(Rev January 2020)

Return of Organization Exempt From Income Tax

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

2019

.-OMB No 1545-0047

		the Treasury		l security numbers on this for		-	•		Open to	
	mal Revent			ov/Form990 for instructions			mation.	_,	Inspec	tion
			lar year, or tax year beginning		19, and en	ding	 -		, 20	
В	Check if a		C Name of organization Southeas	stern Electric Cooperative, Inc	<u>:. </u>			D Emplo	oyer identification	1 number
닏	Address	•	Doing business as			1			46-0454373	
닏	Name cha	•	· ·	f mail is not delivered to street addr	ess)	Room/s	uite	E Teleph	none number	
닏	Initial retu		PO Box 388						605-648-3619	
		n/terminated		ountry, and ZIP or foreign postal co	de		i			
	Amended		Marion, SD 57043-0388							7,206,211
Ш	Application	n pending	F Name and address of principal of	ficer Brad Schardin, CEO/Gen	eral Manag			•		res 🗹 No
_			(same as above)						es included? 🔲 🕽	
<u></u>	Tax-exem	•		2) ◀ (insert no)	1) or 52°	<u>ν</u> -	If "No," at	ttach a lis	st (see instruction	s)
<u></u>			utheasternelectric com	<u> </u>			(c) Group ex	emption	number ►	
K			Corporation Trust Associa	ation _ Other ▶	L Year of fo	rmation	2000	M State	of legal domicile	<u>SD</u>
P	art I	Summai								
_	1		cribe the organization's miss	=	ities: Prov	iding ele	ctric servi	ce to a	pproximately 1	5,750
Ž	!	member-co	nsumers at 18,500 service loc	ations.			••			
Activities & Governance	-									
Š			box ► ☐ if the organization			ed of m	ore than 2		its net assets	
Ğ	ı		voting members of the gove	• • • • • • • • • • • • • • • • • • • •	1		i∧FĎ	3		10
∞	4	Number of	independent voting member	rs of the governing body (Pa	art VI, line	1b) .		9996		10
ţį	5	Total numb	per of individuals employed in	n calendar year 2019 (Part V	/, <mark>⊞</mark> de 2a)∧	PR 1	7 2020			68
Š	6	Total numb	er of volunteers (estimate if	necessary)	. ≺ . ′.	· · · ·	. 2020	(b)		0
Ą	7a -	Total unrela	ated business revenue from	Part VIII, column (C), line 12	 			Za		0
	b	Net unrelat	ed business taxable income	from Form 990-T, line 39	O.	GDE	N, U.T	7b		0
			•				Prior Year		Current Y	ear
Ф	8	Contributio	ens and grants (Part VIII, line	1h)				0		
Ĭ	9 1	Program se	ervice revenue (Part VIII, line	2g)			73,7	44,658	6	5,734,803
Revenue	10	Investment	income (Part VIII, column (A		17,384		583,338			
Œ			nue (Part VIII, column (A), line	•	le)		•	17,429		12,832
			ue-add lines 8 through 11 (r			, 		79,471		6,330,973
			similar amounts paid (Part I				.,,-	0		0
			aid to or for members (Part I)				10.6	66,803		5,173,494
w		=	her compensation, employee		lines 5-10)	\		47,490		5,246,399
Se			al fundraising fees (Part IX, c			' 	7,5	0		3,240,333
Expenses			aising expenses (Part IX, col	· · · · · · · · · · · · · · · · · · ·		, I				
Ä			nses (Part IX, column (A), lin			·	507	CE 170	-	5 011 000
	1		nses. Add lines 13-17 (must		 10 25)			65,178		5,911,080
			ss expenses. Subtract line 1			-	14,3	79,471 0		6,330,973 0
> 8		1010110010	35 expenses. Captillot into 1	0 110111 1110 12	• • • •	Regint	ning of Curre		End of Ye	
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)			208		73,922		
Ass	21		ties (Part X, line 26)			 		08,984		6,017,241
N S	22		or fund balances. Subtract I	ine 21 from line 20		1		64,938		8,148,775 7,535,466
	art II		re Block		· · · ·		04,1	04,330		7,535,466
			I declare that I have examined this	return including accompanying sch	edules and s	tatemente	and to the	best of m	ny knowledge, and	t belief it is
			Declaration of preparer (other than	officer) is based on all information					ly knowledge and	, belief, it is
_	1		touth Hintone	d				3/	31/2020	
Sig	an	Signatu	re of officer				I Date		-1200	
	ere		TOHN B. McDONAL	O, CFO/ASST MER						
		Type of	print name and title	i de filosofia	_					
_	l	'	preparer's name	Preparer's signature		Date	т		T DTIN	
Pa	id	Fillio Type	proparer a name	i reparer a signature		Date		Check L self-emp		
Pr	eparer			L		L				
Us	e Only	Firm's nam		***			Firm's			
N40	u the ID	Firm's add		shows about 2 /see -set			Phone	no		
			his return with the preparer			· ·	· · · ·	• • •	. ∐Yes	□ No
For	Paperw	ork Reducti	ion Act Notice, see the separa	te instructions.	Ca	at No 112	282Y		Form	990 (2019)

