

Form **990**
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.

OMB No 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
DAKOTA ELECTRIC ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
4300 220TH STREET W

City or town, state or province, country, and ZIP or foreign postal code
FARMINGTON, MN 55024

D Employer identification number
41-0212180

E Telephone number
(651) 463-7134

G Gross receipts \$ 208,054,925

F Name and address of principal officer
GREG MILLER
4300 220TH STREET W
FARMINGTON, MN 55024

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (12) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW DAKOTAELECTRIC COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1937

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ELECTRIC DISTRIBUTION COOP

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	223
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	152,485
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	210,277,402	207,795,187
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	214,429	136,089
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,907	3,925
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	210,494,738	207,935,201
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	299,985	374,865
14 Benefits paid to or for members (Part IX, column (A), line 4)	1,655,373	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,215,952	23,581,960
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	179,181,461	179,363,602
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	205,352,771	203,320,427
19 Revenue less expenses Subtract line 18 from line 12	5,141,967	4,614,774
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	340,193,778	344,083,597
21 Total liabilities (Part X, line 26)	167,042,611	169,851,884
22 Net assets or fund balances Subtract line 21 from line 20	173,151,167	174,231,713

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: ***** Date: 2020-08-04

GREG MILLER PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-08-04 Check if self-employed PTIN: P00851848

Firm's name ▶ EIDE BAILLY LLP Firm's EIN ▶ 45-0250958

Firm's address ▶ 200 E 10TH ST STE 500 Phone no (605) 339-1999
SIOUX FALLS, SD 571046375

Part III 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

WE ARE A MEMBER-OWNED, MEMBER-FOCUSED ELECTRIC DISTRIBUTION COOPERATIVE, STRIVING TO EXCEED OUR MEMBER'S ENERGY EXPECTATIONS IN A CHANGING WORLD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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		No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		No
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<table border="1"> <tr> <td style="width: 100px;">2a</td> <td style="text-align: right;">223</td> </tr> </table>	2a	223			
2a	223					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b			
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	<table border="1"> <tr> <td style="width: 100px;">7d</td> <td></td> </tr> </table>	7d				
7d						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8			
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12	<table border="1"> <tr> <td style="width: 100px;">10a</td> <td></td> </tr> </table>	10a				
10a						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 100px;">10b</td> <td></td> </tr> </table>	10b				
10b						
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders	<table border="1"> <tr> <td style="width: 100px;">11a</td> <td style="text-align: right;">202,735,618</td> </tr> </table>	11a	202,735,618			
11a	202,735,618					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<table border="1"> <tr> <td style="width: 100px;">11b</td> <td style="text-align: right;">1,797,869</td> </tr> </table>	11b	1,797,869			
11b	1,797,869					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<table border="1"> <tr> <td style="width: 100px;">12b</td> <td></td> </tr> </table>	12b				
12b						
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a			
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	<table border="1"> <tr> <td style="width: 100px;">13b</td> <td></td> </tr> </table>	13b				
13b						
c Enter the amount of reserves on hand	<table border="1"> <tr> <td style="width: 100px;">13c</td> <td></td> </tr> </table>	13c				
13c						
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			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? If "Yes," see instructions and file Form 4720, Schedule N			15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CARLA HENKE 4300 220TH STREET W FARMINGTON, MN 55024 (651) 463-7134

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	2,870,684	0	1,059,165

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 66

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

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) Name and business address	(B) Description of services	(C) Compensation
NPL CONSTRUCTION CO 2355 UTOPIA RD PHOENIX, AZ 85027	UNDERGROUND CONSTRUCTION	2,289,772
CARR'S TREE SERVICE 307 MINNESOTA 78 OTTERTAIL, MN 56571	TREE TRIMMING	715,329
KUBRA AMERICA SOUTH EAST INC 5310 WESTPARK DR ATLANTA, GA 30336	CUSTOMER BILLING	698,249
PREMIER LOCATING INC 2034 CTY RD 35 W BUFFALO, MN 55313	LOCATING	525,381
ITINERIS PO BOX 680451 MARIETTA, GA 30068	SOFTWARE SUPPORT & IMPLEMENTATION	259,533

