

Form 99	0 (2019) Page 2
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Provide safe and reliable electricity at the lowest possible cost to the cooperative membership.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	The Benton Rural Electric Association(Benton REA) is a not for profit member owned electric cooperative. It has approximately 10,885 member/owners to whom it delivers electricity through its distribution system. The sale and distribution of electical service is the main program service.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4c	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ►



Part	M 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? If "Yes," complete Schedule C, Part II	4		<u>'</u>
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		1
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		✓
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	✓	
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
	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		1
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	
	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	! 	✓
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?	40		
20~	If "Yes," complete Schedule G, Part III	19 20a		√
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	✓	<u> </u>
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		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
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			<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	; 	√
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).	1	はたり	191
а	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	-	1
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		1
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		1
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		_ √
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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	1	
Part	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 115	禁引	37.7	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	* 72. i	و الدراء في



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	F. 1.2	W 3	9° 79' 28'.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	14. X (14)		N.K
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	7,177,
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ğ. ~/5	18 e
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	······································	EAG.3
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	1	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	55		-
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70.3	25
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		1	海溪
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	20.00	**************************************
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u>, </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			₩
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	经 等	题几	3
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	の記	<u> 52</u>	-5n
	and services provided to the payor?	7a		
þ	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			130
е	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		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	,	મનું ક <u>્યું</u> કો
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 4.5/-	1 , :	1 1-0-
9	Sponsoring organizations maintaining donor advised funds.	- " I		<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
_b		SU	Feb. 10	1 - 2 1
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12) () () () () () () () () () (O W.	1 1
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		174	¥14143
b 11	Section 501(c)(12) organizations. Enter	1,12		3
''	Cross income from members or observed deep	E		
b	Gross income from other sources (Do not net amounts due or paid to other sources	3	1	
D	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		15.19.19
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	, #15	,	434
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	******	21.1
-	Note: See the instructions for additional information the organization must report on Schedule O.		第 点。	24/2
ь	Enter the amount of reserves the organization is required to maintain by the states in which		38 (1) 37 (1)	1
_	the organization is licensed to issue qualified health plans		74 K	
С	Enter the amount of reserves on hand	法部		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	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.	基础	4-18.	7.7.7.
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.	1,25	4.2	18 E



Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on 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	8		
	If there are material differences in voting rights among members of the governing body, or	Ţ <u>"</u>	-	
	if the governing body delegated broad authority to an executive committee or similar	1		11
	committee, explain on Schedule O.	15		
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	<u>8</u>		
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	1.1	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		\
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
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,		ŀ	
	stockholders, or persons other than the governing body?	7b	1	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	()	[-]	F 3
	the year by the following.	12:-	;	1
a	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	\ <u> </u>	├─-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<u> </u>	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	 -	
40-	Dulation and the boundary based of the boundary based on the based of	40-	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		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	- T
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 7		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	/	
40	describe in Schedule O how this was done	12c	√	-
13 14	Did the organization have a written document retention and destruction policy?	14	1	
	Did the process for determining compensation of the following persons include a review and approval by	7 47	-	112
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			\$ 3
a	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	0/11	347
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	11	'	
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	7	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.00	L	
17	List the states with which a copy of this Form 000 is required to be filed None		<u> </u>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
10	(3)s only) available for public inspection indicate how you made these available. Check all that apply. ☐ Own website ☐ Upon request ☐ Other (explain on Schedule O)	. (500		1(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	Steven Catlow, Benton Rural Electric Association, 402 7th Street, Prosser, WA 99350			



Form 990 (2019) Page **7**

Part VII:	Compensation of Officers, Dire	ectors, Trustees	Key Employees, I	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		anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office Individua	Position (do not check more than one box, unless person is both an officer and a director/trustee) Compensated Officer and institutional trustee Or director			an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Michael Freepons	10									
President	0	✓		✓				10,925		269
(2) Connie Krull	3		1							
Vice President	0	1	L	✓			<u></u>	5,225		235
(3) Catherine Russell	4)								
Secretary/Treasurer	0	✓		✓			_	8,835	 	235
(4) Buddy Treadway	3.85]	ļ.,							
Trustee	0	1		<u>L</u> .	<u> </u>			6,887		106
(5) Bob Evans	2	1			1					1
Trustee	0	1		<u>L</u>				8,265	L	174
(6) Tim Grow	6									
Trustee	0	1		<u> </u>	<u> </u>		Ш	7,315		251
(7) Scott Fisher	11]						
Trustee	0	✓			_			7,125		235
(8) Ron Johnson	8					}				
Trustee	0	✓			<u>L</u> _			14,345		235
(9) Michael Bradshaw	45				ł					
General Manager	0	<u> </u>		✓	L_			231,778		49,405
(10) Derek Miller	50				ŀ					
Engineering Manager	0				✓			184,549		32,153
(11) Jeff Bastow	40				1					
Information Technology Manager	0			L.	<u> </u>	✓		175,740		44,409
(12) Jeff Ekrut	45									
Operations Manager	0				1		L	170,147		25,358
(13) Troy Berglund	50									
Member Services Manager	0				<u> </u>	1	\Box	165,965	· 	40,395
(14) Christopher Hill	45]		
Journeyman Lineman	0				L.,	✓		163,578		36,932