łc	(Code:)	(Expenses \$	including gran	s of \$) (Revenue \$)

łd	Other program serv	ices (Describe on Schedu	In ())			
•		including grants) (Revenue \$	1	
10	Total program servi		01 4) (i revenue o		
-	Total program servi	ce expenses				- 000
						Form 990 (2019)



Part	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		1
	· · · · · · · · · · · · · · · · · · ·	 -		┞ *
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</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		✓
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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		/
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	✓	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		1
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	✓	-
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	V	├
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	✓	
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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	_	✓
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
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		/

Part	Checklist of Required Schedules (continued)			
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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	04-		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	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		
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		→
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
28	persons? If "Yes," complete Schedule L, Part III	27		√
а	IV instructions, for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		√
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		√
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? <i>If "Yes," complete Schedule R, Part I</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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		✓
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	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 211		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	1	

Part	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 68		<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			√
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		✓
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
h	and services provided to the payor?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
С	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		•
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		- 1	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes." complete Form 4720. Schedule O.			

Part `	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in		tions.					
Secti	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	<u> </u>	. 🗸					
OCOLI	on A. deventing Body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10								
	If there are material differences in voting rights among members of the governing body, or	1	l	:					
	if the governing body delegated broad authority to an executive committee or similar		l						
	committee, explain on Schedule O.]							
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 1c								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3	<u> </u>	✓					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	✓					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	L.	✓					
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 or appoint one or more members of the governing body?	7a	1						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?	7b	✓	ļ					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	V						
b	Each committee with authority to act on behalf of the governing body?	8b	1	1					
9									
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<u> </u>	✓					
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.))					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	 	✓					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1						
b									
12a		12a	1						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	1	<u> </u>					
. C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1						
13	Did the organization have a written whistleblower policy?	13	1						
14	Did the organization have a written document retention and destruction policy?	14	1						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	7						
b	Other officers or key employees of the organization	15b	1						
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?	16a		✓					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	400	<u> </u>						
Co ak	organization's exempt status with respect to such arrangements?	16b	Щ_	<u> </u>					
	List the states with which a copy of this Form 900 is required to be filed. None								
17	List the states with which a copy of this Form 990 is required to be filed None	T /0	tion !	E01/c					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1 (560	ะแอก (50 I (C)					
	Own website Another's website Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	rest r	nolicy					
19	and financial statements available to the public during the tax year.		20. F	- Citoy,					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•						
-	John McDonald, 501 S Broadway Avo Marion SD 57042 S05 549 2619								

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

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

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos neck ss pe	rson	e than o is both or/trusi	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Don Heeren										
President	6.3	✓		✓				10,474	0	0
(2) Steve Holmberg										
Vice President	4.8	✓		✓				10,454	0	<u> </u>
(3) Chris Hofer										
Secretary	5.9	✓		✓				14,854	0	<u> </u>
(4) Pat Scheier										
Treasurer	5.3	✓		✓				12,654	0	0
(5) Lynell Hofer]					ļ			
Director	2.2	✓		<u> </u>	Ĺ	<u> </u>	Ĺ	2,018	0	0
(6) Leslie Mehlhaff										
Director	2.4	✓						6,054	0	0
(7) Richard Olsen]			ł					
Director	4.3	✓						9,227	0	0
(8) John Ostraat							i			
Director	7.1	✓						14,854	0	0
(9) Daryl Terveen										
Director	5.5	✓		l	<u> </u>			10,654	0	0
(10) Johnathan Wildeboer										
Director	3.7	✓						10,054	0	0
(11) Robert Wollmann										
Director	11.9	✓		l				8,827	0	_0
(12) Brad Schardin										
CEO/General Manager	40			✓				214,750	o	37,689
(13) John McDonald						Ţ,		1	1	
CFO/Assistant Manager	40	1		✓				137,893	o	47,489
(14) Todd Nelson							1		_	
Consumer Relations and IT Manager	40					✓		125,480	0	101,479