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 13

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$	1g			
h Total. Add lines 1a-1f					

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a SALE OF POWER		221000	207,642,702	207,642,702		
b SUBSTATION REBUILD		230000	110,580		110,580	
c VEHICLE REPAIR		811000	37,463		37,463	
d SALES OF WATER HEATERS		221000	4,442		4,442	
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			207,795,187			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			154,461			154,461
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less rental expenses					
		6c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less cost or other basis and sales expenses			18,372		
		7c Gain or (loss)			-18,372		
		d Net gain or (loss)			-18,372	-18,372	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		8b Less direct expenses					
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19						
9b Less direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10b Less cost of goods sold		105,277				
	c Net income or (loss) from sales of inventory			3,925	3,925		
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			207,935,201	207,628,255	152,485	154,461	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	374,865			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,756,728			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,325,394			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,001,306			
9 Other employee benefits	2,312,470			
10 Payroll taxes	1,186,062			
11 Fees for services (non-employees)				
a Management				
b Legal	142,189			
c Accounting	34,350			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,166,006			
12 Advertising and promotion	2,302,448			
13 Office expenses	2,482,930			
14 Information technology				
15 Royalties				
16 Occupancy	136,190			
17 Travel	189,106			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,512,010			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,734,041			
23 Insurance	588,628			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF SALE OF POWER	147,746,026			
b PROPERTY AND OTHER TAXE	3,445,780			
c EXTERNAL CONTRACT LABOR	1,761,251			
d DISTRIBUTION MAINTENANC	582,491			
e All other expenses	540,156			
25 Total functional expenses. Add lines 1 through 24e	203,320,427			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	325,780	1	134,996
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	24,874,421	4	22,471,488
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,184,242	8	4,771,381
	9 Prepaid expenses and deferred charges	1,650,050	9	1,086,525
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 311,756,313		
	b Less accumulated depreciation	10b 130,563,463	178,442,390	10c 181,192,850
	11 Investments—publicly traded securities		11	
	12 Investments—other securities—See Part IV, line 11	8,577,452	12	8,567,284
	13 Investments—program-related—See Part IV, line 11	117,087,539	13	120,472,998
	14 Intangible assets		14	
	15 Other assets—See Part IV, line 11	5,051,904	15	5,386,075
16 Total assets. Add lines 1 through 15 (must equal line 34)	340,193,778	16	344,083,597	
Liabilities	17 Accounts payable and accrued expenses	39,692,292	17	43,011,159
	18 Grants payable		18	
	19 Deferred revenue	230,326	19	182,794
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability—Complete Part IV of Schedule D	259,102	21	254,384
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	99,848,397	23	103,392,376
	24 Unsecured notes and loans payable to unrelated third parties	16,334,355	24	15,200,000
	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	10,678,139	25	7,811,171
	26 Total liabilities. Add lines 17 through 25	167,042,611	26	169,851,884
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	173,151,167	31	174,231,713
32 Total net assets or fund balances	173,151,167	32	174,231,713	
33 Total liabilities and net assets/fund balances	340,193,778	33	344,083,597	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	207,935,201
2	Total expenses (must equal Part IX, column (A), line 25)	2	203,320,427
3	Revenue less expenses Subtract line 2 from line 1	3	4,614,774
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	173,151,167
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,534,228
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	174,231,713

