

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
MIENERGY COOPERATIVE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
31110 COOPERATIVE WAY

City or town, state or province, country, and ZIP or foreign postal code
RUSHFORD, MN 55971

D Employer identification number
41-0254835

E Telephone number
(800) 432-2285

G Gross receipts \$ 79,753,400

F Name and address of principal officer:
BRIAN KRAMBEER
31110 COOPERATIVE WAY
RUSHFORD, MN 55971

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.TEC.COOP

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1936

M State of legal domicile:
MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO DELIVER HIGH-QUALITY ENERGY SERVICES AT REASONABLE PRICES AND MAXIMIZE VALUE TO OUR MEMBERS.

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)	85
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	45,094
7b Net unrelated business taxable income from Form 990-T, line 39	7,117

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	76,251,543	78,733,862
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	998,626	580,351
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,858	488
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,244,311	79,314,701
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	3,669,336	3,754,895
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,923,801	9,406,719
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)	64,530,550	65,604,849
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	77,123,687	78,766,463
19 Revenue less expenses. Subtract line 18 from line 12	120,624	548,238
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	189,771,432	196,621,194
21 Total liabilities (Part X, line 26)	120,207,662	125,024,535
22 Net assets or fund balances. Subtract line 21 from line 20	69,563,770	71,596,659

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 2020-11-02
BRIAN KRAMBEER PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date 2020-11-02 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

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:

TO DELIVER HIGH-QUALITY ENERGY SERVICES AT REASONABLE PRICES AND MAXIMIZE VALUE TO OUR MEMBERS CONSISTENT WITH THE WISE USE OF RESOURCES.

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

		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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	Yes	
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		No
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		No
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		No
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)		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 main columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16b regarding employee reporting, tax returns, foreign accounts, and charitable contributions. Includes sub-sections 7, 8, 9, and 10.

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 (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VII 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			
(1) BRIAN KRAMBEER PRESIDENT/CEO	50.00			X			278,831	0	92,635	
(2) KAYE BERNARD COO	50.00			X			138,955	0	70,072	
(3) TEDDY KJOS VP OF MARKETING & EXTERNAL RELATIONS	40.00				X		118,777	0	87,675	
(4) SHELLY HOVE CFO	50.00			X			128,330	0	57,574	
(5) MICHAEL WALTON VP OF SYSTEM OPERATIONS	40.00				X		110,697	0	65,205	
(6) VASSIL VUTOV VP OF INFORMATION TECHNOLOGY	40.00				X		119,151	0	49,250	
(7) TYLER EIDE JOURNEYMAN FOREMAN	40.00				X		112,904	0	42,266	
(8) CHAD CHAFFEE VP OF SYSTEM OPERATIONS	40.00				X		115,373	0	35,998	
(9) JENNIFER SCHARMER DIRECTOR	16.00	X					20,725	0	0	
(10) DONALD PETERSEN TREASURER	12.00	X		X			18,375	0	0	
(11) BETH OLSON DIRECTOR	8.00	X					18,325	0	0	
(12) DEAN NIERLING CHAIR	6.00	X		X			17,125	0	0	
(13) DEAN FISHER DIRECTOR	5.00	X					16,725	0	0	
(14) JEFFREY REDALEN DIRECTOR	6.00	X					16,675	0	0	
(15) RONALD STEVENS VICE CHAIR	10.00	X		X			16,525	0	0	
(16) CHARLES FRANA DIRECTOR	8.00	X					16,075	0	0	
(17) DENNIS YOUNG DIRECTOR	5.00	X					15,775	0	0	

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			
(18) ROGER HEGLAND DIRECTOR UNTIL 09/2019	7.00	X					13,400	0	0	
(19) CARL REICKS DIRECTOR	5.00	X					11,775	0	0	
(20) DENNIS PTACEK SECRETARY	5.00	X		X			11,745	0	0	
(21) SKIP WIESER DIRECTOR	4.00	X					11,275	0	0	
(22) DARLA RANCE DIRECTOR UNTIL 09/2019	5.00	X					10,000	0	0	
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶							1,337,538	0	500,675	

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 ▶ 13

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
ASPLUNDH TREE EXPERT COMP 708 BLAIR MILL RD WILLOW GROVE, PA 19090	TREE CLEARING	1,055,498
TJADER & HIGHSTROM UTILITY SERVICES 622 170TH STR HAMMOND, WI 54015	LINE CONSTRUCTION	865,657
PUSH INC 1100 LINDY STREET RICE LAKE, WI 54868	URD LINE BUILDING	575,252
DAIRYLAND POWER COOPERATIVE 3200 EAST AVE S LA CROSSE, WI 55485	LINE & SUBSTATION UPGRADES/MAINTENANCE	534,172
PULSE BROADBAND LLC 2121 COOPERATIVE WAY HERNDON, VA 20171	BROADBAND TOWER INSTALLS	397,566