Form 99	90 (2019)										Page 8
Part	VII Section A. Officers, Directors, 7	rustees,	Key l	Emj	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
•						C)					
	(A)	(B)	(do n	ot ch		ition	than o	nne	(D)	(E)	(F)
	Name and title	Average	box,	unles	s pe	erson	is both	an	Reportable	Reportable	Estimated amount
		hours per week		_	_	_	or/trust	<u> </u>	compensation from the	compensation from related	of other compensation
		(list any	Individual to	nstr	Officer	9	h	Former	organization	organizations	from the
		hours for related	rect no	ttio	ğ	em Em	loye	e	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
		organizations	٦٩	nali		Key employee	[®] §				
		dotted line)	Individual trustee or director	Institutional trustee		g a	Pens				
			"	99		•	Highest compensated employee				
(15)	Mark Neu				\vdash		_ -	\vdash			-
	ting and Member Services Manager	40	1		1		1		134,542	o	49,473
	John Euchner					\vdash			10 1/0 1/2		,
	er of Operations and Engineering	40	1			1	1		153,388	o	74,154
	Troy Peters	İ									
Line S	uperintendent	40	<u> </u>				✓		103,914	0	82,900
(18) ı	Robert Dubbelde		,								ļ
	uperintendent	40		L.		<u> </u>	✓	$ldsymbol{ld}}}}}}$	106,954	0	40,305
(19)											
(0.0)						-		-			
(20)			ł								
(21)						\vdash	-	┢			
<u>15.17</u>		·	1								
(22)									<u> </u>		
32			1								
(23)											
(24)			ļ		1						
			ļ			<u> </u>	ļ	_	 		
(25)			ł								
1b	Subtotal		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	1 007 045	0	422 400
C	Total from continuation sheets to Part								1,087,045		433,489
ď	Total (add lines 1b and 1c)							•	1,087,045	0	433,489
2	Total number of individuals (including but							e) w			
_	reportable compensation from the organi								7		
		·· ···	•								Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	кеу е	mp	loyee, or highes	t compensated	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual				3 1
4	For any individual listed on line 1a, is the										
	organization and related organizations	-	an \$	150,	,000)? [f "Ye	s,"	complete Sched	dule J for such	,
_	Individual			•	4:						4 1
5	Did any person listed on line 1a receive of for services rendered to the organization										5 7
Secti	on B. Independent Contractors	, , , , ,	, o, r, p,				1.00.	<u>., .</u>	suon porcon :		1.911
1	Complete this table for your five high	nest comp	ensat	ed	inde	epe	ndent	CC	ontractors that r	eceived more	than \$100,000 of
	compensation from the organization. Rep										
	(A)								(B)		(C)
	Name and business add							<u> </u>	Description of sen	rices	Compensation
	Construction, Inc., 5104 Harvestore Rd., Sic								lity construction		1,547,653
WS Co	onstruction Management, Inc., 200 N. Ebenez	er Ave., Sio	ux Fa	lls, S	SD 5	710	7	Bu	ilding constructio	n	129,736
								 - -			
								\vdash		_	
	Total number of independent contractor	ors (includir	na bi	ıt n	ot	lımit	ed to	th	nose listed abov	e) who	1
_	received more than \$100,000 of compens								2	·	

