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PAGE 3

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		•	29	49313515	200 1
For	_	90	Return of Organization Exempt From In Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc		20 19
•		uary 2020)	Do not enter social security numbers on this form as it may be		Open to Public
		of the Treasury enue Service	► Go to www.irs.gov/Form990 for instructions and the latest in	nformation.	Inspection
A	For the	e 2019 cale	ndar year, or tax year beginning , 2019, and ending		, 20
В	Check if a	natashta.	ame of organization	D Employer identification	on number
	Addre	📙	GE ENERGY CORP EMPLOYEES MEDICAL TRUST	36-4054466	
	chang	••	oing business as umber and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number	
-	⊣		O BOX 321 M/C 710	(405) 553-34	30
	→	return/ Ci	ty or town, state or province, country, and ZIP or foreign postal code		
	Amen	nded C	KLAHOMA CITY, OK 73101-0321	G Gross receipts \$	12,657,270.
	Applio pendi	ing į	ame and address of principal officer: GENA PERRY	H(a) Is this a group return t subordinates?	Yes X No
			O BOX 321 M/C 710, OKLAHOMA CITY, OK 73101-0321	H(b) Are all subordinates include	
 		tempt status	501(c)(3) X 501(c) (9)	If "No," attach a list	
		of organization		H(c) Group exemption num	legal domicile
	art I	Summa		Tim Clate Ci	regar dornicia
			cribe the organization's mission or most significant activities PROVIDE MEDICAL	BENEFITS TO MEN	MBERS
8					
Activities & Governance					
over .			box If the organization discontinued its operations or disposed of more than		2
Ŏ M	1		voting members of the governing body (Part VI, line 1a)		<u>2.</u> 0.
es	1		independent voting members of the governing body (Part VI, line 1b)	 - - 	0.
Ę			per of volunteers (estimate if necessary)	· · · · · · · · · · -	
¥	1		ated business revenue from Part VIII, column (C), line 12		125,641.
	b	Net unrela	ted business taxable income from Form 990-T, line 39	7b	124,641.
				Prior Year	Current Year
F 7	ı		ons and grants (Part VIII, line 1h)	0.	0.
? 7.	1	-	ervice revenue (Part VIII, line 2g)	13,357,803.	12,522,663.
6 2021 Revenue	10 11		t income (Part VIII, column (A), lines 3, 4, and 7d),	0.	0.
-	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,457,897.	12,657,270.
	13		d similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
UF L	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)	12,966,163.	12,207,082.
	15		ther compensation, employee benefits (Part IX, column (A), lines 5–10)	0.	16,310.
SCANNEU Expenses	16 a		al fundraising fees (Part IX, column (A), line 11e)	0.	0.
Z X	17		raising expenses (Part IX, column (D), line 25) enses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,957.	2,992.
્રે	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,983,120.	12,226,384.
	19	•	ess expenses. Subtract line 18 from line 12	474,777.	430,886.
Assets or				Beginning of Current Year	End of Year
sset	20	Total asset	is (Part X, line 16)	9,754,041.	12,077,603.
et A	21 22		ities (Part X, line 26)	0.	0.
Zű	22 111		or fund balances Subtract line 21 from line 20	9,754,041.	12,077,603.
_			pury, I declare that I have examined this return, including accompanying schedules and stateme	ints, and to the best of my kn	owledge and belief it is
tru	e, corre	ect, and comp	dele Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge	
۵.			kn to fleer	10/13/202	20
Siç He	-		ture of officer	Date	
116	''		A PERRY BENEFITS MANAGE	R	
			preparer's name Preparer's signature Date	Check I PT	IN .
Pai	d	, , , , ,	Topolo o signaturo	Check if FIII self-employed	
	parer	Firm's nam	e >	Eirm's EIN	
Use	Only	Firm's addr	DECTION	E Phone ro	
Ma	y the		ss this return with the preparer shown above? (see instructions)		Yes X No
For	Pape	rwork Red	uction Act Notice, see the separate instructions.	020	Form 990 (2019)
				مر ایا	

Eor	OGE ENERGY CORP EMPLOYEES MEDICAL TRUST 36-4054466
	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	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?
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses\$12,226,384including 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 \$including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ▶ 12,226,384.