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 41-0212180

Name: DAKOTA ELECTRIC ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDE ELECTRIC AND RELATED SERVICES AND PRODUCTS FOR APPROXIMATELY 109,000 MEMBERS/CUSTOMERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GERALD PITTMAN JR DIRECTOR/CHAIR(EFFECTIVE 5/2019)	18 00	X		X				36,495	0	0
DAVID JONES CHAIR/DIRECTOR(EFFECTIVE 5/2019)	15 00	X		X				35,338	0	0
PAUL BAKKEN VICE CHAIR	13 00	X		X				31,475	0	0
JAMES SHELDON TREASURER	15 00	X		X				31,725	0	0
WILLIAM HOLTON DIRECTOR/SECRETARY(EFFECTIVE 5/2019)	14 00	X		X				31,475	0	0
PAUL TRAPP SECRETARY/DIRECTOR(UNTIL 5/2019)	20 00	X		X				10,425	0	0
KENNETH DANNER DIRECTOR	13 50	X						31,475	0	0
CLAY VAN DE BOGART DIRECTOR	14 00	X						31,475	0	0
JANET LEKSON DIRECTOR	20 00	X						31,475	0	0
JUDY KIMMES DIRECTOR	12 00	X						31,475	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET SCHREINER DIRECTOR	21 00	X						31,475	0	0
JOHN JACK DEYOE DIRECTOR	15 00	X						31,475	0	0
STACY MILLER DIRECTOR(EFFECTIVE 5/2019)	13 50	X						23,750	0	0
GREG MILLER PRESIDENT/CEO	40 00			X				405,178	0	207,914
LOU ANN WEFLEN VP-FINANCE/CFO (UNTIL 6/2019)	40 00			X				209,852	0	64,275
COREY HINTZ VP-FINANCE/CFO (EFFECTIVE 6/2019)	40 00			X				138,231	0	46,031
MICHAEL NELSON VP-INFORMATION SERVICES/CIO	40 00			X				215,152	0	32,244
MICHAEL FOSSE VP-ENERGY & MEMBER SERVICE	40 00				X			217,479	0	130,994
DOUGLAS LARSON VP-REGULATORY SERVICES	40 00				X			226,168	0	95,395
JEFF SCHOENECKER VP-UTILITY SERVICES	40 00				X			198,327	0	17,696

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETTY JO KIESOW VP-ENGINEERING SERVICES	40 00				X			183,923	0	51,736
CRAIG TURNER SR PRINCIPAL & REGULATORY ENGINEER	40 00					X		144,762	0	100,301
GRANT BAUMBERGER METERING & ELECTRICAL EQ MANAGER	40 00					X		154,261	0	62,074
JOHN THURMES CONTROL CENTER MANAGER	40 00					X		130,495	0	74,434
BERNARD KOLNBERGER UTILITY SERVICES MANAGER	40 00					X		129,188	0	87,800
MELINDA MEHRHOFF HUMAN RESOURCES MANAGER	40 00					X		128,135	0	88,271

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization DAKOTA ELECTRIC ASSOCIATION

Employer identification number

41-0212180

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Line number (a-d), Held at the End of the Year (2a-2d). Rows for total number of easements, total acreage, and numbers of easements on certified historic structures.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,265,990		4,265,990
b Buildings		8,299,598	3,942,047	4,357,551
c Leasehold improvements				
d Equipment		294,933,642	126,621,416	168,312,226
e Other		4,257,083		4,257,083
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				181,192,850

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) GRE CAPITAL CREDITS	114,017,930	C
(2) NRUCFC CAPITAL CREDITS	4,267,075	C
(3) COBANK	1,128,309	C
(4) OTHER CAPITAL CREDITS	909,043	C
(5) COOPERATIVE MEMBERSHIPS	2,600	C
(6) MN RURAL ELECTRIC TRUST	148,041	C
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	120,472,998	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	7,811,171