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	2a OPERATING REVENUES	Business Code					
		221000	76,477,717	76,477,717			
	b CAPITAL CREDITS	221000	1,955,538	1,955,538			
	c EQUITY EARNINGS	517000	300,607	259,890	40,717		
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f. ▶		78,733,862					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		553,178			553,178	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	54,476			
		b Less: cost or other basis and sales expenses	7b		27,303		
		c Gain or (loss)	7c		27,173		
	d Net gain or (loss) ▶			27,173		27,173	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	10a		406,417				
			411,396				
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶			-4,979	-9,356	4,377		
Miscellaneous Revenue	Business Code						
11a OTHER NONOPERATING MARGINS	517000	5,467	5,467				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶		5,467					
12 Total revenue. See instructions ▶		79,314,701	78,689,256	45,094	580,351		

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				
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	3,754,895			
5 Compensation of current officers, directors, trustees, and key employees	991,891			
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	6,279,871			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,620,875			
9 Other employee benefits				
10 Payroll taxes	514,082			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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)				
12 Advertising and promotion	122,166			
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,987,016			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,132,254			
23 Insurance	154,953			
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 UBI TAXES	23,395			
b COST OF POWER	48,989,131			
c DISTRIBUTION - MAINTENA	4,628,373			
d DISTRIBUTION - OPERATIO	4,522,589			
e All other expenses	-2,955,028			
25 Total functional expenses. Add lines 1 through 24e	78,766,463			
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		1	
	2 Savings and temporary cash investments	3,591,287	2	900,849
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,447,473	4	9,237,037
	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	888,016	7	835,172
	8 Inventories for sale or use	5,549,537	8	4,592,082
	9 Prepaid expenses and deferred charges	3,051,209	9	2,515,569
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 195,111,492		
	b Less: accumulated depreciation	10b 55,895,684	134,539,628	10c 139,215,808
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	-53,209	12	44,460
	13 Investments—program-related. See Part IV, line 11	30,508,589	13	32,013,677
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,248,902	15	7,266,540
16 Total assets. Add lines 1 through 15 (must equal line 34)	189,771,432	16	196,621,194	
Liabilities	17 Accounts payable and accrued expenses	8,240,665	17	9,702,431
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	18,846	21	24,152
	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	103,637,837	23	108,262,108
	24 Unsecured notes and loans payable to unrelated third parties	600,000	24	600,000
	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	7,710,314	25	6,435,844
	26 Total liabilities. Add lines 17 through 25	120,207,662	26	125,024,535
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	69,563,770	27	71,596,659
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	69,563,770	32	71,596,659	
33 Total liabilities and net assets/fund balances	189,771,432	33	196,621,194	

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	79,314,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,766,463
3	Revenue less expenses. Subtract line 2 from line 1	3	548,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69,563,770
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	1,484,651
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	71,596,659

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: 41-0254835

Name: MIENERGY COOPERATIVE

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDED ELECTRIC SERVICE TO APPROXIMATELY 18,838 MEMBERS AND MAINTAINED 5,544 MILES OF LINES PRIMARILY IN RURAL AREAS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

Name of the organization
MIENERGY COOPERATIVE

Employer identification number
41-0254835

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor 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 (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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		

- 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		529,471		529,471
b Buildings		10,021,105	9,753,604	267,501
c Leasehold improvements				
d Equipment		183,839,077	46,142,080	137,696,997
e Other		721,839		721,839
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				139,215,808

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
See Additional Data Table		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	32,013,677	

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,435,844

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	79,291,306
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	-23,395	
e	Add lines 2a through 2d		2e	-23,395
3	Subtract line 2e from line 1		3	79,314,701
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	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	79,314,701

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	74,988,173
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	0
3	Subtract line 2e from line 1		3	74,988,173
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	3,778,290	
c	Add lines 4a and 4b		4c	3,778,290
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	78,766,463

