enforcing co	onservation e	asements duri	ng the year
7	Amount of expe ▶ \$	nses incurred in monitoring, inspecting,	handling of violations, a	nd enforcing conserv	vation easen	nents during th	e year
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?			70(h)(4)(B)(i) 🗆 Yes	□ No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the organiz			nt, and	
Par		zations Maintaining Collections te if the organization answered "Ye			er Similar	Assets.	
1a	historical treasu	ion elected, as permitted under FASB AS res, or other similar assets held for pub xt of the footnote to its financial statem	lic exhibition, education,	or research in furthe			
b	historical treasu	ion elected, as permitted under FASB AS ires, or other similar assets held for pub nts relating to these items:					
((i) Revenue includ	led on Form 990, Part VIII, line 1			▶\$;	
		in Form 990, Part X					
2	If the organizati	ion received or held works of art, histori nts required to be reported under FASB /	cal treasures, or other s	imilar assets for finar			
а	Revenue include	ed on Form 990, Part VIII, line 1			► \$;	
b	Assets included	in Form 990, Part X			🕨	\$	

 ${f c}$ Leasehold improvements

d Equipment .

e Other .

Sche	edule D (Form 990) 2020							Page 2	
Par	t IIII Organizations Mai	intaining Collections o	of Art, Histo	orical Treas	sures, or Oth	er Similar As	sets (conti	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition d December D								
а	Public exhibition		C	l Loa	n or exchange p	rograms			
b	Scholarly research		•	● □ Oth	ner				
С	Preservation for future q	generations							
4	Provide a description of the or Part XIII.	ganization's collections and	d explain how	they further t	he organization'	s exempt purpos	se in		
5	During the year, did the orgar assets to be sold to raise fund			•			☐ Yes	□ No	
Pa	Complete if the orga X, line 21.	dial Arrangements. anization answered "Yes					nt on Form	າ 990, Part	
1a	Is the organization an agent, included on Form 990, Part X						☐ Yes	□ No	
b	If "Yes," explain the arrangem	nent in Part XIII and compl	ete the followi	ng table:		Ar	mount		
c	Beginning balance	'		-	1c				
d	Additions during the year								
е	Distributions during the year .				_				
f	Ending balance								
2 a	Did the organization include a	n amount on Form 990, Pa	rt X, line 21, f	or escrow or	custodial accoun	t liability?	Yes	□ No	
b	If "Yes," explain the arrangem	nent in Part XIII. Check her	e if the explar	nation has bee	en provided in Pa	art XIII			
Pa	rt V Endowment Funds	s.							
	Complete if the orga	anization answered "Yes							
	Danisasia a servas da la casa	(a) Curre	nt year (E 240,713) Prior year 215,575		ack (d) Three yea	ars back (e) 1 200,094	Four years back	
	Beginning of year balance		· ·				·	181,812	
	Contributions		19,246	25,138		832	17,649	18,282	
	Net investment earnings, gains								
	Grants or scholarships		0	0	20,	000	0	0	
е	Other expenditures for facilities and programs	'	О	0		0	О	0	
f	Administrative expenses		0	0		0	0	0	
g	End of year balance		259,959	240,713	215,	575 2	217,743	200,094	
2	Provide the estimated percent	age of the current year end	d balance (line	g 1g, column ((a)) held as:				
а	Board designated or quasi-end								
b	Permanent endowment ▶	0 %	••••						
c	Term endowment ► 100	1 %							
·	The percentages on lines 2a, 2	2b, and 2c should equal 10	0%.						
3а	Are there endowment funds n organization by:	ot in the possession of the	organization t	hat are held a	and administered	l for the		Yes No	
	(i) Unrelated organizations						3a(i)	No	
	(ii) Related organizations .						3a(ii)	No	
b	If "Yes" on 3a(ii), are the rela	ted organizations listed as	required on So	chedule R? .			3b		
4	Describe in Part XIII the inten		n's endowme	nt funds.					
Pa	rt VI Land, Buildings, a Complete if the orga	nd Equipment. anization answered "Yes	s" on Form 9	90, Part IV,	line 11a. See	Form 990, Par	rt X, line 1	0	
	Description of property	(a) Cost or other basis (investment)			(c) Accumulat			ook value	
1 a	Land	0			0			0	
	Buildings	0			0	0		0	