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-0212180

Name: DAKOTA ELECTRIC ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE MEMBERS OF THE COOPERATIVE CAN ELECT TO PAY AN ADDITIONAL SET AMOUNT ON THEIR ELECTRIC BILL EACH MONTH AS A CONTRIBUTION TO THE HELPING NEIGHBORS TRUST THE FUNDS COLLECTED FROM THE MEMBERSHIP ARE HELD IN A COOPERATIVE ACCOUNT AND ARE PAID TO THE TRUST QUARTERLY THE TRUST USES THE FUNDS FOR CHARITABLE PURPOSES FUNDS THAT EXIST AT THE END OF THE YEAR ARE A RESULT OF A TIMING DIFFERENCE FROM WHEN THE FUNDS ARE COLLECTED FROM THE COOPERATIVE MEMBERS, TO WHEN THEY ARE DISTRIBUTED TO THE HELPING NEIGHBORS TRUST AT DECEMBER 31, 2019, THE COOPERATIVE HELD \$1,940 THE COOPERATIVE ALSO COLLECTS FRANCHISE FEES FROM ITS MEMBERS AND DISTRIBUTES THESE FEES DIRECTLY TO THE CITY OF APPLE VALLEY THE AMOUNT OF \$130,961 THAT EXISTS AT DECEMBER 31, 2019 IS A RESULT OF A TIMING DIFFERENCE BETWEEN WHEN THE FUNDS ARE COLLECTED AND WHEN THEY ARE DISTRIBUTED TO THE CITY OF APPLE VALLEY THE COOPERATIVE ALSO COLLECTS FRANCHISE FEES FROM ITS MEMBERS AND DISTRIBUTES THESE FEES DIRECTLY TO THE CITY OF BURNSVILLE THE AMOUNT OF \$105,249 THAT EXISTS AT DECEMBER 31, 2019 IS A RESULT OF A TIMING DIFFERENCE BETWEEN WHEN THE FUNDS ARE COLLECTED AND WHEN THEY ARE DISTRIBUTED TO THE CITY OF BURNSVILLE THE COOPERATIVE ALSO COLLECTS FRANCHISE FEES FROM ITS MEMBERS AND DISTRIBUTES THESE FEES DIRECTLY TO THE CITY OF INVER GROVE HEIGHTS THE AMOUNT OF \$16,234 THAT EXISTS AT DECEMBER 31, 2019 IS A RESULT OF A TIMING DIFFERENCE BETWEEN WHEN THE FUNDS ARE COLLECTED AND WHEN THEY ARE DISTRIBUTED TO THE CITY OF INVER GROVE HEIGHTS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	DAKOTA ELECTRIC IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 (C) (12) OF THE INTERNAL REVENUE CODE AND THE STATE OF MINNESOTA DAKOTA ELECTRIC WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF SUCH PENALTIES AND INTEREST ARE INCURRED UNDER NORMAL CIRCUMSTANCES, DAKOTA ELECTRIC IS NO LONGER SUBJECT TO FEDERAL OR STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2017 DAKOTA ELECTRIC UNDERGOES AN ANNUAL ANALYSIS OF VARIOUS TAX POSITIONS, ASSESSING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHOLD UPON EXAMINATION WITH RELEVANT TAX AUTHORITIES, AS DEFINED BY ASC 740-10 THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS ZERO AS OF DECEMBER 31, 2019 AND DECEMBER 31, 2018

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization
DAKOTA ELECTRIC ASSOCIATION

Employer identification number
41-0212180

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DAKOTA COUNTY TECHNICAL COLLEGE FOUNDATION 1300 145TH STREET E ROSEMOUNT, MN 55068	41-1488605	3	302,000				SCHOLARSHIPS FOR EDUCATIONAL PURPOSES
(2) COMMUNITY ACTION COUNCIL (DBA 360 COMMUNITIES) 501 E HWY 13 SUITE 102 BURNSVILLE, MN 55337	41-0987708	3	5,300				FOOD SHELF/ENERGY ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2**

3 Enter total number of other organizations listed in the line 1 table **0**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE COOPERATIVE RECEIVES VERIFICATION FROM THE DONEES OF THEIR TAX-EXEMPT STATUS THERE IS A MINNESOTA STATUTE THAT A COOPERATIVE MAY, IN LIEU OF PAYING OR DELIVERING TO THE STATE THE UNCLAIMED PROPERTY SPECIFIED IN ITS REPORT OF UNCLAIMED PROPERTY, DISTRIBUTE THE UNCLAIMED PROPERTY TO A BUSINESS ENTITY OR ORGANIZATION THAT IS EXEMPT FROM TAXATION AFTER 7 YEARS, DAKOTA ELECTRIC REMITS ITS MINNESOTA UNCLAIMED CAPITAL CREDITS TO DCTC FOUNDATION THE COOPERATIVE THEN DIRECTS THE FOUNDATION TO PAY SPECIFIED AMOUNTS AS SCHOLARSHIPS AND DONATIONS TO QUALIFYING HIGHER EDUCATION INSTITUTIONS FOR EDUCATIONAL PURPOSES THE EDUCATIONAL INSTITUTIONS DETERMINES WHICH STUDENTS WILL RECEIVE SCHOLARSHIPS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DAKOTA ELECTRIC ASSOCIATION

