SCANNED JUL 3 1 2019

Form 990
Department of the Greasure

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

| A For the 2018 calendar year, or tax year beginning, 2018, and ending , 20 | | | | | | | | | |
|---|------------------------|--|--|--|--|--|--|--|--|
| B Check if applicable. C Name of organization T.I.P. Rural Electric Cooperative D Employer identification | ition number | | | | | | | | |
| Address change Doing business as 42-0557 | 125 | | | | | | | | |
| Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | | |
| Initial return 612 W. Des Moines St., P.O. Box 534 641-522- | 9221 | | | | | | | | |
| Final return/terminated City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | |
| Amended return Brooklyn, Iowa 52211-0534 G Gross receipts \$ | 16,734,175 | | | | | | | | |
| Application pending F Name and address of principal officer Jon K Miles, General Manager Hall is this a group return for subordinates? | | | | | | | | | |
| 612 W. Des Moines St., Brooklyn, Iowa 52211 H(b) Are all subordinates included? | | | | | | | | | |
| I Tax-exempt status. ☐ 501(c)(3) | structions) | | | | | | | | |
| Website: ► www.tiprec.com | | | | | | | | | |
| K Form of organization. ✓ Corporation ☐ Trust ☐ Association ☐ Other ► \ L Year of formation. 1938 M State of legal don | nicile. IV | | | | | | | | |
| Part I Summary | | | | | | | | | |
| 1 Briefly describe the organization's mission or most significant activities: Providing electric service to 4,971 mer | nbers | | | | | | | | |
| 8 (6,410 accounts) | | | | | | | | | |
| (6,410 accounts) 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net as Number of voting members of the governing body (Part VI, line 1a) | | | | | | | | | |
| 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net as | sets. | | | | | | | | |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 9 | | | | | | | | |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 9 | | | | | | | | |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 35 | | | | | | | | |
| 6 Total number of volunteers (estimate if necessary) | 0 | | | | | | | | |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | | | | | | | | |
| b Net unrelated business taxable income from Form 990 Tolline 38 | 0 | | | | | | | | |
| TIEUEIVED Prior Year Cur | rent Year | | | | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) | 0 | | | | | | | | |
| 9 Program service revenue (Part VIII, line 2g) APR 2 9. 2019 | 15,809,450 | | | | | | | | |
| 9 Program service revenue (Part VIII, line 2g) | 150,620 | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 17e) 931,434 | 774,105 | | | | | | | | |
| 12 Total revenue—add lines 8 through 11 (must equal Part XIII ediumn (A), (pel 12) 16,872,009 | 16,734,175 | | | | | | | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u> </u> | | | | | | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 450,961 | | | | | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,712,914 | 2,412,980 | | | | | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,712,914 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | | | | | | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | | | | | | | | |
| 17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e) | 12,873,792 | | | | | | | | |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 15,406,906 | 15,737,733 | | | | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 996,442 | | | | | | | | |
| 28 Land Land Land Land Land Land Land Land | d of Year | | | | | | | | |
| 20 Total assets (Part X, line 16) | 41,706,172 | | | | | | | | |
| 21 Total liabilities (Part X, line 26) | 18,680,140 | | | | | | | | |
| | 23,026,032 | | | | | | | | |
| 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | ge and belief, it is | | | | | | | | |
| Third A | | | | | | | | | |
| Sign Signature of officer Date | | | | | | | | | |
| Here David Lee KING President 4/24/19 | | | | | | | | | |
| Type or print name and title | | | | | | | | | |
| Print (Tuno proportir) pomo | <u>v</u> | | | | | | | | |
| Paid Jay//9 Check or heard | | | | | | | | | |
| Preparer Stag Williams | P00625086 | | | | | | | | |
| OSC OTHY | 0746749 | | | | | | | | |
| · | 34-7000 ✓ Yes | | | | | | | | |
| | Form 990 (2018) | | | | | | | | |