0

0

0

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

0

0

41,412

12,606

0

28,806

Part VII	Investments—Other Securities.	D- 1 T) (1			D- 1 3/ 1'	10
	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)	(b) Book	ine 11t		d of valuation	on:
(1) Einancia	I derivatives	value				
(2) Closely-	held equity interests					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990	, Part IV, I	ine 110			
	(a) Description of investment			(b) Book value		nod of valuation: nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		<u> </u>			
Pait IX	Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, li	ne 11d	. See Form 990, Pa		(b) Book value
(1)	(a) bescription					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				•	
	Complete if the organization answered 'Yes' on Form 990, (a) Description of liabil		ne 11e	or 11f.See Form	990, Part	X, line 25. (b) Book value
1. (1) Federal	income taxes	icy				(b) Book value
(2)						-
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•		
	or uncertain tax positions. In Part XIII, provide the text of the footn 's liability for uncertain tax positions under FIN 48 (ASC 740). Chec					

2

а

b

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2020

Page 4

15,143

1,387,951

6,656,547

8,044,498

1,349,150

15,143

1,334,007

6,656,547

7.990.554

Schedule D (Form 990) 2020

2c d Other (Describe in Part XIII.) 2d 15,143 e 2e 3 3

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

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

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

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

Total expenses and losses per audited financial statements

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

Net unrealized gains (losses) on investments

Donated services and use of facilities

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

5

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Subtract line 2e from line 1

Supplemental Information

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

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

Donated services and use of facilities . . .

Prior year adjustments

Other losses

Add lines 2a through 2d .

Return Reference

Other (Describe in Part XIII.) . . .

4a 4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

6,656,547

15,143

6.656.547

4c

2e

3

4c

5

0

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Inform	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

Additional Data

Software ID: 20012124
Software Version: v1.00

EIN: 47-0575470

Name: NEBRASKA MUNICIPAL POWER POOL

Supplemental Information

Return Reference	Explanation

Schedule D, Part V, Line 4

The donor restricted endowment funds held by NMPP are to be used for energy research & dev elopment (ERDF) projects. Member communities may submit a request for a grant for a project that has the potential to reduce energy usage or improve energy efficiencies. The ERDF committee reviews all requests and makes the decision to approve or refuse the request.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2d	Other includes the cost of goods sold of \$15,143 which is reported as program/project expenses in the audit.

Supplemental Information	
Return Reference	Explanation
	Other includes \$6,656,547 in payroll and benefits costs incurred by NMPP for employees ass igned to the performance of management and administrative services for the other three ent ities. The reimbursement of these costs is reflected in the lines noted. See Schedule L, P art IV and Schedule O for further explanation.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2d	Other includes the cost of goods sold of \$15,143 which is reported as program/project expenses in the audit.

Supplemental Information	
Return Reference	Explanation
, ,	Other includes \$6,656,547 in payroll and benefits costs incurred by NMPP for employees ass igned to the performance of management and administrative services for the other three ent ities. The reimbursement of these costs is reflected in the lines noted. See Schedule L, P art IV and Schedule O for further explanation.