Employer identification number
41-0212180

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a No	4b No								
	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	5b								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	6b								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	HEALTH CLUB DUES ARE AVAILABLE TO ALL EMPLOYEES OF DEA AND ARE INCLUDED IN THE W-2'S OF THE EMPLOYEES. THESE DUES ARE LIMITED TO \$240 PER YEAR AND EMPLOYEES MUST ATTEND 12 TIMES PER MONTH.
SCHEDULE J, PART II, COLUMN C	THE ESTIMATED CURRENT YEAR INCREASE IN THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN IS INCLUDED IN OTHER COMPENSATION FOR EMPLOYEES LISTED IN PART II OF SCHEDULE J. THESE AMOUNTS DO NOT REPRESENT ANY CURRENT YEAR CONTRIBUTIONS TO THE PLAN. THEY ARE ESTIMATES OF THE INCREASE IN THE ACTUARIAL VALUE OF THE PLANS PROVIDED BY THE NRECA.

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.

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

2019
Open to Public Inspection

Department of the Treasury

Name of the organization
DAKOTA ELECTRIC ASSOCIATION

Employer identification number

41-0212180

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ALL OF THE BOARD MEMBERS OF THE ORGANIZATION ALSO SERVE AS BOARD MEMBERS FOR THE SUBSIDIARIES OF THE ORGANIZATION AND THUS HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS, ALL OF WHICH ARE IN THE SAME CLASS WITH THE SAME VOTING RIGHTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THERE ARE FOUR DISTRICTS AND EACH DISTRICT HAS THREE BOARD MEMBERS ALL MEMBERS VOTE ON ALL FOUR DISTRICTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS HAVE THE POWER TO REMOVE ANY DIRECTOR OR OFFICER IF THEIR ACTIONS CAUSE SUBSTANTIAL HARM TO THE INTERESTS OF THE ORGANIZATION MEMBERS ALSO HAVE THE RIGHT TO ALTER, AMEND, OR REPEAL THE BYLAWS IF APPROVED BY MAJORITY OF VOTES CAST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE COOPERATIVE DOES NOT HAVE AN EXECUTIVE COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE FORM 990 FOR THEIR REVIEW AT A BOARD MEETING PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>BOARD MEMBERS ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY A DIRECTOR WHO BELIEVES THAT HE/SHE MAY HAVE A CONFLICT OF INTEREST SHALL DISCLOSE THE POTENTIAL CONFLICT AND FURNISH ADEQUATE INFORMATION TO THE BOARD OF DIRECTORS CONCERNING THE CONFLICT WITHIN 30 DAYS OF THE ONSET OF THE POTENTIAL CONFLICT THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT EXISTS AND THE TERMS, IF ANY, UNDER WHICH THE CONFLICT CAN BE RESOLVED A DIRECTOR WHO BELIEVES THAT ANOTHER DIRECTOR MAY HAVE A CONFLICT OF INTEREST SHALL STATE THE BASIS OF THIS BELIEF TO THE BOARD OF DIRECTORS THE BOARD MAY REQUEST SUCH DIRECTOR PROVIDE ADEQUATE INFORMATION TO ESTABLISH THAT NO CONFLICT EXISTS SUCH DIRECTOR SHALL PROMPTLY PROVIDE THIS INFORMATION TO THE BOARD OF DIRECTORS, WHICH SHALL DETERMINE WHETHER A CONFLICT EXISTS AND THE TERMS, IF ANY, UNDER WHICH THE CONFLICT CAN BE RESOLVED EACH BOARD MEMBER SIGNS A CERTIFICATION ANNUALLY BY JULY 1 TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST EVERY EMPLOYEE IS COVERED BY THE CODE OF ETHICS AND BUSINESS CONDUCT POLICY, AND ARE REQUIRED TO REPORT ANY POTENTIAL CONFLICT OF INTEREST SENIOR MANAGEMENT, IN CONJUNCTION WITH THE HUMAN RESOURCES DIRECTOR, SHALL INVESTIGATE ANY POTENTIAL