Part V	Section A. Officers, Directors,	Trustees,	Key	Ēm	plo	yeε	s, ar	nd F	lighest Compe	nsated	Emplo	yees (continued,
						C)						
	(A)	(B)	(40.5	not cl		ition	e than	000	(D)	(E))	(F)
	Name and title	Average	box,	unles	ss pe	erson	ıs boti	h an	Reportable	Report		Estimated amount
		hours per week	office	$\overline{}$		_	tor/trus	, '	compensation from the	compen from re		of other compensation
		(list any	or d	l inst	Officer	ē.	븀	Former	organization	organiza	ations	from the
		hours for related	rec	臣	ĕ	13	loye	l et	(W-2/1099-MISC)	(W-2/1099	9-MISC)	organization and related organizations
		organizations	호함	na		employee	8 8					Totalog Organizations
		below dotted line)	Individual trustee or director	Institutional trustee	1	K	pen	l	!			
			•	lee	}		Highest compensated employee					
(15) Rich	hard Johnson	45			-	\vdash	<u> </u>	1	 			
	e Foreman	0	l		l	}	1	l	159,056			37,465
	ven Catlow	40				_		ļ	1			
	nager of Finance	0	<u> </u>		1				155,066			42,373
(17) Jeb	Knox	45										
Line	e Superintendent	0		L			1	L	149,388			39,254
(18)		([ĺ	[
			<u> </u>	L-	_	ļ	<u> </u>		 			
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	ubtotal			•	•		•		1,624,189			349,484
	otal (add lines 1b and 1c)			•	•		•		1,624,189			0 349,484
	otal number of individuals (including but					ed:	ahove	2) 10/		than \$1		
	portable compensation from the organi		10 11	030	1131	.cu i	above) V V	31	τιαπψη	00,000	01
	por acio componente de la componente de											Yes No
3 D	id the organization list any former of	officer, dire	ector.	tru	stee	∍. k	ev e	mpl	ovee, or highes	t compe	nsated	经国 通时 经公
er	mployee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	ındı	vidu	ıal					3 /
4 F	or any individual listed on line 1a, is the	sum of re	portal	ole d	com	per	nsatio	n a	nd other comper	sation fr	om the	经验证证
	rganization and related organizations											
in	dıvidual			•	•							4 1
	id any person listed on line 1a receive o									ion or inc	lıvıdual	超激
	r services rendered to the organization?	? If "Yes," c	ompl	ete	Sch	edu	ıle J f	or s	uch person .	<u> </u>	• _ •	5 ✓
	B. Independent Contractors											
	omplete this table for your five high											
c	ompensation from the organization. Repo	ort compen	sation	TO	the	ca	ienda	r yea		Within the	e organ	
	(A) Name and business add.	ress							(B) Description of serv	ices	c	(C) Compensation
			. 1860	002				T		-		
	ree Service, 6350 W Brinkley RD, Suite 120			993	38				e Trimming			428,759
	ole Inspection, 1500 Cloverdale Rd, Kalam Indorf Pratt Sullivan & Mckenzie 4220 1321			k. \#	VA 9	801	2	_~	e Testing jal Services			155,593 107,264
Wai SII WIL	ANGOLI I TOLL SUNIVOIT & MICRETIZIE 7220 1321	OF OF IAII	., <u>U</u> 166	, 0								107,204
								\Box				
2 To	otal number of independent contracto	rs (includin	ng bu	t no	ot l	ımıt	ed to	th	ose listed above	e) who	经治疗	
	ceived more than \$100,000 of compens		-						3		(1) <u>型</u>	The state of the s
												Form 990 (2019)