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49320	7013	661
Schedule J (Form 990)		C	ompensati	ion Information	10	ИВ No.	1545-0	0047
		▶ Attach to Form 990.				2020		
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest inform	mation.	Open i Insp	o Pul ectio	
Nar	ne of the organiz				Employer identifica			
NEB	BRASKA MUNICIPAL I	POWER POOL			47-0575470			
Pa	rt I Questi	ons Regarding Compensa	ntion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		· companions	님	Payments for business use of perso				
		nification and gross-up paymen	_	Health or social club dues or initiati				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chau	ffeur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	ees, officers, including the CEO/	executive Director	r, regarding the items checked on Lir	ne la?			
3				ed to establish the compensation of t	he			
				not check any boxes for methods CEO/Executive Director, but explain	in Part III.			
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations		Approval by the board or compensa	ation committee			
		-		,				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	-	ance payment or change-of-cor	ntrol navment?			4a		No
b		• • •		ified retirement plan?		4b		No
c	•		•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Par	t III.			
	- 1()(-							
5	, ,,,	(a), 501(c)(4), and 501(c)(29	, ,	must complete lines 5-9. the organization pay or accrue any				
5	compensation c	ontingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b	=					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b	, ,					6b		No
	If "Yes," on line	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7	Yes	
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		No
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		No_
For F	Panerwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat No. 1	50053T Schedule J		990)	2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

3 (1)								
	(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
(i)	317,111	0	4,536	25,534	25,500	372,681	0	
	0	0	0	0	0	0	0	
(i)	180,741	0	0	16,346	2,497	199,584	0	
(ii)	0	0	0	0	0	0	0	
(i)	146,492	0	0	13,796	30,499	190,787	0	
(ii)	0	0	0	0	0	0	0	
(i)	195,551	0	0	18,165	30,999	244,715	0	
(ii)	0	0	0	0	0	0	0	
(i)	174,340	0	0	15,501	25,245	215,086	0	
(ii)	0	0	0	0	0	0	0	
(i)	161,770	1,500	0	14,663	1,939	179,872	0	
(ii)	0	0	0	0	0	0	0	
(i)	152,383	0	0	14,300	25,028	191,711	0	
(ii)	0	0	0	0	0	0	0	
(i)	137,560	0	0	13,217	30,337	181,114	0	
(ii)	0	0	0	0	0	0	0	
							_	
						Schedule	J (Form 990) 2020	
	(i) (ii) (i) (ii) (ii) (ii) (ii) (ii) ((B) Breakdown (i) Base compensation (i) 317,111 (ii) 0 (i) 180,741 (ii) 0 (i) 146,492 (ii) 0 (i) 195,551 (ii) 0 (i) 174,340 (ii) 0 (ii) 161,770 (iii) 0 (ii) 152,383 (iii) 0 (ii) 137,560	(B) Breakdown of W-2 and/or 1099-MISO (i) Base compensation (ii) Bonus & incentive compensation (i) 317,111	(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation (i) 317,111 0 4,536 (ii) 0 0 0 (ii) 180,741 0 0 (ii) 0 0 0 (ii) 146,492 0 0 (ii) 0 0 0 (ii) 195,551 0 0 (ii) 0 0 0 (ii) 0 0 0 (ii) 174,340 0 0 (ii) 0 0 0 (ii) 161,770 1,500 0 (ii) 0 0 0 (ii) 152,383 0 0 (ii) 0 0 0	(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and other deferred compensation (i) Base compensation (iii) Other reportable compensation (compensation (i) 317,111 0 4,536 25,534 (ii) 0 0 0 0 (i) 180,741 0 0 0 (i) 180,741 0 0 0 (i) 0 0 0 0 (i) 146,492 0 0 0 (i) 0 0 0 0 (ii) 0 0 0 0 (ii) 195,551 0 0 0 (ii) 0 0 0 0 (iii) 0 0 0 0 (ii) 152,883 0 0 0	(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and other deferred compensation (D) Nontaxable benefits (i) Base compensation (iii) Bonus & incentive compensation (iii) Oher reportable compensation 25,534 25,500 (ii) 0 0 0 0 0 0 (i) 180,741 0 0 0 0 0 (i) 146,492 0 0 13,796 30,499 (ii) 0 0 0 0 0 (i) 195,551 0 0 18,165 30,999 (ii) 0 0 0 0 0 (i) 174,340 0 0 15,501 25,245 (ii) 0 0 0 0 0 (i) 161,770 1,500 0 14,663 1,939 (ii) 0 0 0 0 0 (i) 152,383 0 0 14,300 25,028 (ii) 0 0 0 0 0 137,560 0 0	CR Breakdown of W-2 and/or 1099-MISC compensation (1) Base (1) Base (1) Bonus incentive compensation (1) Compensation (1	