Form 990 (2019) `

, OGE ENERGY CORP EMPLOYEES MEDICAL TRUST 36-4054466

Part	IV 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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	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)			
4		4		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,] _ [
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		_X
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,"			
	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			
	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	J	Х
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	110		:-
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1115		
C		11c		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			v
	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		X
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	111		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	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		_ X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,]		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	}		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		Х
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	 ^ -
		205	 	├
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	L ^`

	90 (2019)		F	Page 4
Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	103	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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		X
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?			
	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		
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?	25.		
0.0		25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current] }		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	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	ĺĺ		
	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,			
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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,"			l
	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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	l
25-	or IV, and Part V, line 1	34	Х	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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	330		
30	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	30	-	
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	X.
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.	↓		_
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	<u></u>
9E 1030	2 000	Form	220	(2019)

Part	V 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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
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)			
3a	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	Х	
	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		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		_ [
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ļ	
	and services provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		_X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_X_
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
	Sponsoring organizations maintaining donor advised funds.]	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_ <u>X</u> _
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		İ	
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4.0		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		X
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
15	Is the organization subject to the section 4960 tax on payments) of more than \$1,000,000 in remuneration or	.70		
	excess parachute payment(s) during the year?	15		Х
	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.			
		Form	990	(2019

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	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	• • •	<u></u>	X
Sect	ion A. Governing Body and Management		V	1 11-
		г	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		1
	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.			1
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		Х
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Ĺ	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	L	Х
6	Did the organization have members or stockholders?	6		Х
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		x
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
٠				
_	the year by the following. The governing body?	8a	х	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
ь				\vdash
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		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue			
0004	On bit dialog [Time doction b requeste information about period of the control of the information about period of the control	-	Yes	No
40-	Did the assessment being lead about as homeless or afflictor?	10a		x
	Did the organization have local chapters, branches, or affiliates?	100		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		x
11a		110		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		x
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		 `
Ь		426		
	rise to conflicts?	12b	-	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	42-		
	describe in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13	X	<u> ^</u>
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	ļ	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ļ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			l
	with a taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	
	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
Sect	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-(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)	T (Sed	tion :	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	of inte	rest	policy
	and financial statements available to the public during the tax year			, <u></u> .
20	State the name, address, and telephone number of the person who possesses the organization's books and reconverted for the person who possesses the organization's books and reconverted for the person who possesses the organization's books and reconverted for the person who possesses the organization's books and reconverted for the person who possesses the organization's books and reconverted for the person who possesses the organization's books and reconverted for the person who possesses the organization's books and reconverted for the person who possesses the organization is books and reconverted for the person who possesses the organization is books and reconverted for the person who possesses the organization is books and reconverted for the person who possesses the organization is books and reconverted for the person who possesses the organization is books and reconverted for the person who possesses the organization is books and reconverted for the person who person is the person who person who person is the person is the person who person is the pe	ds ▶		
	WELLS PARGO I N JEFFERSON AVE SAINT LOUIS, MO 63103 314-875-1199			
JSA 9E1042	2 2 000	Form	990	(2019)

Form 990 (2019)	, OGE	ENERGY	CORP	EMPLOYEES	MEDICAL	TRUST

36-4054466

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
Independent Contractors											
	Check if Schedule	0 0	contains a r	esponse or n	ote to any line	e 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 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.

(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the
hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
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Form 990 (2019)

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For any individual issed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												 +		<u> </u>
organization and related organizations greater than \$150,000 if "Yes," complete Schedule J for such Individual												٠ ،		٠,
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person													-	x
for services rendered to the organization? If "Yes," complete Schedule J for such person														<u></u>
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) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received												1	-	x
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received .	Section B. Independent Contractors										·			
(A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received	compensation from the organization. Report											tax		
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received								\neg				·(C)		
		dress								ervices	Con		ation	
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								se	listed above) who	received			٠.	٠.