| | 30 (2018 | \ | | Page Z |
|------|----------|--|----------------------|---|
| Part | Ш | Statement of Program Service Accomplishments | | <u>, </u> |
| 4 | Drief | Check if Schedule O contains a response or note to any line in this Part III | - · ; · · | <u>. D</u> |
| 1 | | ly describe the organization's mission: rovide safe, reliable electricity at a competitive cost and will pursue excellence in technology, service, and mem | 'د منادداده میدوط | ne for |
| | | enefit of our members and the communities we serve. | per relatio | 115 101 |
| | | | | |
| | | | | |
| 2 | | the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? | | |
| | • | es," describe these new services on Schedule O. | ☐ Yes | ☑ No |
| 3 | | the organization cease conducting, or make significant changes in how it conducts, any program | | |
| • | | ces? | ☐Yes | ✓ No |
| | If "Y€ | es," describe these changes on Schedule O. | _ | _ |
| 4 | | cribe the organization's program service accomplishments for each of its three largest program services, | | |
| | | enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organization 501(c)(4) organiza | cations to | others, |
| | tne to | otal expenses, and revenue, if any, for each program service reported. | | |
| 4a | (Cod | le:) (Expenses \$including grants of \$) (Revenue \$ | | |
| 70 | | cooperative sold 157,415,403 kilowatt hours of electric energy to its 4,971 member consumers during 2018 for | | |
| | | rded program service revenue of \$15,809,450. This represents 94% of the total revenue for the cooperative for | | |
| | | ndar year 2018. | | |
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| 4b | (Cod | le:) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| | | | | |
| | | | | |
| 4c | (Cod | e:) (Expenses \$ including grants of \$) (Revenue \$ | | _) |
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| | | | | |
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| | | | | |
| | | 74 | | |
| | | | | |
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| | | | | |
| 4d | Othe | er program services (Describe in Schedule O.) | | |
| TU | | enses \$ including grants of \$) (Revenue \$ | | |
| 4e | | I program service expenses ▶ | | |



| Part I | V Checklist of Required Schedules | | | |
|-----------|---|-----------|----------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | ✓ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | ✓ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| С | 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 | 11c | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ✓ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | 1 | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 1 | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | 1 |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | 1 |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |

| Part | Checklist of Required Schedules (continued) | | | <u>. </u> |
|------|---|------------------|----------|--|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | / |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | 1 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ļ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| 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 | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | 1 |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | 1 |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | ✓ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ✓ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | √ | |
| Part | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | · · · | V I | L L |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30 | \vdash | Yes | No |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | |
| | reperiodes garring (garriening) armings to prize writings to | 1c | | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|---------|--|------------|---------------|----------------|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | ĺ |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 35 | | _ | |
| þ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ✓ | |
| ο- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 3a | | , |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| b 40 | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| 4a | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country: ▶ | | | 1 |
| | 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 | | ✓_ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | <u>✓</u> |
| 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 | C - | | , |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b | | 6b | | |
| 7 | gifts were not tax deductible? | 25 | | 1 |
| и а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| a | and services provided to the payor? | 7a | | |
| 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 | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| g 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 | | | |
| Ü | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | 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 | | | ŀ |
| ь 11 | Section 501(c)(12) organizations. Enter: | | | l |
| ''a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| - | against amounts due or received from them.) | _ | <u> </u> | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | ł | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | <u>_</u> | [|
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | - 1 |
| | Enter the amount of reserves the organization is required to maintain by the states in which | | | l |
| b | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | L | L_{-} | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | , |
| | excess parachute payment(s) during the year? | 15 | | ✓ |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | <u> </u> | -,- |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| | If "Yes," complete Form 4720, Schedule O. | For | n 99 0 | (2018) |
| | | | | () |

| | 90 (2018) | | | F | Page 6 |
|----------|---|---------------|--------|------------------|---------------|
| Part | , | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sc | hedule O. Se | e ins | tructi | ons. |
| | Check if Schedule O contains a response or note to any line in this Part VI | <u></u> | | | V |
| Sect | ion A. Governing Body and Management | | | | |
| | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 9 | | | 1 |
| | If there are material differences in voting rights among members of the governing body, or | | | | ĺ |
| | if the governing body delegated broad authority to an executive committee or similar | | | | |
| _ | committee, explain in Schedule O. | | | | 1 |
| b | Enter the number of voting members included in line 1a, above, who are independent | 9 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee? | iship with | 2 | | 7 |
| 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 persi | | 3 | 1 | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | ∳ | 4 | Ť | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | | 5 | | 1 |
| 6 | Did the organization have members or stockholders? | | 6 | ✓ | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body? | • • • • | - | | |
| ь | · · · | <u> </u> | 7a | ✓ | |
| | Are any governance decisions of the organization reserved to (or subject to approval by) stockholders, or persons other than the governing body? | | 7b | / | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertak | | | • | i |
| | the year by the following: | en during | | | ı |
| а | The governing body? | - | 8a | 7 | |
| b | Each committee with authority to act on behalf of the governing body? | ⊢ | 8b | 7 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | eached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | i | ✓ |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Inter | rnal Revenu | e Co | ode.) | |
| | | - | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | _ | 10a | | <u>✓</u> |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such | chapters, | | | |
| 44. | affiliates, and branches to ensure their operations are consistent with the organization's exempt pur | | 10b | - , | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | the form? | 11a | ✓ | |
| ь 12а | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 | - | 100 | , | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | _ | 12a | ✓ | |
| | | | 12b | ✓ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? describe in Schedule O how this was done | | 12c | 1 | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | 7 | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | ' | |
| 15 | Did the process for determining compensation of the following persons include a review and ap | · · · · | • | • | $\overline{}$ |
| - | independent persons, comparability data, and contemporaneous substantiation of the deliberation and | | | | - 1 |
| а | The organization's CEO, Executive Director, or top management official | 7 | 15a | 1 | |
| b | Other officers or key employees of the organization | [| 15b | ✓ | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | 1 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra | | | | |
| | with a taxable entity during the year? | | 16a | | ✓_ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to ev | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safe | guard the _ | | | |
| Socti | organization's exempt status with respect to such arrangements? | <u> </u> | 16b | | |
| 17 | on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None | - | | | |
| 18 | * | | | | |
| .0 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, (3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | Sect | ל חטו. | U1(C) |
| | ☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | • | reet r | olicy | and |
| | financial statements available to the public during the tax year. | or or miter | oor h | .c.icy | , and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | oks and reco | ords l | > | |
| | T.I.P. Rural Electric Cooperative, 612 W. Des Moines St., Brooklyn, Iowa 52211-0534, 641-522-9221 | | | | |

