(Rev January 2020)

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

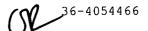
▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A F</u>	or the	2019	calendar year, or tax year beginning	, 2019,	and ending				, 20		
B Check if applicable			C Name of organization		· · ·	l P	D Employer identification number 36-4054466				
B Ch			OGE ENERGY CORP EMPLO	YEES MEDICAL TRUST			36-405	54466			
	Addres change		Doing business as								
	Name	change	Number and street (or P O box if mail is		Telephone n						
	Initial	return	PO BOX 321 M/C 710	((405) 553-3430						
	Final retermina		City or town, state or province, country, a	and ZIP or foreign postal code							
	Amend return		OKLAHOMA CITY, OK 731	01-0321			Gross receip			57,270.	
	Applica pendin		F Name and address of principal officer	GENA PERRY	الد) H	(a) Is this a gi subordinate		for Y	s X No	
				KLAHOMA CITY, OK 73101	-0321	(н	(b) Are all subc	rdinales inch	uded? Y	es No	
<u>I</u> T	ax-exe	empt sta	atus 501(c)(3) X 501(c) (9) 	or 27)	If "No,"	attach a list	t (see instruction	ons)	
J V	Vebsit	te. 🕨				H	(c) Group exe	mption nun	mber 🕨		
		of organ	zation Corporation X Trust	Association Other >	L Year of	formation		State of	f legal domic	le	
Pa			mmary		<u>'</u>						
	1	Briefly	describe the organization's mission o	r most significant activities PROVII	DE MEDICA	AL BEN	NEFITS	TO ME	MBERS		
i ဗွ											
וַקַּ נ											
Governance				scontinued its operations or dispose			its net asse	1 1		2	
	3	Numb	er of voting members of the governing	body (Part VI, line 1a) Internal Rev	enue Servi	ce		3		0.	
ities 8	4	Numb	er of independent voting members of t	he governing body (Pa rkWpdinestb) ப	S Bank - US	SB···	· · · · · ·	4		0.	
2 ≨			number of individuals employed in cale		_			5		<u> </u>	
Activities &	6	Total r	number of volunteers (estimate if neces: unrelated business revenue from Part V	sary)	16255			6	1 2	F 641	
								7a		5,641. 4,641.	
	b	Net ur	related business taxable income from	Form 990-T, line 39				7Ь			
[_	_		Onde	TII ne		Prior Year	0.	Curren	t year 0.	
9	8	Contri	butions and grants (Part VIII, line 1h)		31.4 At	1	3,357,8		12 52		
Revenue			am service revenue (Part VIII, line 2g)		ſ	1.			12,522,663		
			ment income (Part VIII, column (A), line		ſ		100,0	0.	1.3	0.	
			revenue (Part VIII, column (A), lines 5,			1 .	3,457,8	* '	12 65	7,270.	
\rightarrow			evenue - add lines 8 through 11 (must				3,431,0	0.	12,00	0.	
			s and similar amounts paid (Part IX, colu		1	1 ′	2,966,1		12 20	7,082.	
			its paid to or for members (Part IX, colu		•		2, 500, 1	0.		6,310.	
901			es, other compensation, employee bene			0.		0.			
Sen			sional fundraising fees (Part IX, column	^							
EX				expenses (Part IX, column (D), line 25) ▶						2,992.	
1						1 :	16,9 2,983,1		12.22	26,384.	
- 1			expenses Add lines 13-17 (must equal				474,7			30,886.	
	19	Reven	ue less expenses Subtract line 18 from	1 line 12		Reginnin	ng of Current		End of		
ance	20	Total	essets (Bort V. line 16)				9,754,0			7,603.	
%.œ1			assets (Part X, line 16)					0.	,	0.	
E É			isets or fund balances Subtract line 21				9,754,0	41.	12,07	7,603.	
Par			nature Block	nom me 20,			-,, -				
				is return, including accompanying sched	ules and statem	ents, and	to the best	of my kn	nowledge and	belief, it is	
true,	corre	ct, and	f perjury, I declare that I have examined the complete Declaration of preparer (other than	officer) is based on all information of whi	ch preparer has	any knov	wledge				
	-		Hen A Pern				10/	13/20	20		
Sigr	า	S	ignature of officer				Date				
Her	e	. (GENA PERRY	BENEFI	TS MANAGI	ER					
		B -	ype or print name and title					.			
		Print/	Type preparer's name	Preparer's signature	Date		Check	ıf Pî	ΓIN		
Paid	- 1						self-emple	oyed			
Prep	1	Firm's	name ►			F	ırm's EIN ▶		•		
Use	Only		address >		· ·		hone no				
Mav	the I		scuss this return with the preparei	shown above? (see instructions))				Yes	X No	
			Reduction Act Notice, see the separat				<u> </u>	•		90 (2019)	