	90 (201					· · · · · · · · · · · · · · · · · · ·				Page 9
Part	VIII	Statement of Re					au lana sa thua Da			
		Check if Schedule	0 66	mains a re	espoi	ise or note to a	(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512-514
y in	1a	I-ederated campaig			1a	· ·	WALLEY WALLEY	Wed-significally	THE KIND WA	
Contributions, Gifts Grants and Other Sir, lar Amounts	b	Membership dues			lb.					A THE TOTAL PROPERTY.
اع ق	С	Fundraising events			10					
īfts r A	d	Related organizatio			1d					
2 8	ę	Government grants	(cont	tributions)	1e					
Sir	f	All other contribution								
e e		and similar amounts n			1f					
를 하	g	Noncash contribution			١.					
Son	.	lines 1u 1í			1g	∄·	- Section of the second			
	<u>h</u>	Total. Add lines 1a-	<u>- .</u>		 -	Dusiness Code	Paris da desaria	ACC. SEC. SEC.		
e,	2a	Sale of Electricity				221000	41,541,788			M. CHERTHAGA L. L. P. C. M. C. M. C. A.
ه کز	b	D. I. David				53130	121,273			121,273
Se	C						12.,2.0			121,270
yram Ser Revenue	d									
Program Service Revenue	е				·					
P.	f	All other program se								
	g	Total. Add lines 2a-					41,663,061	TO THE REAL PROPERTY.	然是,其他是不够的	
	3	Investment income	-	_						
İ	4	other similar amounts)					1,138,932			1,138,932
	4 5	n								
	,	noyanies	r	() Rea		(ii) Personal	新加州中央		The supervisions	STEE STEELS
	- 6a	Gross ronts	bя							
	b	Less: rental expenses	6h			,			Soldy, the part of the state of	
	С	Rental income or (loss)	bc				河南北京	化性态元化。企业等实验		
	d	Net rental income o	r (los:	s)		🕨				
	7a	Gross amount from	1	(ı) Securi	ties	(ii) Other				
		sales of ossots	_	ŀ						
		other than inventory	72			1,609,414				
Revense	b	Loss: cost or other basis and sales expenses .	7b	}						
<u> </u>	_	Gain or (loss)	7c	 		1,609,414				
å.	d	Net gain or (loss)		L			1,609,414	1,609,414	440 THE HOLDER THE BOOK OF 18	Sent and to a characteristic of the
ا تۇ	8a	Gruss income from	m fu	ndraising				多种学习的	可以如果工物以	THE STATE OF THE S
ŧ		events (not including			•					
		of contributions rep		d on line						
1		Tc). See Part IV, line		• • •	8:1					
,	b	Less: direct expens			8b	L	The state of the s		到於國際的影響	AME A CONTRACT
	C	Net income or (loss)			g eve	nts ▶	Same of 15, but the call of	THE REPORT OF THE PARTY OF THE	the consumption of the	Tot se made the M. West of
1	9a	Gross income f			000				第二章 	
	Ь	activities. See Part I Less: direct expens			9a 9b			THE STREET		
	C	Net income or (loss)				es >	California (State of State of	Children to the service of the service of	dam est samed in affin de mit s	** 2344.2 x2 ***5 *** \$ 44 * 441. Q1
	1	Gross sales of in					AMERICAN TO PROPERTY	THE PARTY OF THE		15万里之中的社
		returns and allowan			10a		THE STATE OF THE STATE OF			
	b	Less: cost of goods			10b		能和可能的	THE PART OF THE	泛於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於	TO THE REAL PROPERTY.
	С	Net income or (loss)	from	sales of in	vento	ry 🕨		ACCOUNT OF THE PARTY OF THE PAR	/ ACM	
S _I						Business Code	THE PROPERTY OF THE PARTY OF TH		at he he had	论的意识和思想
eo ne	11a	Internet Service Prov	ider			517000	1,244,540		1,244,540	
scellaneo Revenue	b						 	· · · · · · · · · · · · · · · · · · ·		
Miscellaneous Revenue	ب 0	All other revenue					 			
ž	a e	Total. Add lines 11a	 a_11d	• • • ·	•		1 244 540		WINDOWS TOTAL	DESCRIPTION OF THE PROPERTY OF
	12	Total revenue. See			<u> </u>		45,655,947		1,244,540	1,260,205
		. O tal O Tollado. Oed			<u> </u>	 	1 40,000,047	70, 10 1,202	1,217,340	1,200,203