| Part VII | Compensation of Officers, I | Directors, Trustees, | Key Employees | , Highest Compensated | d Employees, and |
|----------|-----------------------------|----------------------|---------------|-----------------------|------------------|
| | Independent Contractors | | | | |
| | | | | | |

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| ☐ Check this box if neither the organization r | nor any relate | d org | anız | atic | n c | ompe | nsa | ted any currer | t officer, director | r, or trustee. |
|--|--|----------------|---|----------|--------------|--|--------------|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any | box, office | (C) Position lo not check more tha ox, unless person is b ficer and a director/tr | | | | n an tee) | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Randy Upah | 6.31 | | | | | | | | | |
| Director | _ | <u> </u> | _ | _ | <u> </u> | <u> </u> | ⊢ | 13,816 | 0 | 31 |
| (2) James De Smet | 5.00 | , | | | | | ŀ | | | |
| Director | | ✓ | | - | - | | ├ | 13,816 | 0 | 25 |
| (3) Nicholas Hammes | 5.04 | / | | | | | | | | |
| Director | | | \vdash | | \vdash | - | ⊢ | 8,846 | 0 | 31 |
| (4) Craig Stallman Director | 5.50 | 1 | | | | | | 12,041 | оо | 31 |
| (5) James Hines | 5.77 | | | | | | | | | |
| Director | | ✓ | | <u> </u> | | | | 12,751 | 0 | 25 |
| (6) H. Jack Wilkinson | 5.58 | | | | | | | | | |
| Asst. Secretary | | ✓ | | ✓ | _ | | | 14,171 | 0 | 25 |
| (7) Ronald Hoffman | 5.94 |] | | ł | | | | | | |
| Secretary -Treasurer | | ✓ | <u>L</u> | ✓ | | | | 14,561 | 0 | 22 |
| (8) Gene Von Ahsen Vice President | 4.77 | / | | 1 | | | | 13,106 | | 31 |
| (9) David Lee King | 5.98 | ١Ť | \vdash | Ť | ┢ | | ┢ | 13,100 | | - 31 |
| President | | 1 | | / | | | | 14,786 | | 22 |
| (10) Jon Miles | | | T | Ť | t | 1 | | 14,700 | | |
| General Manager | | 1 | | 1 | | | | | ٥ | 0 |
| (11) Dans A Hula | 49.89 | | ╁┈ | Ť | t | 1 | ┢ | | 1 | |
| Asst. General Manager/Operations Manager | | 1 | | | | / | | 111,687 | 0 | 23,956 |
| (12) Terry L. Kloppenburg | 51.66 | _ | T | ╁╌ | † | Ť | | 111,007 | | 20,000 |
| Financial Manager | | 1 | | | | 1 | | 102,357 | | 33,142 |
| (13) Scott R. Long | 53.89 | | T | t | t | Ė | t | 102,337 | † | 55,142 |
| Sigourney District Manager | | 1 | | | | 1 | | 100,732 | o | 28,681 |
| 4A | | | T | ┢═ | T | Ť | T | 100,732 | <u> </u> | 20,001 |
| (14) | | 1 | | | | | | | | |