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For	m 990 (2019) Page 4
Pa	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
	PROVIDE MEDICAL BENEFITS TO MEMBERS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported
	(Code) (Expenses \$ 12,226,384 including grants of \$) (Revenue \$ 12,657,270)
	FUNDS WERE DISBURSED TO COVER AND PAY FOR MEMBERS' CLAIMS FOR
	MEDICAL BENEFITS DURING THE 2018 CALENDAR YEAR.
4b	(Code) (Expenses \$) (Revenue \$)
4-	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4C	(Code) (Expenses \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4-	Total program service expenses ► 12,226,384.
75	TOTAL PROGRAM SCIVIC CAPCINGS F 12/220/301.



Part	V 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_		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			ŀ
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
_	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			i
	"Yes," complete Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
v	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		_
3	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		X
40	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11				
	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,"			
а		11a		X
	complete Schedule D, Part VI	110		
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110	 	<u> </u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	 	 ^
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	<u> ^</u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0		x
	Schedule D, Parts XI and XII	12a	-	├ ^
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			, .
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			l
	fundraising, business, investment, and program service activities outside the United States, or aggregate			١.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			١
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Ļ	X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	<u>L</u> _	Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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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	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		<u> </u>
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ļ		ĺ
	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			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
0.7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	,	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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		X
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	امدا		İ
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	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	36		
3,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	J.		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	l
Part			_	
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
100	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 9E1030	2 000	Form	990	(2019)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			į
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			لــــ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	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		Χ
b	If "Yes," enter the name of the foreign country ▶	•		Į
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
U	gifts were not tax deductible?	6b		
7		-00		
	Organizations that may receive deductible contributions under section 170(c).			į
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		1 X
j.	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		Х
	required to file Form 8282?	_7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		_ X _1
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	_7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	_8		X
9	Sponsoring organizations maintaining donor advised funds.			~~-
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
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			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	i	İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources	•		
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	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			1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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		X
	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?	16		Х
	If "Yes," complete Form 4720, Schedule O.			1
		Form	990	(2019

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		X
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
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		Х
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following		نـــ	لسا
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-]
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise 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		
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			انت
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
-	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		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	:	17	
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			نـ ـــا
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OK,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	(Sec	tion 5	01(c)
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.		rest p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record WELLS FARGO 1 N JEFFERSON AVE SAINT LOUIS, MO 63103	s 🕨		
			990	

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box, office or direct	not cl unles	((Pos heck ss pe	C) sition more	than both or/trust employee	one an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)WELLS FARGO TRUSTEE INSTITUTIONAL TRUSTEE	0.		x					16,310.	0.	0
(2)	-									
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)									-	
(10)					-					
(11)										
(12)										
(13)		-								
(14)										

Form 990 (2019)

JSA

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	ligi	hest Compensat	ed Employ	ees (c	ontinued	"
(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee					ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) le Estimated amount of other ons compensation	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		orgar and	nization related izations
									_			
											_	
										-		
									-			
		_										
					<u></u>			16 210				
to Sub-total	ection A .		. <i>.</i>		 		> >	16,310. 0. 16,310.		0. 0.		0. 0. 0.
2 Total number of individuals (including but not reportable compensation from the organization		hose 0.		d a	bov	e) who	o re	ceived more than	\$100,000 c	of 		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations grandvidual	eater than	\$15	0,0	00?	11	"Yes	s, "	complete Schedu	le J for s	uch	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satı	on	fror	n any	un	related organization	on or indivi	dual	5	X
Section B. Independent Contractors	· ····································											
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A) (B) (C) Name and business address Description of services Compensation												
								· · · · · · · · · · · · · · · · · · ·				
							-				·	
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite		thos	se I	isted above) who	received		,	· ·