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
•		Check if Schedule (O co	ntains a re	spon	se or note to an	y line in this Pa	rt VIII	· · · · ·	<u>, , , , </u>		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514		
ts	1a	Federated campaign	ıs .		1a				· ·			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b							
اع ي	С	Fundraising events			1c							
if ts	d	Related organization			1d							
°, ≅	е	Government grants (<u>1e</u>							
ig ig	f	All other contribution	_	-						1		
를 를		and similar amounts no			1f							
풀히	g	Noncash contribution										
ig S	h	lines 1a-1f Total. Add lines 1a-			1g	19		-				
-	- 11	Total. Add lines 1a-	··· ·		•	Business Code				 		
e l	2a	Sale of Electricity				221000	62,759,193	62,759,193	 			
اہ کے	b					221000	274,094					
Sei	C					221000	2,701,516					
gram Ser Revenue	d					221000	2//01/010	2,101,010				
Program Service Revenue	е						•					
<u>۾</u> ا	f	All other program service revenue										
	g	Total. Add lines 2a-	2f .		•	▶	65,734,803					
	3	Investment income	(ıncl	uding divi	dends	s, interest, and						
		other similar amounts)					430,263			430,263		
	4	Income from investm	ent o	of tax-exem	ipt bo	ond proceeds			·	ļ		
	5	Royalties										
			•	(i) Real	· ~~	(ii) Personal						
	6a	Gross rents	6a			-						
	b	Less: rental expenses	6b									
	d	Rental income or (loss) L	6c	<u>-)</u>		▶				<u> </u>		
		Г	(IUS:	(i) Secunt	ies	(ii) Other						
	7a	Gross amount from sales of assets				(1)						
		other than inventory	7a			177,299						
<u>o</u>	ь	Less: cost or other basis				·						
Revenue	_	and sales expenses .	7b			24,224						
ě	С	Gain or (loss) [7c			153,075						
_	d	Net gain or (loss)				▶	153,075			153,075		
Othe	8a	Gross income from		ndraising						1		
0		events (not including \$								<u> </u>		
		of contributions rep										
	_	1c). See Part IV, line			8a]		
		Less: direct expense			8b				•	<u> </u>		
	C	Net income or (loss)			g eve	ents 🕨						
	9a	Gross income fr activities. See Part IV			9a							
	ь	Less: direct expense			9b							
		Net income or (loss)				l			····	'		
		Gross sales of in				T				1		
	102	returns and allowand			10a	205,093						
	b	Less: cost of goods			10b							
	С	Net income or (loss)					12,832	12,832	·	,		
<u>s</u>						Business Code						
e ag	11a											
scellaneo Revenue	b											
eve	С											
Miscellaneous Revenue	d											
2	е	Total. Add lines 11a								1		
	12	Total revenue. See	instr	uctions		೬	66,330,973	65,747,635	0	583,338		

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line	in this Part IX .	<u> </u>	🗹
	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	Benefits paid to or for members	5,173,494			
5	Compensation of current officers, directors, trustees, and key employees	1,087,045			
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	1,909,745			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,			
9	Other employee benefits	2,249,609			
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	10,950			
b	Legal	44,921			
C	Accounting	16,162			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	178,705			
13	Office expenses	1,192,274			
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 .	23,026			
20	Interest	3,309,805			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,935,010			
23	Insurance			_	
24	Other expenses. Itemize expenses not covered		· -	i	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Purchased power	43,587,137			
ь	KWH tax	1,035,182			
С	Other deductions	55,656		<u> </u>	
d					
е	All other expenses	1,522,252			· -
25	Total functional expenses. Add lines 1 through 24e	6033017	7		
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 🕨 🗌 if				
	following ŠOP 98-2 (ASC 958-720)	66,330,973		L	

Part Y Ralance Sheet

Pa	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 3,951,047	1	892,295
	2	Savings and temporary cash investments		2	1,905,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,216,869	4	6,760,153
	5	Loans and other receivables from any current or former officer, directed 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 define under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net	,	7	
Assets	8	Inventories for sale or use	3,901,975	8	5,018,513
Ä	9	Prepaid expenses and deferred charges	2,354,298	9	739,529
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 161,176,	.316		
	b	Less: accumulated depreciation 10b 41,461		10c	119,715,044
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	. 36,094,451	13	37,982,990
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	3,003,717
	16	Total assets. Add lines 1 through 15 (must equal line 33)	. 169,873,922		176,017,241
	17	Accounts payable and accrued expenses			5,848,906
	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 .		21	
Liabilities	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	
흔	23	Secured mortgages and notes payable to unrelated third parties			97,811,691
i	24	Unsecured notes and loans payable to unrelated third parties		24	37,011,031
	25	Other liabilities (including federal income tax, payables to related thi parties, and other liabilities not included on lines 17–24). Complete Part	ird		
l		of Schedule D	4,183,896	25	4,488,178
	26	Total liabilities. Add lines 17 through 25	105,708,984	26	108,148,775
sec		Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.			
Ē	27	Net assets without donor restrictions		27	
ĕ	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ✓ and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	· · · · · · · · · · · · · · · · · · ·
SS	31	Retained earnings, endowment, accumulated income, or other funds.		-	67,868,466
*	32	Total net assets or fund balances			67,868,466
ž	33	Total liabilities and net assets/fund balances	169,873,922		176,017,241