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: 41-0254835

Name: MIENERGY COOPERATIVE

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) DAIRYLAND POWER COOPERATIVE	26,864,828	C
(2) NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	663,161	C
(3) ACE COMMUNICATIONS GROUP	172,985	C
(4) RURAL ELECTRIC SUPPLY COOPERATIVE	294,469	C
(5) COOPERATIVE RESPONSE CENTER	24,644	C
(6) NATIONAL RURAL TELECOMMUNICATIONS COOPERATIVE	210,903	C
(7) NATIONAL INFORMATION SOLUTIONS COOPERATIVE	118,069	C
(8) FEDERATED RURAL ELECTRIC INSURANCE EQUITY	332,381	C
(9) HEARTLAND SECURITY SERVICES LLC	54,064	C
(10) MINNOWA ALLIANCE LLC	208,618	C
(11) MINNESOTA THREE, LLC (33% OWNERSHIP)	562,921	C
(12) NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION-CERTIFICATES	1,300,212	C
(13) COBANK	266,484	C
(14) MEMBERSHIPS AND OTHER	47,983	C
(15) SOUTHERN MINNESOTA ENERGY COOPERATIVE	308,890	C
(16) INVESTMENTS IN COMMUNITY SOLAR	15,255	C
(17) MSG, INC	509,895	C
(18) MIBROADBAND, LLC	57,915	C

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	OPERATION ROUND UP, A VOLUNTARY COMMUNITY SUPPORT PROGRAM HELPS LOCAL ORGANIZATIONS AND WORTHY CAUSES VIA SPARE CHANGE. MEMBERS CAN CHOOSE TO HAVE THEIR MONTHLY ELECTRIC BILLS ROUNDED UP TO THE NEAREST DOLLAR, WITH THE EXCEEDING CENTS GOING TOWARDS OPERATION ROUND UP. THE AVERAGE ANNUAL CONTRIBUTION FROM A COOPERATIVE MEMBER IS \$6. THE MOST A MEMBER COULD CONTRIBUTE IS \$11.88 (99 CENTS PER MONTH). THESE FUNDS ARE SEGREGATED IN THE COOPERATIVE FINANCIALS AND ARE REPORTED IN FORM 990 PART IX LINE 21 AS AN ESCROW ACCOUNT LIABILITY. THE RESCARE PROGRAM PROVIDES MEMBERS WITH THE ABILITY TO DONATE MONEY THROUGH THE COOPERATIVE TO HELP NEEDY MEMBERS PAY THEIR ELECTRIC BILLS. THE ACCOUNT IS LISTED ON THE BALANCE SHEET AS AN ESCROW ACCOUNT LIABILITY.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE COOPERATIVE BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE COOPERATIVE WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	UBI TAXES NETTED TO REVENUE FOR GAAP -23,395.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ALLOCATION OF 2019 MARGINS TO MEMBERS IN 2020 3,754,895. UBI TAXES NETTED TO REVENUE FOR GAAP 23,395.

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
MIENERGY COOPERATIVE

Employer identification number
41-0254835

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 idemnification and gross-up payments</td> <td><input 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 idemnification and gross-up payments	<input 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 idemnification and gross-up payments	<input 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									
<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									
<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 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 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 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				
1 BRIAN KRAMBEER PRESIDENT/CEO	(i)	244,323	31,790	2,718	64,778	29,796	373,405	0
	(ii)	0	0	0	0	0	0	0
2 KAYE BERNARD COO	(i)	135,390	0	3,565	44,384	27,155	210,494	0
	(ii)	0	0	0	0	0	0	0
3 TEDDY KJOS VP OF MARKETING & EXTERNAL RELATIONS	(i)	118,777	0	0	59,956	29,042	207,775	0
	(ii)	0	0	0	0	0	0	0
4 SHELLY HOVE CFO	(i)	128,080	0	250	33,675	25,179	187,184	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL WALTON VP OF SYSTEM OPERATIONS	(i)	110,697	0	0	37,660	28,763	177,120	0
	(ii)	0	0	0	0	0	0	0
6 VASSIL VUTOV VP OF INFORMATION TECHNOLOGY	(i)	119,151	0	0	20,392	30,130	169,673	0
	(ii)	0	0	0	0	0	0	0
7 TYLER EIDE JOURNEYMAN FOREMAN	(i)	112,904	0	0	17,498	25,768	156,170	0
	(ii)	0	0	0	0	0	0	0
8 CHAD CHAFFEE VP OF SYSTEM OPERATIONS	(i)	115,373	0	0	33,249	3,983	152,605	0
	(ii)	0	0	0	0	0	0	0