_	990 (2		TEES MEDICAL	11.001	30-4034	Page 3
Pai	rt VII	 -				
		Check if Schedule O contains a response or note to an	y line in this Part V	<u>/III</u>	<u></u>	<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 8	1a	Federated campaigns 1a	•			
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b				
S S	i		-	j]
ξŽ	,	Fundraising events 1c				
를 를	0	Related organizations 1d		,		
S,E	е	Government grants (contributions) 1e		ł		}
P.S.	f	All other contributions, gifts, grants,				
e e		and similar amounts not included above . 1f				
Ę <u>ę</u>	g	Noncash contributions included in		ľ		
E P		lines 1a-1f 1g \$				
Q #	h	Total, Add lines 1a-1f	0.			
		Business Code		·		
8	2a	EMPLOYER CONTRIBUTIONS	8,761,685.	8,761,685.		
Program Service Revenue	ь	EMPLOYEE CONTRIBUTIONS	3,760,978.	3,760,978		
Se	-					
ΕŽ	С					
Re	d			·		
õ	е				_	
а.	f	All other program service revenue				
	8	Total. Add lines 2a-2f	12,522,663.	•		ļ
	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.			
		(i) Real (II) Personal				
	6a	Gross rents 6a				
	ь	Less rental expenses 6b				
		Rental income or (loss) 6c		Î		
	C		0.			
	d	Net rental income or (loss)	<u>~~</u>			
	7a	Gross amount from (i) Securities (II) Other				
		sales of assets	-			1
		other than inventory 7a		,		1
Š	ь	Less. cost or other basis				
Revenue		and sales expenses 7b		•		
É	С	Gain or (loss) 7c				ļ
	d	Net gain or (loss)	0			
Other	8 a	Gross income from fundraising		j		
0		events (not including \$		•		
		of contributions reported on line	,			
		1c) See Part IV, line 18 8a 0.	1			1
	ь	Less direct expenses 8b 0.				
	C	Net income or (loss) from fundraising events	0.			1
	i _	, ,	 			
	9a	Gross income from gaming activities See Part IV, line 19 9a 0				
]		-			
	b	Less direct expenses				
	C	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less	}			1
		returns and allowances 10a 0.				
	ь	Less cost of goods sold 10b 0	<u> </u>	ļ		
	C	Net income or (loss) from sales of inventory, ▶	0.			
2		Business Code				
ಕ್ಷ ಕ್	11a					
an an	ь					
le s						
Miscellaneous Revenue	d	All other revenue				
Σ	е	Total. Add lines 11a-11d	0			
	12	Total revenue. See instructions	12,657,270.	12,522,663.	125,641	8,966.

Part IX Statement of Functional Expenses

380	tion 501(c)(3) and 501(c)(4) organizations must				
<u> </u>	Check if Schedule O contains a responsable of the contains a respo	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing 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.	12 007 000		
4	Benefits paid to or for members	12,207,082.	12,207,082.		
5	Compensation of current officers, directors,	46 340	16 310		
	trustees, and key employees , ,	16,310.	16,310.		
6	Compensation not included above to disqualified	Ì			
	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	0.			
_	section 401(k) and 403(b) employer contributions)	0.			
	Other employee benefits	0.1			
	Payroll taxes				
	Fees for services (nonemployees)	0.	ļ		
	Management	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				
3	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	0.			
	Office expenses	0.			
	Information technology	0.			
15	Royalties,	0.			
16	Occupancy	0.			
17	Travel	0.			-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
	Interest	0.			
21		0.			
	Depreciation, depletion, and amortization	0.			
	Insurance				
24	·				
	above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column		ļ	İ	
	(A) amount, list line 24e expenses on Schedule O)	Į			
_	990-T TAXES PAID	2,500.	2,500.		
b		_,	., , -		
ç					
	All other expenses	 [
	Total functional expenses. Add lines 1 through 24e	12,226,384.	12,226,384.		
	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)	0.		i	