Page	12	
Page	12	

	- ()				-9
Part					
•	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🗸</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		66,3	30,973
2	Total expenses (must equal Part IX, column (A), line 25)	2		66,3	30,973
3	Revenue less expenses. Subtract line 2 from line 1	3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		64,1	<u>64,938</u>
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 on Schedule O)	9		3,7	03,528
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		67,8	<u>68,466</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				$\perp \sqcup$
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		<u> </u>		1
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın		
_	Schedule O.		-	_	اا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_	<u> </u>	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?		2t	· <	├ .
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а		
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		.	<u>-</u>	لــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent accounts			· ·	 ;
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiain	on		
_				-	·
за	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rtn in t	ne 3a		/
L	Single Audit Act and OMB Circular A-133?	· · ·		+-	+
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				
	required addit of addits, explain why on schedule of and describe any steps taken to didergo such a	iuuris .		<u> </u>) (2019)
			F	orm 990	(2019)

SCHEDULE D (Form 990)

Department of the Treasury

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

2019 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number Southeastern Electric Cooperative, Inc. 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space 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 c 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 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Q 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 FASB 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. If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items:

Part		Organizations Maintaining	Collections of	Art, His	torical 1	reasures, o	r Otl	her Similar Ass	sets (continued)
3		the organization's acquisition, ction items (check all that apply):		her reco	rds, chec	k any of the f	ollow	ing that make si	gnificant use of its
а	☐ Pu	ublic exhibition				or exchange p			
b		cholarly research		е	☐ Other	***************************************			
C		eservation for future generations							
4	Provi	de a description of the organizat	tion's collections	and expl	ain how t	hey further the	e org	anization's exem	pt purpose in Part
5		g the year, did the organization is to be sold to raise funds rather							Yes No
Part	IV	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		" on Fo	m 990, F	Part IV, line 9), or 1	reported an am	ount on Form
1a	includ	e organization an agent, trustee ded on Form 990, Part X?							t
b	If "Ye	es," explain the arrangement in P	art XIII and compl	ete the fo	ollowing to	able:	_		
								An	nount
C	_	nning balance					1c	·	
d		ions during the year					1 <u>d</u>		·····
e		butions during the year					1e	+	
f On		ng balance					1f		Ves Ne
2a b		es," explain the arrangement in P	•					•	
Par	_	Endowment Funds.			7. p. 101. 101. 101	р.			
		Complete if the organization	n answered "Yes	" on Fo	m 990, F	Part IV, line 1	١٥.		
			(a) Current year		or year	(c) Two years b		(d) Three years back	(e) Four years back
1a	Begir	nning of year balance							
b	Cont	ributions							
С		nvestment earnings, gains, and							
d	Gran	ts or scholarships							
е		r expenditures for facilities and rams							
f	Admi	nistrative expenses							
g		of year balance		<u> </u>					
2		de the estimated percentage of t			ce (line 1g	, column (a)) h	neld a	as:	
a		d designated or quasi-endowme		%					
b		anent endowment	%						
С		endowment > % percentages on lines 2a, 2b, and		00061					
2-		here endowment funds not in the	•					ministered for the	
3a		nere endowment lunds not in the nization by:	e possession or ti	ie organ	izalion in	at are neiu an	u aui	ministered for the	Yes No
	•	Inrelated organizations							3a(i)
									3a(ii)
b		es" on line 3a(ii), are the related o	rganizations listed	l as requ	red on So	chedule R? .			3b
4	Desc	ribe in Part XIII the intended uses	s of the organization	on's end	owment f	unds.			
Part	· VI	Land, Buildings, and Equip	oment.						
		Complete if the organization	answered "Yes	" on Fo	m 990, F	Part IV, line 1	11a. S	See Form 990, I	Part X, line 10.
		Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) Book value '
1a	Land					512,052			512,052
b	Build	ings				5,247,943		1,325,973	3,921,970
C		ehold improvements		_					
d		oment			ļ	9,296,497		5,212,194	4,084,303
Total	Othe	r	. nust equal Form 9	90 Part		146,119,824 (R) line 10c	}	34,923,105	111,196,719