CONFLICTS IN A TIMELY MANNER GENERALLY, THE FINAL AUTHORITY FOR DETERMINING WHETHER OR NOT A VIOLATION OF THIS POLICY OCCURRED RESTS WITH THE PRESIDENT & CEO OR HIS/HER DESIGNEE IN THOSE INSTANCES WHERE THE PRESIDENT & CEO IS ALLEGED TO HAVE A CONFLICT, THE FINAL AUTHORITY SHALL BE THE BOARD OF DIRECTORS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE. THE BOARD OFTEN USES A SALARY SURVEY OR COMPARISON OF WAGES FROM OTHER COMPARABLY SIZED ELECTRIC COOPERATIVES. THE WAGE DATA MAY COME FROM 990S OF COOPERATIVES OF SIMILAR SIZE OR FROM THE NRECA COMPENSATION SURVEY. THE COMPENSATION APPROVAL PROCESS OF THE PRESIDENT/CEO LAST TOOK PLACE IN MAY 2019. THE COMPENSATION OF THE VICE PRESIDENT OF FINANCE/CFO IS DETERMINED BY THE CEO THROUGH A PERFORMANCE EVALUATION, AS WELL AS PERIODIC AREA MARKET SALARY COMPARISONS. THE PERFORMANCE EVALUATION LAST TOOK PLACE IN MAY 2019. THE PERIODIC AREA MARKET SALARY COMPARISON LAST TOOK PLACE IN MARCH 2016. THE HR DEPARTMENT USES COMPARISON WAGE DATA FROM SURVEYS FOR ALL POSITIONS TO DETERMINE APPROPRIATE MARKET COMPENSATION, BUT THE BOARD DOES NOT VOTE ON THE COMPENSATION OF OTHER POSITIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE WEBSITE OR UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CAPITAL CREDITS RETIRED -4,402,993 GAIN ON CAPITAL CREDIT RETIREMENT 491,030 EQUITY IN E ARNINGS OF SUBSIDIARY 76,321 OTHER CHANGES -586 UNCLAIMED CAPITAL CREDITS DONATED 302,00 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE COOPERATIVE'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF ITS INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 4	THE IRS INSTRUCTIONS STATE THAT PATRONAGE DIVIDENDS PAID BY SECTION 501(C)(12) ORGANIZATIONS TO THEIR MEMBERS SHOULD BE REPORTED ON LINE 4 THE ORGANIZATION HAS INTERPRETED PATRONAGE DIVIDENDS PAID TO MEAN PATRONAGE DIVIDENDS ALLOCATED OR TO BE ALLOCATED FOR THE CURRENT YEAR SINCE THIS ALLOCATION IS NOT AN EXPENSE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP), THIS HAS RESULTED IN A RECONCILING ITEM TO NET ASSETS IN PART XI ON PAGE 12 OF THE FORM 990

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DAKOTA ELECTRIC ASSOCIATION

Employer identification number

41-0212180

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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

Part II 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.

(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?	
						Yes	No
(1)HELPING NEIGHBORS TRUST 4300 220TH STREET W FARMINGTON, MN 55024 41-1837793	CHARITY - ENERGY ASSISTANCE	MN	501(C)(3)	LINE 11	DAKOTA ELECTRIC ASSOCIATION	Yes	

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(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)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MIDWEST ENERGY SERVICES INC 4300 220TH STREET W FARMINGTON, MN 55024 41-1757574	PARENT COMPANY OF ENERGY ALTERNATIVES	MN	DAKOTA ELECTRIC ASSOCIATION	C	107,834	4,695,677	100 000 %	Yes	
(2) ENERGY ALTERNATIVES INC 4300 220TH STREET W FARMINGTON, MN 55024 41-1938868	BACKUP ELECTRIC GENERATION	MN	MIDWEST ENERGY SERVICES INC	C	77,823		100 000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NO TRANSACTION OVER 50000			

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

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART IV	ENERGY ALTERNATIVES, INC DISSOLVED IN 2019