chedule J (Form 990) 2020							
Part III Supplemental Inform	nation						
Provide the information, explanation, or	r 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						
. ,	In accordance with established policy, the compensation for the Executive Director is reviewed and established annually by the Joint Operating Committee which consists of officers of NMPP and the officers of the other three coalition entities. Position comparability data supplied to them by the Director of Enterprise Business Support is reviewed and used to establish a pay range for the Executive Director position. The data is taken from independent local and national compensation and industry surveys as well as an independent compensation consultant. The annual compensation is then selected and approved within the established pay range.						
Schedule J, Part I, Line 7	NMPP's annual payroll budget includes discretionary recognition pay which managers may award to employees based on performance. Written requests including the reason for the award must be approved by the Executive Director and are subject to an annual cap of 5% of an employee's earnings.						

Schedule 1 (Form 990) 2020

efile GRAPHIC	print - D	O NC	T PROCES	S As	Filed Data -					DL	N: 93	4932	070	13661	
Schedule L Transac					ns with Ir	Interested Persons					01	OMB No. 1545-0047			
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,							5,	2020							
			27, 28a,		.8c, or Form 99 och to Form 99			10b.				$\mathbf{Z}\mathbf{U}$		U	
Department of the Treas	sury	ÞG	io to <u>www.ii</u>		<u>rm990</u> for inst			forma	tion.)pen t	:0 Pt	ublic	
Internal Revenue Servic												Insp			
Name of the orga NEBRASKA MUNICIF		OOL						Er	mplo	yer ide	entifica	ition n	umb	er	
										5470					
			,		1(c)(3), section !		•		_						
	Name of d				Form 990, Part :					escript			Cor	rected?	
1 (-/		aloqualifica person			organization			-	transaction				Yes No		
								+							
2 Enter the am	nount of tax	incur	ed by the ord	ranization	managers or dis	gualified perso	ons during the	Vear I	ınder	section	,		ı		
4958								, car c		>	\$				
3 Enter the am	nount of tax	, if an	y, on line 2, a	bove, rein	nbursed by the o	rganization .		•			\$				
Com	plete if the	organi	From Inter zation answe n Form 990, l	red "Yes"	on Form 990-EZ,	Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	; or if	the org	aniza	tion	
(a) Name of	(b) Relation	nship	(c) Purpose		to or from the	(e) Original (f) Balance (g) In (h) (i				i) Written					
interested person	with organi	zation	n of loan	org	anization?	principal amount	due				ved by rd or	ag	agreement?		
						amount					nittee?				
				То	From			Yes	No	Yes	No	Yes		No	
Total .					.	\$									
					rested Perso			•							
					Yes" on Form S	<u> </u>									
(a) Name of intere	ested perso) Relationship erested perso		(c) Amount	of assistance	(d) Type (of assi	stanc	e	(e) Pu	rpose o	f assi	istance	
		""	organizat												
		\perp													
		+													
		+													
For Paperwork Redu	iction Act No	otice s	ee the Instru	ctions for F	orm 990 or 990-F	7 C	at. No. 50056A		Sol	nodulo I	(Form	000.05	000	FZ) 202	

As part of NMPP's benefit package for full-time employees, NMPP offers low-interest loans to employees for

The officer employees & highest compensated employees on Form 990, Part VII & other employees of NMPP perform management, administration, and operational services for 3 other entities that pay NMPP as common paying agent for their services. The business transactions to reimburse payroll and employee