	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , 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		ехрепзез		
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	7,171,458 1,973,673		TO SECURITION OF THE PERSON OF	
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				·
b	Legal				<u>-</u>
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			和,他们就不够的。	
f	Investment management fees			<u> </u>	
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				
13	Office expenses		· · · · · · · · · · · · · · · · · · ·		
14	Information technology				
15	Royalties				
16	Occupancy				·
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	542,919			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2,705,745			
23	Insurance			L	
24	Other expenses. Itemize expenses not covered				
	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.)	THE STREET STREET	李明 经产品的	到·斯里斯斯尼斯特之政治	
а	Purchase Power	21,709,647			
b	Operations and Maintenance	5,736,957			
C	Customer Accounts Service	1,977,031			
d	Administration and General	2,199,392			
е	All other expenses	1,639,125			
25	Total functional expenses. Add lines 1 through 24e	45,655,947			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs			ļ	
	from a combined educational campaign and fundraising solicitation. Check here \bigsim \square if following SOP 98-2 (ASC 958-720)				

Page **11**

"P	årt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	net V		
		Check it Schedule O Contains a response of flote to any line in this ra	(A)	i i	(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	1,249,280	1	1,586,522
	2	Savings and temporary cash investments	11,570,000	2	16,364,822
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,029,978	4	3,425,171
	5	Loans and other receivables from any current or former officer, director, trustee, key omployee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	电路线线线 医	6	是这个一个人的
υ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,660,697	8	1,950,752
Ä	9	Prepaid expenses and deferred charges	69,030	9	58,719
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 109,570,509			
	b	Less: accumulated depreciation 10b 41,808,811	- 70,437,221	10c	67,761,698
	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	2,879,333	13	2,935,413
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		_15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	96,895,538		94,083,097
	17	Accounts payable and accrued expenses	5,602,923		5,918,599
	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	Carry Cont. Sec. 1. 1874 (magical cont.)	21	Service 3. 4 3. 4 3. 4 3. 4 1. 4 14 14 14 14 14 14 14 14 14 14 14 14 1
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	
Ξ.	23	Secured mortgages and notes payable to unrelated third parties	1,712,759	23	1,147,091
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	13,870,185	25	5,820,434
	26	Total liabilities. Add lines 17 through 25	21,185,867	26	12,886,124
nces		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		_27	· · · · · · · · · · · · · · · · · · ·
E	28	Net assets with donor restrictions	Continues and the second	28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► ✓ and complete lines 29 through 33.		新知道	
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	1,345,183		1,497,234
As	31	Retained earnings, endowment, accumulated income, or other funds	74,364,488		79,699,739
et	32	Total net assets or fund balances	75,709,671		81,196,973
	33	Total liabilities and net assets/fund balances	96,895,538	33	94,083,097

Form **990** (2019)

	· · · · · · · · · · · · · · · · · · ·				J
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u> .	<u> </u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		45,65	5,947
2		2		45,65	5,947
3		3			0
4		4		75,70	9,671
5	The difficulty of the desired of the	5			
6		6			
7		7			
8		В			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_5,48	7,302
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-			
		0		81,19	<u>6,973</u>
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		• ;	
			12.30.30	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			* K.U	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ın	147		
	Schedule O.		342		
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 compi	led or			
	reviewed on a separate basis, consolidated basis, or both:	ļ	新 、高		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		THE S	2.5	次 公司
b	Were the organization's financial statements audited by an independent accountant?		2b	√	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a		1	
	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 oversi	•			
	the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	√	1 X1 .
	If the organization changed either its oversight process or selection process during the tax year, explain	aın on	(10)	الوال ا	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in the			_
	Single Audit Act and OMB Circular A-133?		3a		√ _
b	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 aud	ıts .	3b	البيب	
	,		Form	990	(2019)



SCHEDULE D (Form, 990)

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.