_	4	- 4
Page		
, ogo	•	

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
1	Pledges and grants receivable, net	0.	3	0
	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			
1	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
ž 9	Prepaid expenses and deferred charges	0.	9	0
10 a	Land, buildings, and equipment cost or other			
L	basis Complete Part VI of Schedule D 10a			
b	Less accumulated depreciation 10b	0.	10c	0
	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	0
	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
	Accounts payable and accrued expenses	0.	17	0
1	Grants payable	0.	18	0
i	Deferred revenue	0.	19	0
20	Tax-exempt bond liabilities, ,	0.	20	0
	Escrow or custodial account liability. Complete Part IV of Schedule D. \dots . $igl[$	0.	21	0
	Loans and other payables to any current or former officer, director,			<u></u>
	trustee, key employee, creator or founder, substantial contributor, or 35%			
- 1	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
	Unsecured notes and loans payable to unrelated third parties	0.	24	0
1	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	0
	Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
E 27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ► X 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
31	Retained earnings, endowment, accumulated income, or other funds	0.	31	
32	Total net assets or fund balances	9,754,041.	32	12,077,603
2 32	Total liabilities and net assets/fund balances	9,754,041.	33	12,077,603
33	Total navinties and het assets/fully valdices	7, 137, 041.	33	Form 990

Form **990** (2019)

Form 9	90 (2019)			Pa	age 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>	$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,6	57,	270.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,2	26,	384.
3	Revenue less expenses. Subtract line 2 from line 1	3		•	886.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,7	54,	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			Ō.
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,	603.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>	لــــــــــــــــــــــــــــــــــــــ
				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," ex	kplain 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-	piled or			
	reviewed on a separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both)		1
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta-	nt?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain on	1		
	Schedule O.			ļ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the		ĺ	
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au		3h		1

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.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number OGE ENERGY CORP EMPLOYEES MEDICAL TRUST

36-4054466

PART VI SECTION A, LINE 9

THE TRUSTEE CAN BE REACHED AT: WELLS FARGO 1 N JEFFERSON AVE, SAINT 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.

36-4054466

SCHEDULE R (Form 990)

Department of the Tressury Internal Revenue Service Name of the organization

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.

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

OMB No 1545-0047

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

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

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 charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled ity?
					;	Yes	Š
(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 OKLAHOWA CITY, OK 73101	MED BENEFITS		501 (C) (9) N/A	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)					SALVANITATION OF THE SALVANITA		
(5)							
(9)							
(1)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 2 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

(a) Name, address, and EIN of related organization	and EIN of	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from taken (excluded from taken (excluded from taken (excluded from	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropon orest effocation?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			,					Yes No		Yes No	•
(1)											
(2)											
(3)											
(4)											
(5)											
(9)											
(2)											
PartIV Identific	cation of Relate	ed Organizations one or more rel	Taxable ated orga	as a Corporati nizations treate	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ete if the organ or trust during th	ization answer ne tax year.	ed "Yes	" on Form 990,	Part IV	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(c) (d) (e) (e) Legal domicile Direct controlling Type of entity (state or design entity (C corp. S corp. or trust)	(f) Share of total Income	(9) (1) (1) Share of Percentage 512(b)(13) end-of-year assets ownership controlled	(h) Percentage ownership	(i) Section 12(b)(13) ontrolled
								Yes No
(1) OGE ENERGY CORP. 73-1481638								
321 N HARVEY OKLAHOMA CITY, OK 73101	MED BENEFITS	ОК	N/A	C CORP				
(2)								
(3)								
(4)								
(5)								_
(9)								_
(2)								_
	-				-			

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Schedule R (Form 990) 2019

 $\times |\times |\times |\times$ Schedule R (Form 990) 2019 Method of determining Yes 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. 19 4 5 Ţ 9 Ļ Reimbursement paid to related organization(s) for expenses. Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36, 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? (b) Transaction type (a-s) Receipt of (i) interest, (ii) annuttes, (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. Other transfer of cash or property from related organization(s). . . Name of related organization Part V ٤ ~ Ξ 2 (3) (4) (2) 9

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 foreign country)	Predominant Are all income (related, sec unrelated, excluded and income (related, excluded and income incom	(e) Are all partners Sha section total it 50 (c)(3) organizations?	Share of Share of total income assets		(h) Disproportionate allocations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1085)	(I) General or managing partner?	(k) Percentage ownership
			sections 512-514) Yes	2		Yes	Š		Yes No	
(1)							-			
(2)										
(3)	THE									
(4)									_	
(5)										
(9)										_
(7)										
(8)										
(6)						-				
(10)										
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(15)										
(16)										
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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.