| Part | t VII Section A. Officers, Directors, Trust | tees, Key E | mplo | yee: | | | lighe | st C | Compensated E | mployees (c | ontinue | :d) | | - Lage |
|---------|---|--|--|--|--------------|--------------|------------------------------|------------------|--|---|-------------------|---|--|---|
| | (A) Name and title | (B) Average hours per | Average box, unless person is both officer and a director/trus | | | | | | compensation | (E) Reportable compensation from | | (F) Estimated amount of | | |
| | | week (list any hours for related organizations below dotted line) | individua or directo | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organization (W-2/1099-MI | | composition from from organi and | other ensation on the nization related nization | n t |
| (15) | | <u> </u> | | | H | | | | | | + | | | <u>, - </u> |
| (16) | | | | | | | | | | | \top | | | |
| (17) | | | | H | H | H | \vdash | - | | | + | | | <u></u> |
| (18) | | | | | H | \vdash | | \vdash | | | + | | | |
| (19) | | | | H | H | H | | T | | | \dashv | | | |
| (20) | | | | H | \vdash | H | | \vdash | | | + | | | |
| (21) | | | | | | H | | \vdash | | | | | | |
| (22) | | | | | H | H | | H | | | + | | | |
| (23) | | | | H | H | H | | | | | + | | | |
| (24) | | | | | П | H | | \vdash | + | | \top | | | |
| (25) | | | | | \sqcap | - | | \vdash | | | - | | | |
| C | Sub-total | VII, Section | | <u>. </u> | | <u>.</u> | | > | 432,670 | | | | | 86,022 |
| d 2 | Total (add lines 1b and 1c) | t not limited | | | | | | <u>▶</u> e) w | 432,670 ho received mo | | 0,000 c | of | 8 | 86,022 |
| | reportable compensation from the organization | zation > | | | | | | | 3 | | | | Yes | No |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete S | | | | | | | emp | | est compens | sated | 3 | | 7 |
| 4 | For any individual listed on line 1a, is the | sum of rep | portab | ole d | com | npen | nsatio | n a | and other comp | ensation from | m the | | | Ť |
| | organization and related organizations individual | | | | | | | | | | | 4 | | 1 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | | | 5 | | |
| Section | on B. Independent Contractors | | | | | _ | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization. Rep year. | compensate ort comper | ed ind nsatio | lepe on fo | nde or th | ent d | contra alend | acto lar y | ors that receive rear ending with | d more than h or within th | \$100,0 e orga | 000 of nizatio | n's ta | ax |
| | (A) Name and business addr | ress | | | | | | | (B) Description of se | ervices | Co | (C) ompensa | ation | |
| | ne Construction Inc., 16124 Old Lake Road, P. Cooperative Electric, P.O. Box 106, Pella, IA 56 | | MN. 56 | 5362 | <u>:</u> | _ | | | nstruction ared Manageme | nt | | | | 12,778 56,764 |
| | | | | | _ | _ | | | To manageme | | | | | 10,70 |
| | | | | | | | \dashv | \vdash | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compensations. | | | | | | |) th | ose listed abo | ve) who | - | | | |

Form **990** (2018)