Schedule L, Part IV

Schedule L. Part II

benefits are reported as revenues on Form 990 Part VIII Line 11a and expenses are reported on Form 990 Schedule L (Form 990 or 990-EZ) 2020

purchase of personal computer or software not to exceed 95% of the purchase price, with a maximum of \$2,500. Loans are made under a standard written agreement and are repaid through payroll deductions over a specified time period not to exceed 36 months. Upon termination of employment, the remaining amount immediately becomes due and payable in full. All loan agreements must be approved by NMPP's Executive Director. There are currently no outstanding loans.

Part IX Line 24a.

efile GRAPH	DLN:	DLN: 93493207013661								
SCHEDUL (Form 990 or EZ)	990-	Supplemental Information to Form 990 or 990-E. 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.			ons on n.	OMB No. 1545-0047 2020 Open to Public Inspection				
Name l Betherofg NEBRASKA MUNICI		OL			Employer identi 47-0575470	fication number				
	e O, Supple	mental Informatio	n							
Return Reference		Explanation								
Form 990, Part I, Line 5	Nebraska Municipal Power Pool (NMPP) provides personnel to a coalition of entities referre d to by the trade name of NMPP Energy. This coalition consists of NMPP, Municipal Energy A gency of Nebraska (MEAN), National Public Gas Agency (NPGA), and Public Alliance for Commu nity Energy (ACE). This coalition of entities provides electric and natural gas services t o member and nonmember participants while sharing facilities and personnel. The allocation of payroll and benefits between entities is based on the estimated market payroll and ben efits expenses each entity would incur if each entity employed their own independent staff . This allocation is reviewed and approved annually by Board representatives from each of the entities who serve on the Joint Operating Committee. NMPP is reimbursed from the other coalition entities as payroll expense is incurred with costs recorded to each entity on a monthly basis.									

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Part V, Line 5

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part V, Line
Rose as defined by IRS Pub. 598. Any product sold by NMPP is in support of the activities
described in Part III, Statement of Program Service Accomplishments and further described
in Part III, Lines 4a and 4b.

Return Explanation

Form 990,	NMPP has annual gross receipts that are normally greater than \$100,000. NMPP does not soli
Part V, Line	cit contributions from public sources to support its activities. Member communities pay an
6a	nual membership fees. Members pay for the contract services provided by NMPP described in
	Part III. Members may make voluntary contributions to the Energy Research and Development
	Fund (ERDF), as shown on Schedule D, Part V. Contributions received are from tax-exempt co
	mmunities.

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, See comment for Part V, Line 6a. Part V, Line

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Line 6

Each member organization has the right to participate in the governance of NMPP through the Members' Council by electing representatives to serve on the NMPP Board of Directors. Me mber organizations also receive a distribution of any assets upon the dissolution of NMPP.

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990, Part VI,	The Members' Council elects 16 representatives to serve on the Board of Directors. Members are divided by population class for voting purposes as follows: communities with populati
Section A,	ons of 5,000 or less nominate eight (8) Directors, communities with populations of 5,001 t
Line 7a	o 20,000 nominate four (4) Directors, and communities with populations of 20,001 and above
	nominate four (4) Directors. Each Director has the same voting rights regardless of the p opulation class they represent.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The Form 990 is completed internally with assistance related to specific sections provided by tax specialists from the accounting firm that performs the organization's independent audit when needed. The draft Form 990 and required schedules are sent to and reviewed by the NMPP Officers prior to finalizing and filing of the Form 990 and required schedules. The finalized document is sent to and reviewed with the NMPP Board of Directors at the next scheduled Board meeting after completion and filing of the Form 990 and required schedules.

990 Schedule O, Supplemental Information Return Explanation

Reference	Explanation
,	Annually, each officer and director is required to complete a questionnaire as to any dire
Section B,	ght to the attention of the Board of Directors for review and resolution. Should an issue
Line 12c	arise, the director would be required to abstain on any vote relating to the issue of pote ntial conflict.