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11b. See Fo	orm 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valuation end-of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other			-	
/^\				
(B)	,			
(D)				
(E)			ļ	-
(F)			ļ	
(G)			`	
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	000 Dort IV Iva	o 110 Coo Fo	orm 000 Port V line 12
	Complete if the organization answered "Yes" on For		Γ΄.	
	(a) Description of investment	(b) Book value		Method of valuation end-of-year market value
(1) Patrona	ge capital in associated organizations	36,714,068	Cost	
(2) Capital t	erm certificates - NRUCFC	719,767	Cost	
(3) Member	capital securities - NRUCFC	285,000		
(4) Investme	ents in economic development	104,600		
	ships in associated organizations		Cost	
(6) Other in	vestments	156,855	Cost	
<u>(7)</u>				
(8)			ļ	
(9)	man (h) must acual Form 000. Part V and (P) line 12.)			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Defining the Northern Assets.	37,982,990	1	
raitix	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11d See Fo	orm 990 Part X line 15
	(a) Description	111 330, 1 art 1v, iii	e ma. oeem	(b) Book value
(1)	(a) Description			(b) Book value
(2)	A			
(3)	·			
(4)				
(5)	AND THE PARTY OF T	•		
(6)				
(7)				
(8)				
(9)		, <u> </u>	<u>-</u> -	
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15.)			>
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11e or 11f.	See Form 990, Part X,
	line 25			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
	operating provisions	2-2		437,973
(3) Consum	er deposits			366,965
	maturities on long term debt			3,555,000
(5) Deferred	credits		 	128,240
(6)	and the second s	·		
_(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	1.6	4,488,178
	r uncertain tax positions. In Part XIII, provide the text of the footne			
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	nere it the text of the	e rootnote has be	een provided in Part XIII . 🔟

Part	Reconciliation of Revenue per Audited Financial Statem. Complete of the organization answered "Yes" on Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	66,330,973
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	66,330,973
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	66,330,973
Part				er Return.	•
	Complete if the organization answered "Yes" on Form 990,	Part IV	/, lıne 12a.		
1	Total expenses and losses per audited financial statements			1	61,157,479
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			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	i		3	61,157,479
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	5,173,494	 	
C	Add lines 4a and 4b			4c 5	5,173,494
5 Post	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 10.)	· · · · · ·] 3	66,330,973
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Do	et IV Japon 1b and 2b	v Dort V Ju	o 4: Dort V line
2. Part	: XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to prov	vide anv additional in	o, rait v, iii iformation	ie 4, Fait A, iiile
	line 2 - The cooperative adopted the provisions of Financial Accounting Standard				fication Tonics
Fall V	The 2 - The cooperative adopted the provisions of Financial Accounting State	uai us D	oard Accounting Star	idaids codi	incation ropics
ASC 7.	40-10 (previously Financial Interpretation No. 48, Accounting for Uncertainty in	Incom	e Tayes) on January 1	2000 The	•
Mac /	40-10 (previously Financial lines pretation No. 45, Accounting to Concertainty in	1.11100111	e rakes) on pandary	1, 2003. 1110	
implen	nentation of this standard had no impact on the financial statements. As of bo	th the c	date of adoption, and	as of Decen	nher 31, 2019. [—] —
imbien	icitation of this standard had no impact on the imanous statements. As of be			23 01 000011	
there v	was no recognized tax accrual. The cooperative would recognize future accrue	ed inter	est and penalties relat	ted to unred	cognized
	103 TIO TEEDOGRIZEE TAX GOSTADI. THE GOODE TAXTE WOULD TEEDOGRIZE TAXAIC GOOD				
tax her	nefits in income tax expense if incurred. Generally, the cooperative is no long	er subic	ect to Federal tax exar	ninations b	v tax
tux bo	icitis il mostilo da capoliso il mostilos. Sociolany, ale societado is no long	<u></u>			4.392
author	ities for years before 2009.				
Part XI	I, line 4b, Other - GAAP doesn't recognize book vs. tax and the net margin of \$	5,173,4	94 is the amount alloc	cated as pat	ronage
	<u> </u>				
capital	credits for 2019 which was reported as "benefits paid to or for members" on l	Form 99	00, Part IX, line 4 in the	Statement	of Functional
Expen	ses.				
					