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
FORM 990, PART VII, SECTION A, LINE 5	PER THE INSTRUCTIONS, INCLUDED IN COLUMN (C) IS THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR 2019. THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR BRIAN KRAMBEER IS \$52,513. THE ACTUAL DEFINED BENEFIT PLAN EXPENSE IS \$59,610. THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR KAYE BERNARD IS \$37,648. THE ACTUAL DEFINED BENEFIT PLAN EXPENSE IS \$32,787. THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR SHELLY HOVE IS \$27,220. THE ACTUAL DEFINED BENEFIT PLAN EXPENSE IS \$31,272. THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR VASSIL VUTOV IS \$14,134. THE ACTUAL DEFINED BENEFIT PLAN EXPENSE IS \$30,367. THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR TEDDY KJOS IS \$53,851. THE ACTUAL DEFINED BENEFIT PLAN EXPENSE IS \$29,713. THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR CHAD CHAFFEE IS \$27,400. THE ACTUAL DEFINED BENEFIT PLAN EXPENSE IS \$28,426. THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR MICHAEL WALTON IS \$31,935. THE ACTUAL DEFINED BENEFIT PLAN EXPENSE IS \$27,826. THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR TYLER EIDE IS \$13,254. THE ACTUAL DEFINED BENEFIT PLAN EXPENSE IS \$19,562.

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.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
MIENERGY COOPERATIVE

Employer identification number

41-0254835

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASS A MEMBER-OWNERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ONE VOTE PER MEMBERSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE CLASS A MEMBER-OWNERS APPROVE BY-LAW AMENDMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE COOPERATIVE DOES NOT HAVE COMMITTEES THAT ACT ON BEHALF OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE PRESIDENT/CEO AND MANAGER OF FINANCE/ADMINISTRATION REVIEW THE 990 IN DETAIL. AFTER THEIR REVIEW, THE 990 IS REVIEWED IN A BOARD MEETING WITH THE BOARD OF DIRECTORS BEFORE IT IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MIENERGY COOPERATIVE EMPLOYEES AND DIRECTORS ARE COVERED BY THE CONFLICT OF INTEREST POLICY. EACH EMPLOYEE IS RESPONSIBLE FOR ENSURING THAT THE EMPLOYEE'S ACTIONS AND BEHAVIOR ARE IN ACCORDANCE WITH THIS POLICY AND OF DISCLOSING ANY POSSIBLE CONFLICT OF INTEREST. ANY WILLFUL VIOLATION WILL RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE AND REIMBURSEMENT TO MIENERGY OF ANY LOSS ATTRIBUTABLE TO SUCH ACTION. EACH SUPERVISOR AND THE PRESIDENT/CEO IS RESPONSIBLE FOR MAKING EVERY EFFORT TO SEE THAT THIS POLICY IS UNDERSTOOD BY AND FOLLOWED BY THOSE REPORTING TO THAT SUPERVISOR. THE PRESIDENT/CEO SHALL MAKE DECISIONS ON THE ULTIMATE APPLICATION OF THIS POLICY CONSISTENTLY WITH THE BEST INTERESTS OF MIENERGY. EACH DIRECTOR IS RESPONSIBLE FOR ENSURING THAT THE DIRECTORS' ACTIONS AND BEHAVIOR ARE IN ACCORDANCE WITH THIS POLICY AND OF DISCLOSING ANY POSSIBLE CONFLICT OF INTEREST. THE BOARD OF DIRECTORS SHALL BE RESPONSIBLE FOR PERIODIC REVIEW OF THIS POLICY AND MODIFICATIONS TO IT. AN EMPLOYEE MUST DISCLOSE IN WRITING TO HIS/HER SUPERVISOR ANY SITUATION OR TRANSACTION IN WHICH THE EMPLOYEE IS INVOLVED WHICH VIOLATES, MAY VIOLATE, OR COULD APPEAR TO VIOLATE THE INTENT OF THIS POLICY. THE SUPERVISOR, IN COORDINATION WITH MANAGEMENT, SHALL DETERMINE HOW THE SITUATION WILL BE RESOLVED AND ADVISE THE AFFECTED EMPLOYEE AS SOON AS POSSIBLE. A DIRECTOR MUST ANNUALLY COMPLETE A "BUSINESS ETHICS DISCLOSURE REPORT AND DISCLOSE IN WRITING TO THE BOARD CHAIR ANY SITUATION OR TRANSACTION IN WHICH THE DIRECTOR IS INVOLVED WHICH VIOLATES, MAY VIOLATE, OR COULD APPEAR TO VIOLATE THE INTENT OF THIS POLICY. THE BOARD CHAIR WILL ADVISE TO RESOLVE THE SITUATION AS SOON AS POSSIBLE. ANY EMPLOYEE, DIRECTOR, OR OFFICER WHO VIOLATES MIENERGY'S CODE OF ETHICS IS SUBJECT TO APPROPRIATE DISCIPLINARY ACTION, UP TO AND INCLUDING POSSIBLE DISCHARGE. DIRECTORS ARE ALSO SUBJECT TO REMOVAL AS STIPULATED IN SECTION 3.07 OF THE COOPERATIVE BYLAWS. THE BOARD OF DIRECTORS MONITORS COMPLIANCE OF THE CONFLICT OF INTEREST POLICY BY COMPLETING A YEARLY REVIEW OF THE POLICY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD USES THE NRECA WAGE AND SALARY SURVEY FOR NATIONAL, REGIONAL AND STATE COMPARISONS. THERE IS A WRITTEN EMPLOYMENT CONTRACT AND BRIAN'S COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS. THIS PROCESS IS COMPLETED EVERY YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	RETIREMENT OF CAPITAL CREDITS -2,270,244. 2019 MARGINS ALLOCATED TO MEMBERS IN 2020 3,754,895.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E STATEMENT OF FUNCTIONAL EXPENSES:	THE LABOR, PENSION AND PAYROLL TAXES REPORTED ON LINES 6-10 ARE INCLUDED IN DISTRIBUTION E EXPENSE, ADMINISTRATIVE & GENERAL EXPENSE AND CUSTOMER EXPENSE. THEREFORE, LABOR, PENSION AND PAYROLL TAXES ARE SHOWN AS A REDUCTION TO OTHER EXPENSES ON LINE 24E.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, COLUMN F, OTHER COMPENSATION:	INCLUDED IN OTHER COMPENSATION IS THE ESTIMATED CURRENT YEAR INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR THE GENERAL MANAGER/CEO. THE CURRENT YEAR INCREASE OR DECREASE DOES NOT REPRESENT CURRENT YEAR CONTRIBUTIONS TO THE PLAN. RATHER, IT IS AN ESTIMATE OF THE INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF THE PLAN AS CALCULATED BY THE PLAN ADMINISTRATOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 4, BENEFITS PAID TO OR FOR MEMBERS:	THE COOPERATIVE HAS INTERPRETED THE INSTRUCTIONS TO PART IX, LINE 4, TO MEAN PATRONAGE CAPITAL ALLOCATED FOR THE YEAR, RATHER THAN PATRONAGE CAPITAL RETIRED. THIS IS CONSISTENT WITH THE BY-LAWS OF THE COOPERATIVE.