| Part | VIII | Statement of Revenue | | | | _ | | _ |
|--|------|--|----------------------------|------------------------|-------------------------------------|------------|---|--|
| | | Check if Schedule O con | tains a resi | oonse or note to | any line in this (A) Total revenue | Part VIII | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| र थ | 1a | Federated campaigns . | 1a | | | revenue | | 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | | 1 | | 1 |
| ָם, בַּ | c | Fundraising events | | | | | | |
| iffts ar A | ď | Related organizations . | | | | | | |
| s, G | e | Government grants (contribut | | | | | | |
| igi | f | All other contributions, gifts, g | | | | | | |
| but the | | and similar amounts not included | | | | | | |
| Ę Ġ | g | Noncash contributions included in t | ines 1a-1f [.] \$ | | | | | |
| Co | h | Total. Add lines 1a-1f | | 🕨 | | | | 1 |
| | | | | Business Code | | | | 1 |
| Ven | 2a | Revenue from electric sales | | 221000 | 15,809,450 | 15,809,450 | | |
| æ | b | | | | | | | |
| Vice | С | | | | | | | |
| Ser | d | *************************************** | | | | | | |
| an E | е | | | | | | | |
| Program Service Revenue | f | All other program service r | | | | | | |
| | 8 | Total. Add lines 2a-2f . | | | 15,809,450 | | | + |
| | 3 | Investment income (incluand other similar amounts) | | | | | | 404 000 |
| | 4 | Income from investment of ta | = | 1 | 121,038 | | | 121,038 |
| | 5 | Royalties | - | | | | | |
| | " | noyanes | (i) Real | (ii) Personal | | <u> </u> | | |
| | 6a | Gross rents | | ., | | | | |
| | ь | Less: rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | ▶ | | | | |
| | 7a | Gross amount from sales of (i) | Securities | (ii) Other | | | | |
| | | assets other than inventory | - | 29,582 | | | | |
| | b | Less cost or other basis | | | | | | |
| | | and sales expenses . | | | | | | |
| | С | Gain or (loss) | | 29,582 | | | | |
| | d | Net gain or (loss) | | <u> ▶</u> | 29,582 | | | 29,582 |
| enne/ | 8a | Gross income from fundra events (not including \$ | ising | | | | | |
| Other Reve | | of contributions reported on See Part IV, line 18 | line 1c). | | | | | |
| 5 | | Less: direct expenses . | | | | | | |
| _ | | Net income or (loss) from t | | events . 🕨 | | | | |
| | 9a | Gross income from gaming | | | | | | |
| | | See Part IV, line 19 | | | ŀ | | | İ |
| | | Less: direct expenses . | | | | , | | |
| | | Net income or (loss) from | | vities ▶ | | | | |
| | 10a | Gross sales of inventoreturns and allowances | • | | | | | |
| | ١. | | a | | 1 | | | |
| | | Less: cost of goods sold | | | - | | | |
| | ᠆᠆ | Net income or (loss) from s | | entory Business Code | | | | + |
| | 44- | Miscellaneous Revenu | | _ | | 70 700 | | ! |
| | | Other Electric Revenue | | 221000 | 78,792 | 78,792 | | + |
| | b | G & T Capital Credits | | 221000 | 567,010 | 567,010 | | |
| | d | Misc. Capital Credits All other revenue | | 221000 | 126,732 | 126,732 | | 1,571 |
| | e | Total. Add lines 11a-11d | | 221000 | 774,105 | | | 1,3/1 |
| | 12 | Total revenue. See instrue | | | 16 724 175 | 16 591 994 | | 152 191 |

| | Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con | nplete all columns. A | ll other organization | ns must complete co | lumn (A). |
|----------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a respon | | | | |
| | t include amounts reported on lines 6b, 7b, o, 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 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 450,961 118,137 | | | |
| 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 8 | Other salaries and wages | 1,834,451 287,580 | | | |
| 9 | Other employee benefits | 18,419 | | | |
| 10 | Payroll taxes | 154,393 | | | |
| 11 | Fees for services (non-employees): | 10.7000 | | | |
| а | Management | 166,764 | | | |
| b | Legal | 24,274 | | | |
| С | Accounting | 20,200 | | | |
| d | Lobbying | | | | |
| е | 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 | | | | <u> </u> |
| 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 . | | | ļ | |
| 20 | Interest | 845,998 | | | |
| 21 | Payments to affiliates | | | | |
| 22 23 | Depreciation, depletion, and amortization . Insurance | 1,101,169 | | | |
| | Other expenses. Itemize expenses not covered | | | | |
| 24 | above (List miscellaneous expenses in line 24e. If |] | | [| 1 |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | 1 | | | |
| а | Purchased Power | 9,502,663 | | | |
| b | Overhead Line Expenses | 490,941 | | | |
| C | Maintenance of Overhead Lines | 210,844 | | | |
| đ | Maintenance of Overhead Lines-Tree Trimming | 208,515 | | | |
| e | All other expenses | 302,424 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | <u> 15,7</u> 37,733 | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | | | | |

| P | ärt X | Balance Sheet | | | |
|------------------|----------|--|--------------------------|-----|------------------------|
| | | Check if Schedule O contains a response or note to any line in this Par | t X | | 🗆 |
| | - | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 2,183,824 | 1 | 1,811,689 |
| | 2 | Savings and temporary cash investments | _0 | 2 | 500,000 |
| | 3 | Pledges and grants receivable, net | 0 | 3_ | 0 |
| | 4 | Accounts receivable, net | <u>1,054,267</u> | 4 | 1,025,338 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | i |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| ets | | organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| Assets | 7 | Notes and loans receivable, net | 0 | _ | 0 |
| ⋖ ' | 8 | Inventories for sale or use | 600,238 | | 559,003 |
| | 9 | Prepaid expenses and deferred charges | 243,249 | 9 | 240,447 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 43.044.839 | | | |
| | | | 30,335,890 | 100 | 21 751 700 |
| | | | 0 | | 31,751,790 |
| | 11 12 | Investments—publicly traded securities | 0 | - | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | 1,625,051 | | 1,622,517 |
| | 14 | Intangible assets | | 14 | 329 |
| | 15 | Other assets. See Part IV, line 11 | 4,190,821 | | 4,195,059 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 40,233,704 | | 41,706,172 |
| | 17 | Accounts payable and accrued expenses | 2,362,889 | | 2,274,642 |
| | 18 | Grants payable | 0 | | 0 |
| | 19 | Deferred revenue | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | 0 | 21 | 0 |
| S) | 22 | Loans and other payables to current and former officers, directors, | | | İ |
| Ħ | | trustees, key employees, highest compensated employees, and | | | |
| Liabilities | | disqualified persons. Complete Part II of Schedule L | 0 | | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 1 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | 16,383,897 |
| | 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 | 26,726 | | 21,601 |
| | 26 | Total liabilities. Add lines 17 through 25 | 18,204,329 | 26 | 18,680,140 |
| S | | complete lines 27 through 29, and lines 33 and 34. | | | |
| or Fund Balances | 27 | Unrestricted net assets | 0 | 27 | |
| <u>a</u> | 28 | Temporarily restricted net assets | 0 | | 0 |
| 8 | 29 | Permanently restricted net assets | 0 | | 0 |
| Š | -3 | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and | | | Ī |
| F | | complete lines 30 through 34. | | | } |
| ş | 30 | Capital stock or trust principal, or current funds | 24,640 | 30 | 24,855 |
| Se | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | | 0 |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds . | 22,004,735 | 32 | 23,001,177 |
| Net Assets | 33 | Total net assets or fund balances | 22,029,375 | | 23,026,032 |
| _ | 34 | Total liabilities and net assets/fund balances | 40.233.704 | | 41.706.172 |
| | | , | | | Form 990 (2018) |

| Form 99 | 90 (2018) | | • | Pa | ige 12 |
|---------|---|----------|---------|----------|---------------|
| Part | XI Reconciliation of Net Assets | | | | 3- |
| | 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 | | _ | 34,175 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 15,73 | 37,733 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 6,442 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 22,02 | 29,375 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 215 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 23,02 | 26,032 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | <u></u> | | |
| | | | | Yes | No |
| 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," exp Schedule O. | plain in | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: | piled or | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | / | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed 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 over | _ | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accou | | 2c | / | |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | plain in | | | |

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

За

Form **990** (2018)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

T.I.P. Rural Electric Cooperative 42-0557125 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year 4 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 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 Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a 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 Tax Year 2a **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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: 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: \$_____ **b** Assets included in Form 990, Part X .

| Part | III Organizations Maintaining | Collections of | Art, His | torical T | reasures, | or Ot | her Similar As | ssets (continued) |
|-------|--|-----------------------------|------------|-------------|-------------------------|-----------|-------------------------|------------------------|
| 3 | Using the organization's acquisition, collection items (check all that apply): | | ther reco | rds, chec | k any of th | e follov | ving that are a | significant use of its |
| а | ☐ Public exhibition | | d | □ Loan | or exchang | e prog | rams | |
| b | ☐ Scholarly research | | | | | | | |
| С | Preservation for future generations | 5 | | | ••••• | | | |
| 4 | Provide a description of the organizat XIII. | tion's collections | and expla | ain how ti | hey further | the org | janization's exe | mpt purpose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | |
| Part | | | anica as | Dart Of the | - Organizati | 0113 00 | | U Tes U No |
| | Complete if the organization 990, Part X, line 21. | answered "Yes | | | - | - | • | |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | ions or | other assets n | ot |
| b | If "Yes," explain the arrangement in P | art XIII and compl | ete the fo | llowing to | able: | | | |
| | | | | | | | P | Amount |
| C | Beginning balance | | | | | 10 | | |
| d | Additions during the year | | | | | 1d | <u> </u> | |
| е | Distributions during the year | | | | | <u>1e</u> | | |
| f | Ending balance | | | | | 1f | | |
| 2a | Did the organization include an amount | | | | | | | - |
| | If "Yes," explain the arrangement in P | art XIII. Check her | e if the e | xplanatio | n has been | provide | ed on Part XIII . | <u> </u> |
| Par | Endowment Funds. Complete if the organization | anoward "Van | " on For | OOO E | Port IV line | . 10 | | |
| | Complete if the organization | (a) Current year | | or year | (c) Two year | | (d) Three years bac | k (e) Four years back |
| 1a | Beginning of year balance | (_) 04.16.11.) 04.1 | (-) | | (0) 1110)542 | | (4) 11100 your bus | (o) rour yours out |
| b | Contributions | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | |
| ď | Grants or scholarships | | | | | - | | -100 |
| е | Other expenditures for facilities and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | <u></u> |
| 2 | Provide the estimated percentage of t | | | e (line 1g | , column (a) |)) held a | as: | |
| а | Board designated or quasi-endowment | | % | | | | | |
| b | Permanent endowment > | % | | | | | | |
| С | remporarily restricted endowment | % | | | | | | |
| 3a | The percentages on lines 2a, 2b, and Are there endowment funds not in the | | | zation tha | at are held | and ad | ministered for the | |
| | organization by: | | | | | | | Yes No |
| | (i) unrelated organizations (ii) related organizations | | | | | • • | | 3a(i) |
| ь | If "Yes" on line 3a(ii), are the related o | | | | | | | 3a(ii) 3b |
| 4 | Describe in Part XIII the intended uses | | | | | • • | | <u> </u> |
| Part | | | | | | | | |
| | Complete if the organization | | " on For | m 990. F | Part IV. line | 11a. | See Form 990 | Part X. line 10. |
| | Description of property | (a) Cost or of (investment) | ther basis | (b) Cost o | or other basis ther) | (c) | Accumulated epreciation | (d) Book value |
| 1a | Land | | 108,213 | | 53,994 | | | 162,207 |
| b | Buildings | | 0 | · · | 1,373,006 | | 594,558 | 778,448 |
| С | Leasehold improvements | | 0 | | 0 | | 0 | 0 |
| d | Equipment | | 0 | | 3,309,385 | | 2,297,144 | 1,012,241 |
| е | Other | <u>. </u> | 0 | | 38,200,241 | | 8,401,347 | 29,798,894 |
| Total | Add lines 1a through 1e (Column (d) n | nust eaual Form Q | QA Part | Y column | (R) line 10 | () | ▶ | 21 751 700 |