Schedule D (For	rm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
•		
		
•		
	,	
		•••••
••••		
 		
		TVTTED 1 12
	~	

SCHEDULE J (Form 990)

Compensation Information
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.

OMB No 1545-0047

Open to Public Inspection

46-0454373

Department of the Treasury Internal Revenue Service Name of the organization

Southeastern Electric Cooperative, Inc.

Employer identification number

Part	Questions Regarding Compensation				
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a. Complete Part III to pro	vided any of the following to or for a person listed on Form ovide any relevant information regarding these items.	:	Yes	No
	☐ Travel for companions	 ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees 			
		Personal services (such as maid, chauffeur, chef)			
b	or reimbursement or provision of all of the expe	e organization follow a written policy regarding payment enses described above? If "No," complete Part III to		<u> </u> ✓	
2	directors, trustees, and officers, including the CEO/	to reimbursing or allowing expenses incurred by all /Executive Director, regarding the items checked on line	2	1	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director. Check all that related organization to establish compensation of the	at apply. Do not check any boxes for methods used by a			:
	<u> </u>	Written employment contract			
	_ ,	 ✓ Compensation survey or study ✓ Approval by the board or compensation committee 			
	Form 990 of other organizations	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, organization or a related organization:	Part VII, Section A, line 1a, with respect to the filing			
а	· · · · · · · · · · · · · · · · · · ·	payment?	4a		✓
b		ntal nonqualified retirement plan?	4b		√
C	, , ,	ased compensation arrangement?	4c		✓
5	compensation contingent on the revenues of:	on A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
Þ	Any related organization?		5b		
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of:	on A, line 1a, did the organization pay or accrue any			
а	<u> </u>		6a		
b	Any related organization?		6b		
7		n A, line 1a, did the organization provide any nonfixed describe in Part III	7		<u>-</u>
8	to the initial contract exception described in R	paid or accrued pursuant to a contract that was subject legulations section 53.4958-4(a)(3)? If "Yes," describe			
	III Faitiii		8		<u> </u>
9		by the rebuttable presumption procedure described in	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 aren't 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.

MOLE: ITTE SUIT OF COUNTILIS (D)() TITLE IO	i eac	יו וואיפט ווומואומממו וווס	שו בלחמו נווב וחנמו מווינ	on 1 on 1 on 1 on 1 on 1	LAII, OCCUPILA, III G	a, applicable coluin	יונטטווים (ב) מווסטווג	s for that individual.
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontexable (E) Total of columns (F) Compensation		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Montavable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bcnus & incentive ccmpensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)(i)-(D)	in column (B) reported as deferred on pnor Form 990
	9							
Brad Schardin	€ €	210,027	0	4,723	6,350	31,339	252,439	0
CCO/General Manager	€	152 103		•	0 17	0 00	0	
John Euchner 2Mar of Operations & Franciscoring		50175		6037	100767	167107	7467777	
John McDonald	Ξ	134.907		2.986	17.805	29.684	185.382	
3CFO/Assistant Manager	<u>(ii)</u>	0			0	0	0	0
Mark Neu	(1)	131,675	0	2,867	35,412	14,061	184,015	0
4Mktg & Member Services Mgr	≘	0			0	0	0	0
Todd Nelson	8	122,339	0	3,141	10,271	31,208	226,959	0
5Consumer Relations & IT Mgr	€	0			0	0	0	0
Troy Peters	8	103,053	0	861	54,149	28,751	186,814	
6Line Superintendent	<u>(ii)</u>	0			0	0	0	0
Robert Dubbelde	Ξ	104,893	0	190'Z	13,173	27,132	147,259	
7Line Superintendent	€	0			О	0	0	
	(3)							
8	(ii)							
	()							
6	(ii)							
	8							
10	(E)							
	(1)							
11	(ii)							
	()							
12	<u>(ii)</u>							
	(1)							
13	€							
	8							
14	(E)							
	8							
15	≘							
	8							
16	▣							

Schedule J (Form 990) 2019

s part	
ete thi	
omple	
Also c	
art II.	
for Pa	
and,	
uired 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	
6b, 7,	
o, 6a,	
5a, 5l	
), 4c,	
4a, 4t	
p, 3, ,	
1a, 1	
, lines	
Part I	
d for	
require	
tions	
scrip	
, or d	
nation,	
explai	ation.
ne information, explanation, or descriptions requ	inform
inforn	tional
e the	any additions
rovide	or any
٥	\$

Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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

Employer identification number

Southeastern Electric Cooperative, Inc.	46-0454373
Form 990, Part VI, Section A, line 6 - Each member-consumer becomes a member of the cooperative upon	receipt of electric service.
Form 990, Part VI, Section A, line 7a - Each member-consumer has one vote.	
Form 990, Part VI, Section A, line 7b - Member-consumers must approve any bylaw amendments, the subs	tantial disposition of cooperative
property, any mergers or consolidations, and the removal of any directors from the board.	
Form 990, Part VI, Section A, line 8b - There are no committees with authority to act on behalf of the govern	ning body.
Form 990, Part VI, Section B, line 11 - The Form 990 will be provided to, and reviewed with, all members of	the board of directors by the
managment staff at a meeting of the board held prior to filing.	
Form 990, Part VI, Section B, line 12c - To monitor and enforce compliance of the conflict of interest policy	
disclosure form upon election or appointment to the board and then annually during their tenure on the board disclosed to the board at the next board meeting.	varu. Any connects of merest
Form 990, Part VI, Section B, line 15 - The compensation of the CEO/General Manager is determined by the	board of directors taking into
consideration the results of state, regional and national compensation surveys. The board also applies the	e cooperative's policy on
wage and salary administration in their decision making process. The most recent adjustment to the comp	pensation of the CEO/General
Manager was effective November 2019.	
Form 990, Part VI, Section B, line 15b - The CEO/General Manager is responsible for proposing an aggrega	te wage and salary package
to the board of directors for their approval. Individual compensation levels are determined by the CEO/Ge	neral Manager in compliance
with the cooperative's wage and salary administration policy which utilizes state, regional and national con	mpensation surveys.

Name of the organization	Employer identification number
Southeastern Electric Cooperative, Inc.	46-0454373
Form 990, Part VI, Section C, line 19 - The cooperative's governing documents, conflict of interest policy ar	nd financial statements are
Total 350, Part 41, Section 6, line 13 - The cooperative 3 governing assembling committee of interest pointy at	d manour statements are
available to the cooperative's member-consumers but not the general public. Bylaws and financial statement	ents are routinely provided to the
member-consumers. The conflict of interest policy would be provided to a member-consumer upon reques	<u>st.</u>
Form 990, Part IX, line 4 - Although technically not an expense, we have included the capital credit allocation	on as "benefits paid to the
members" because within the Non-Profit Operation section of our bylaws, it states "All such amounts cred	ited to the capital account of
any patron shall have the same status as though they had been paid to the patron in cash in pursuance of	a legal obligation to do so
and the patron had then furnished the cooperative corresponding amounts of capital."	
······	
Form 990, Part XI, line 9 - The increase in net assets results from the allocation of \$5,173,494 in patronage	capital credits, the retirement
(refund) of \$1,707,122 in patronage capital credits and an increase in other equities of \$237,156 for a total of	f \$3,703,528.
Form 990, Part VII, Column F, Other Compensation - Included in Other Compensation is the estimated year	increase or decrease in the
actuarial values of the defined benefit plan as calculated by the Administrator. The current year increase of	r decrease does not represent
actually values of the defined benefit plan as calculated by the Manimistration. The serious year moreuse of	· doctodase docta not represent
current year contributions to the plan.	
Form 990, Part VII, Column D, Reportable Compensation from the organization (W-2/1099-MISC) - For the beautiful to the compensation (W-2/1099-MISC) - For the beautiful to the compensation of the compensation (W-2/1099-MISC) - For the beautiful to the compensation of the compensation (W-2/1099-MISC) - For the beautiful to the compensation of the compensation of the compensation of the compensation (W-2/1099-MISC) - For the beautiful to the compensation of the com	oard of directors, the reportable
compensation consists of the meeting per diem received for attending regular board meetings, special board	rd meetings, annual meetings,
committee meetings, meetings of associated organizations, training or educational meetings and a monthly	y meeting preparation fee. Plus
the cost of some accident insurance coverage which totaled \$54 for 12 months of coverage in 2019.	
the Cost of Some accident insurance coverage which todaed \$34 for 12 months of coverage in 2015.	