**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
MIENERGY COOPERATIVE

Employer identification number

41-0254835

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

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	
(1) MINNESOTA THREE LLC 1775 LAKE SHADY AVE SOUTH ORONOCO, MN 55960 46-2958241	ELECTRIC AND OTHER SERVICES	MN	MIENERGY COOPERATIVE	UNRELATED	-13,103	622,865		No		Yes		33.000 %
(2) TEC COMMUNITY SOLAR I LLC 31110 COOPERATIVE WAY RUSHFORD, MN 55971 37-1751538	SOLAR ENERGY	MN	N/A									
(3) HAWKEYE COMMUNITY SOLAR I LLC PO BOX 90 CRESCO, IA 52136 38-3926776	COMMUNITY SOLAR PROJECT	IA	N/A									
(4) MIBROADBAND LLC PO BOX 308 HARMONY, MN 55939 83-2786372	PROVIDE BROADBAND SERVICE	MN	MIENERGY COOPERATIVE	RELATED	30,976	383,625		No		Yes		50.000 %

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) TEC COMMUNITY SOLAR HOLDINGS 31110 COOPERATIVE WAY PO BOX 626 RUSHFORD, MN 55971 46-4998426	SOLAR POWER INVESTMENT	MN	MIENERGY COOPERATIVE	C	-5,024	3,822	100.000 %	Yes	
(2) HTC DEVELOPMENT CORPORATION PO BOX 90 CRESCO, IA 52136 68-0504643	HOUSING DEVELOPMENT	IA	MIENERGY COOPERATIVE	C	82,183	880,731	100.000 %	Yes	
(3) HREC COMMUNITY SOLAR HOLDINGS LLC PO BOX 90 CRESCO, IA 52136 46-5101728	COMMUNITY SOLAR PROJECT	IA	MIENERGY COOPERATIVE	C	-2,891	3,497	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)		No
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)	Yes	
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		No
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

Part VII **Supplemental Information**

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

Return Reference	Explanation