Return

Reference	
Form 990,	In accordance with established policy, the compensation for the Executive Director is revi
Part VI,	ewed and established annually by the Joint Operating Committee which consists of officers
Section B,	of NMPP and the officers of the other three coalition entities. Position comparability dat
Line 15	a supplied to them by the Director of Enterprise Business Support is reviewed and used to
	establish a pay range for the Executive Director position. The data is taken from independ
	ent local and national compensation and industry surveys as well as an independent compens
	ation consultant. The annual compensation is then selected and approved within the establi
	shed pay range. The Executive Director is responsible for setting the compensation for NMP
	P employees. The Executive Director reviews position comparability data supplied by the Di
	rector of Enterprise Business Support. The data is taken from local and national compensat

ion and industry surveys and databases as well as an independent compensation consultant.

Explanation

Return Explanation
Reference

Line 19

Form 990,
Part VI,
Section C.

The organization's governing documents, conflict of interest policy and financial statemen
ts are available to the public upon request. NMPP's annual report and the annual audited f
inancial statements are posted on NMPP's website.

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	Column (B) - Average hours per week Director and Director Officers - estimated time to review meeting materials and attend scheduled meetings. Employee Officers and Employees - est imates of time split between each entity are based on key job responsibilities and the est imated percent of time the employee performs those responsibilities for each of the four N MPP Energy coalition entities as previously identified. Columns (D), (E), and (F) Director s do not receive compensation from NMPP and thus, no W-2's are issued. All employees are p aid by NMPP, with all reportable compensation reported on NMPP's W-2's. The employees do n ot receive compensation from any other coalition entity. As previously stated, NMPP provid es staff that performs administrative and operational services for all NMPP Energy coalition entities. These entities reimburse NMPP for the estimated market payroll and benefits expenses for each entity based on the payroll allocations previously described in the response for Part I, Line 5; Part V, Line 2a and Part VII, Line 2. The compensation reported in Part VII, Section A, Item D is the amount reported on NMPP's W-2's. These amounts are not recorded in total as payroll and benefits expense of NMPP. Only the approved payroll allocation based on the estimated market payroll and benefits expenses that NMPP would incur if NMPP employed its own independent staff is recorded to NMPP. Jamie Johnson, Andrew Ross, and Robert Poehling are "officers" as per Form 990 instructions. Jamie L. Johnson serves as Director of Finance & Accounting for NMPP and for each of the following entities: - Municipal Energy, Agency of Nebraska (MEAN), a political subdivision of the State of Nebraska, FED ID #47-0841284 - National Public Gas Agency (NPGA), formed under the Interlocal Cooperative Act of Nebraska, FED ID #47-0810044. Andrew Ross serves as the Director of Retail Utility Services and Member Relations for NMPP & MEAN. Robe rt Poehling serves as the Executive Director for NMPP, MEAN, NPGA, and ACE. Of the employ

Return
Reference
Explanation
Explanation

Line 2

Form 990,
Part VII,
Section A,

Return Explanation
Reference

Form 990,
Part IX, Line
The amount reported on Line 5 represents the estimated market compensation NMPP would incur for officer positions if NMPP employed their own independent staff.

Return Reference	Explanation	
Form 990, Part IX, Line 16	Under the allocation methodology approved by the Joint Operating Committee, occupancy repr esents rent paid by NMPP to MEAN for use of space in the building, use of operating equipm ent, use of technology and shared products. Shared products include costs for products and services including non-personnel charges such as conferences and training not unique to a n individual organization and related travel costs, leased and non-capitalized equipment, joint insurance, office supplies, postage, telecommunications, collective advertising, net annual conference costs, member communication, joint consultants and outside services, so ftware licenses, etc. The shared costs and amount of rent paid to MEAN are reviewed and re commended by the Joint Operating Committee annually.	