| Part VII | Investments - Other Securities | | | | 441.0 | 000 0 1 1 1 10 |
|------------------|---|--------------------------|----------|---------------------------------------|----------------------|---|
| | Complete if the organization ans | wered "Yes" on For | m 990 |), Part IV, line | 11b. See For | m 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | y | (b) | Book value | | ethod of valuation. nd-of-year market value |
| (1) Financial | derivatives | | | | | |
| (2) Closely-h | neld 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 ans | wered "Yes" on For | m 990 |), Part IV, line | 11c. See For | m 990, Part X, line 13. |
| | (a) Description of investment | | (b) | Book value | | lethod of valuation: nd-of-year market value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | ļ | | | |
| (4) | | | | | _ | = |
| (5) | | | | | | |
| (6) | | | | | | ···· |
| _(7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) | | L | | | , <u> </u> |
| Part IX | Other Assets. | | 001 | | 44.4.0 5 | 000 B+V E 45 |
| | Complete if the organization ans | | m 990 | J, Part IV, line | 11d. See Fon | |
| | | a) Description | | | | (b) Book value |
| | ents-CIPCO Patronage | | | | | 2,869,799 |
| | ents-CFC Patronage | | | · · · | | 689,550 |
| | ents-Arkansas Electric Patronage | | | | | 582 |
| | ents-NISC Patronage | | | | | 69,97 |
| | ents-RESCO Patronage | | | | | 75,949 |
| | vestments in Associated Organizations | | | | | 129,511 |
| | vestments in Associated Organizations- | Telephone Stock | | | | 25 |
| | & Dividends Receivable | | | | | 22,172 |
| | ents in Economic Development-GRMC mn (b) must equal Form 990, Part X, c | ol (P) line 15 \ | | | | 337,500 |
| Part X | Other Liabilities. | 01. (b) IIIIe 13.) | • • | · · · · · · · · · · · · · · · · · · · | <u> </u> | 4,195,059 |
| PartA | Complete if the organization ans | wered "Yes" on For | m 990 |), Part IV, line | e 11e or 11f. S | ee Form 990, Part X, |
| 1. | line 25. (a) Description of liability | (b) Book value | Т | | | |
| | | (b) Book value | - | | | |
| (1) Federal in | | | | | | |
| | ized gain on reacquired debt- | 2 | 21,601 | | | |
| | on RUS debt refinanced through | | | | | |
| (4) NRUCFO | · | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| | | <u> </u> | | | | |
| (8) | | | | | | |
| | h must aqual Form 000 Days V and 701 line 05 1 h | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 25.) | | 21,601 | ho organization | 'a financial chah | nanta that rangula the |
| | uncertain tax positions. In Part XIII, provi s liability for uncertain tax positions under | | | | | |
| organization: | s hability for uncertain tax positions under | 1 114 40 (ASO 740). Offe | OV (1016 | on the text of the | ic iootiiote iias Dt | CON PROVIDED IN FAIT AIR |