Part VIII Statement of Revenue

•		Check if Schedule O contains a response or note to ar	ny line in this Part \	/111		
		· · · · · · · · · · · · · · · · · · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns 1a				
, Gran	b	Membership dues 1b				
	c	Fundraising events 1c				
ifts ar A	d	Related organizations 1d				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants,				'
		and similar amounts not included above . 1f	İ			i .
	g	Noncash contributions included in]
o de		lines 1a-1f				
<u>5 8</u>	h	Total. Add lines 1a-1f	0.			<u> </u>
		Business Code				!
Program Service Revenue	2a	EMPLOYER CONTRIBUTIONS	8,761,685	8,761,685	<u>.</u> .	
e S	ь	EMPLOYEE CONTRIBUTIONS	3,760,978	3,760,978		
n S en	С					
Rev Sev	d					
5	е					
Δ.	f	All other program service revenue				
	g	Total. Add lines 2a-2f	12,522,663			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	134,607		125,641	8,966
	4	Income from investment of tax-exempt bond proceeds .	0			
	5	Royalties	0			
		 				;
	6a	Gross rents 6a] ,
	b	Less rental expenses 6b				
	٥	Rental income or (loss) 6c	0.		 	<u> </u>
	d 7a	Net rental income or (loss)				
	, "	sales of assets				
		other than inventory 7a				
Ð	ь	Less cost or other basis				l .
Revenue	~	and sales expenses 7b				
e e	c	Gain or (loss) 7c				
	d	Net gain or (loss)	0			
Other	8a	Gross income from fundraising				
0		events (not including \$,			'
		of contributions reported on line				
		1c) See Part IV, line 18 8a 0				
	ь	Less direct expenses 8b				
	С	Net income or (loss) from fundraising events▶	0		-	
	9a	Gross income from gaming				[
		activities See Part IV, line 19 9a 0				,
	b	Less direct expenses 9b 0				<u> </u>
	С	Net income or (loss) from gaming activities	0			ļ
	10a	Gross sales of inventory, less				1
		returns and allowances				
	Ь	Less cost of goods sold			- 	
	С	Net income or (loss) from sales of inventory	0			
Miscellaneous Revenue	. .	Business Code				 '
ne	11a					
ella Ve	b					
Re	d	All other revenue				
Σ	e	Total. Add lines 11a-11d	0			,
	12	Total revenue. See instructions	12,657,270	12,522,663	125,641	8,966

36-4054466

Part IX · Statement of Functional Expense

) eC	Check if Schedule O contains a resp				
20.	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.	10 007 000		
4	Benefits paid to or for members	12,207,082.	12,207,082.		
5	Compensation of current officers, directors,	16,310.	16,310.		
	trustees, and key employees	16,310.	10,510.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
_	persons described in section 4958(c)(3)(B)	0.			
	Other salaries and wages				· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
٥	1	0.			
	Other employee benefits	0.			
	Fees for services (nonemployees)				<u> </u>
	Management	o .			
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
	Investment management fees	492.	492.		
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
	Royalties	0.			
	Occupancy	0.			· - · · · · · · · · · · · · · · · · · ·
	Travel	0.			
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.	-		-
	Insurance	0.			
	Other expenses Itemize expenses not covered				,
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column			,	İ
	(A) amount, list line 24e expenses on Schedule O)				
а	990-T TAXES PAID	2,500.	2,500.		
b					
d					
е	All other expenses				
	Total functional expenses Add lines 1 through 24e	12,226,384.	12,226,384.		
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				
	following SOP 98-2 (ASC 958-720)	0.			

Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	874,256.	1	1,182,658
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from 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	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
2 7	Notes and loans receivable, net	0.	7	0
7 8	Inventories for sale or use	0.	8	0
ة g	Prepaid expenses and deferred charges	0.	9	0
10 a	Land, buildings, and equipment cost or other			
	basis. Complete Part VI of Schedule D 10a			
t	Less accumulated depreciation 10b	0.	10c	0
11	Investments - publicly traded securities	8,878,533.	11	10,896,785
12	Investments - other securities. See Part IV, line 11	0.	12	0
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	0
15	Other assets See Part IV, line 11	1,252.	15	-1,840
16	Total assets. Add lines 1 through 15 (must equal line 33)	9,754,041.	16	12,077,603
17	Accounts payable and accrued expenses	0.	17	0
18	Grants payable	0.	18	0
19	Deferred revenue.	0.	19	0
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
	Loans and other payables to any current or former officer, director,	· · · · · · · · · · · · · · · · · · ·	-	
22	trustee, key employee, creator or founder, substantial contributor, or 35%	- •		
5	controlled entity or family member of any of these persons	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
-"	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25	0.	26	
	Organizations that follow FASB ASC 958, check here ▶		20	
اوّ	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	27	
27 28	Net assets with donor restrictions	 	28	
2 2	Organizations that do not follow FASB ASC 958, check here ► X		20	
3	and complete lines 29 through 33.	•		
29	Capital stock or trust principal, or current funds	9,754,041.	29	12,077,603
30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0
	Retained earnings, endowment, accumulated income, or other funds	0.	31	0
2 31	Retained earnings, endowment, accumulated income, or other funds	T .		
31 32	Total net assets or fund balances	9,754,041.	32	12,077,603

OGE ENERGY CORP EMPLOYEES MEDICAL TRUST

Form 9	90 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		12,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,2		
3	Revenue less expenses. Subtract line 2 from line 1	3				386.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				041.
5	Net unrealized gains (losses) on investments	5_		1,8	92,	676.
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				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		12,0	77,6	503.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com				-	1
	reviewed on a separate basis, consolidated basis, or both	•				-
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		Х
J	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both	-				
	Separate basis Consolidated basis Both consolidated and separate basis					
^	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiah	nt of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex					l
	Schedule O.	·Piaii	. 0.7	1		
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
Ja	Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at			3b		

Form **990** (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OGE ENERGY CORP EMPLOYEES MEDICAL TRUST

36-4054466

PART VI SECTION A, LINE 9

WELLS FARGO 1 N JEFFERSON AVE, SAINT THE TRUSTEE CAN BE REACHED AT: LOUIS, MO 63103 (1-314-875-1199)

PART VI, SECTION B, LINE 11A

THE FORM 990 IS PREPARED BY THE SPONSOR COMPANY'S INTERNAL TAX DEPARTMENT AND IS REVIEWED BY THE COMPANY'S DIRECTOR OF BENEFITS FOR COMPLETENESS AND ACCURACY.

PART VI, SECTION B, LINE 12C

THE SPONSOR COMPANY MAINTAINS A CONFLICT OF INTEREST POLICY. COMPLIANCE IS MONITORED BY THE DIRECTOR OF BENEFITS AS WELL AS THE VICE PRESIDENT OF INTERNAL AUDIT.

PART VI, SECTION B, LINE 15B

THE OGE ENERGY CORP. EMPLOYEES' MEDICAL BENEFIT TRUST HAS NO COMPENSATED OFFICERS, DIRECTORS, OR EMPLOYEES.

PART XI, LINE 5

THE AMOUNT REPORTED ON THIS LINE REPRESENTS THE NET APPRECIATION IN THE FAIR VALUE OF THE TRUST'S INVESTMENT IN MUTUAL FUNDS EXPERIENCED DURING THE YEAR.

17

36-4054466

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2019	Open to Public
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OMB No 1545-0047

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

Employer identification number 36-4054466

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. OGE ENERGY CORP EMPLOYEES MEDICAL TRUST

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled ty
						Yes	٩ ٧
(1) OGE MEDICAL BENEFITS TRUST 36-4054466							
PO BOX 321 OKLAHOMA CITY, OK 73101	MED BENEFITS		501 (C) (9)	N/A	N/A		×
(2) OGE ENERGY CORP EIP MBP #19 36-4308002 36-4308002							
PO BOX 321 OKLAHOMA CITY, OK 73101	MED BENEFITS		501 (C) (9)	N/A	N/A		×
(3) OKLAHOMA GAS & ELECTRIC CO. FOUNDATION 73-6093572							
PO BOX 321 OKLAHOMA CITY, OK 73101	MED BENEFITS		501(C)(9)	PF	N/A		×
(4)							
(2)							
(9)							
(7)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	90.				Schedule R (Form 990) 2019	(Form 99	0) 2019

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Page 2

Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

Name, rek	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant incominant incominant inclared, excluded from lax under sections 512 - 514)		(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocators?	(1) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(J) General or managing partner?	(k) Percentage ownership
			,,			,			Yes No	0	Yes	Ŷ	
(1)													
(2)													
(3)													
(4)													
(5)						_							
(9)													
(7)											_		
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answine 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ed Organization: d one or more rel	s Taxable ated orga	as a Corporat	ion or Trust. ed as a corpor	Complete ration or tr	if the orgal	a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV stions treated as a corporation or trust during the tax year.	red "Y(es" on Form 9	90, Pa	, ∑	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets ownership 512(b)(13) controlled controlled entity?	ownership	i12(b)(13) controlled entity?
								Yes No
(1) OGE ENERGY CORP								-
321 N HARVEY OKLAHOMA CITY, OK 73101	MED BENEFITS) No	N/A	C CORP				
(2)								
(3)								<u> </u>
(4)								
(5)							-	_
(9)								
				-			-	
(2)								

						Schedule R (Form 990) 2019	₹ (Form 99)) 2019

9E13081000 6778JM 600L 10/13/2020 7:40:00 AM V 19-7.1F Transactions With Related Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

f:

Schedule R (Form 990) 2019 Method of determining 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 10 Ξ 9 19 + 7 1<u>g</u> 12 4 <u>1</u> + Ξ Reimbursement paid by related organization(s) for expenses Dividends from related organization(s) Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity......... Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule S Other transfer of cash or property from related organization(s). Name of related organization Ø **Б** - ._ _ 3 3 (9) (5)3 ϵ

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foregn country)	(d) Predominant income (related, unrelated, excluded from tax under	kre all p sect 501(c	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(k) Percentage ownership
(1)			sections 512-514)	Yes No			Yes	\neg	Yes No	
(2)							-			
(3)				-						
(4)	ļ 									
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sct	Schedule R (Form 990) 2019	m 990) 2019

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Schedule R (Form 990) 2019

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.