| Page | 4 |
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| Part | Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 99 | | • | Return. | * |
|---------|--|-----------------|----------------------|-------------|--------------------|
| 1 | Total revenue, gains, and other support per audited financial statemen | | | 1 | 16,734,179 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | 10,734,175 |
| a | Net unrealized gains (losses) on investments | . 2a | | | |
| b | Donated services and use of facilities | | | | |
| c | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| ø | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | 16,734,179 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . | . 4a | | | |
| b | Other (Describe in Part XIII.) | . 4b | (4) | | |
| c | Add lines 4a and 4b | | | 4c | (4) |
| _ 5 _ | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, II | ne 12.) . | <u>.</u> . | 5 | 16,734,175 |
| Part | | | • | r Return. | |
| | Complete if the organization answered "Yes" on Form 99 | 0, Part IV, li | ne 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 15,2 <u>86,771</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | . 2a | | | |
| b | Prior year adjustments | . 2b | | | |
| ¢ | Other losses | . 2c | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2е | _ |
| 3 | Subtract line 2e from line 1 | | | 3 | 15,286,771 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . | . 4a | | | |
| b | Other (Describe in Part XIII.) | . 4b | 450,962 | | |
| C | Add lines 4a and 4b | | | 4c | 450,962 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, | line 18.) . | <u></u> <u>.</u> . | 5 | 15,737,733 |
| | XIII Supplemental Information. | | | | |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | | | | e 4; Part X, line |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa | - | - | | |
| Part X | <u> Line 2: The Cooperative is exempt from income taxes under Section 501(c)</u> | (12) of the Int | ernal Revenue Cod | e and a sim | ilar |
| | | | | | |
| section | of the lowa income tax law. The Cooperative files information returns in the | ne U.S. federa | al jurisdiction. The | Cooperativ | <u>e</u> |
| | | | | | |
| determ | ined that it was not required to record a liability related to uncertain tax pos | sitions at Dec | ember 31, 2018 and | l 2017. The | federal |
| | | | | | |
| inform | ation returns of the Cooperative for December 31, 2015 and thereafter are s | ubject to exa | mination by the IRS | , generally | for |
| | | | | | |
| three y | ears after they were filed. | | | | |
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| Part XI | Line 4b: Rounding (4) | <u> </u> | | | |
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| Part XI | , Line 4b: Benefits paid to or for members 450,961 | | | | |
| | | | | | |
| Part XI | , Line 4b: Rounding 1 | | | | |
| | | _ | | | |
| Part XI | , Line 4b: Total 450,962 | | | | |
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| chedule D (Form 990) 2018 Page 5 | | | | | | |
|----------------------------------|--|----------|--|--|--|--|
| Part XIII | Supplemental Information (continued) | | | | | |
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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.

to specific questions on litional information.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

| T.I.P. Rural Electric Cooperative | 42-0557125 |
|--|--|
| VI A Line 3: For the year 2018, Pella Cooperative Electric shared General Manager Jon Miles with T.I.F | P. Rural Electric Cooperative. Pella |
| Cooperative Electric received compensation for these services in the amount of \$166,764. | |
| VI A Line 6: The Cooperative has 4,971 member-owners. These member-owners sign a membership (| orm and pay a |
| \$5.00 membership fee in order to receive electric service and have voting rights in the cooperative. | |
| VI A Line 7a: The cooperative's member-owners hold an annual meeting in August of each year to: | |
| 1) Hear the reports of officers, directors, and committees | |
| 2) Elect 3 directors for a term of 3 years | |
| 3) Any other business that may come before the membership | |
| VI A Line 7b: The Board of Directors of the cooperative may not make any changes to the Articles of | Incorporation without |
| approval of the membership at a membership meeting. | |
| VI B Line 11b: T.I.P. Rural Electric Cooperative retained the services of CliftonLarsonAllen LLP to rev | iew its 2018 |
| Form 990 and related schedules for completeness and accuracy. CliftonLarsonAllen LLP sent a CPA, | Craig W. Popenhagen, |
| to a meeting of this cooperative's Board of Directors on 4/24/19 to do a full review of the Form 990 tha | |
| VI B Line 12c: Each member of the Board of Directors and the General Manager annually fill out a "Co | onflict of Interest" |
| questionnaire to disclose any conflicts that may occur. | |
| VI B Line 15a: Data from a compensation survey with information on CEO/Manager salaries from other | er Rural Electric Cooperatives in Iowa, in |
| our region, and across the United States was used to help determine the proper compensation. Also, | the CPI cost of living figures from the |
| Department of Labor were used. The contract is reviewed and approved by the Board every 2 years. | |
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