OMB No. 1545-0047

Open to Public Inspection

	nent of the Treasury Revenue Service	L	Attach to Form 990. 190 for instructions and the latest informa	Open to Public Inspection
Name o	of the organization			Employer identification number
	n Rural Electric			91-0143426
Par	_	-	sed Funds or Other Similar Fund	s or Accounts.
	Comple	ete if the organization answered "		
	7	at and for an	(a) Donor advised funds	(b) Funds and other accounts
1		at end of year		
2		ue of contributions to (during year) .		
3 4		ue of grants from (during year)		
5	00 0		advisors in writing that the assets heli	d in depar advised
9	•		organization's exclusive legal control?	
6			d donor advisors in writing that grant	
_			of the donor or donor advisor, or for	
Par	Conse	rvation Easements.		
	Comple	ete if the organization answered "\	res" on Form 990, Part IV, line 7.	
1		conservation easements held by the o	-	
	☐ Preservation	of land for public use (for example, recrea	ation or education) 🔲 Preservation of	
		of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservatio	n of open space	STORWED.	
2			d a qualified Reservend Acompution	
		he last day of the tax year.	\ \[\]	Held at the End of the Tax Year
a		of conservation easements	APR 2 3 2021	. 2a
b	Number of oor	restricted by conservation easements nservation easements on a certified his	storic structure included in (a)	2b 2c
c d	Number of co	preparation essements included in (c	acquired after 7/25/96 , and rot or	
u	historic structu	ure listed in the National Register .	c) acquired after (25/06) and not or	. _{2d}
3		•	ferred, released, extinguished, or term	
Ŭ	tax year ►	dorration outsime meaning, trainer	orroa, roloadou, extilligatoriou, et terris	mated by the organization during the
4		tes where property subject to conserv	ation easement is located ▶	
5			arding the periodic monitoring, inspe	
	violations, and	enforcement of the conservation ease	ements it holds?	Yes 🗖 No
6	Staff and volunt	teer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	>			
7	•	enses incurred in monitoring, inspecting	, handling of violations, and enforcing co	onservation easements during the year
	▶ \$			
8			(d) above satisfy the requirements of se	,
•	and section 17	(O(h)(4)(B)(ii)?		
9			onservation easements in its revenue a the footnote to the organization's finar	
		accounting for conservation easemen		iolal statements that describes the
Part			of Art, Historical Treasures, or O	ther Similar Assets.
		ete if the organization answered "Y		
			3 ASC 958, not to report in its revenue	statement and balance sheet works
			held for public exhibition, education,	
	service, provid	le in Part XIII the text of the footnote to	its financial statements that describes	s these items.
b			B ASC 958, to report in its revenue sta	
			for public exhibition, education, or rese	earch in furtherance of public service,
		lowing amounts relating to these items		
	(i) Revenue in	cluded on Form 990, Part VIII, line 1		· · · • • • • • • • • • • • • • • • • •
	(ii) Assets ınclı	uded in Form 990, Part X		· · · ► \$
2			historical treasures, or other similar a	ssets for financial gain, provide the
_		unts required to be reported under FA		• •
a	Accete include	ueu on Form 990, Part VIII, IINE 1		· · · • •
b	へっっちょう いしいはしし	willioninooo, raith	. <u></u>	Ψ



Schedule D (Form 990) 2019 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): ☐ Public exhibition d Loan or exchange program e 🗌 Other ☐ Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes ☐ No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 1d Distributions during the year 1e 1f Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year 1a Beginning of year balance . . . Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses f End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. Board designated or quasi-endowment ▶ _____ % Permanent endowment Term endowment ▶ _____% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated (b) Cost or other basis (d) Book value Description of property (a) Cost or other basis (investment) (other) depreciation Land 508,915 508,915 1a b Buildings 1,942,669 1,197,361 745,308 c Leasehold improvements . . . O 0 8,552,552 6,724,178 1,828,374 33,887,272 98,566,373 64,679,101

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

67,761,698



Part VIII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, li	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1) Financial				
	neld equity interests			
(3) Other			- 	
(A)				
(B)			 	
(C) (D)			 	
(E)		ļ	 	
(F)				
(G)				
(H)			 	
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 12).▶		TOP OF THE PARTY O	The second second second second
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		nod of valuation -of-year market value
(1)	······································		 	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			 	
(8)			 	
(9)	the many forms 000 Port V and (D) line 10 \		SECTION UNDERSTAN	Cat Market was to a return to the
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13) . Other Assets.	<u> </u>	The College and the B	The state of the s
I all IX	Complete if the organization answered "Yes" on For	m 990 Part IV li	ne 11d. See Form	990 Part X line 15
	(a) Description	in objit die iv, ii	110 110 000 1 0111	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				-
(8)				
(9)	(b)			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u> </u>		
PartA	Complete if the organization answered "Yes" on For	m 990 Part IV lu	ne 11e or 11f Sec	Form 990 Part X
	line 25.	in 550, i ait iv, iii	10 110 01 111. 000	or orni 550, rait X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2) Deferred				4,391,665
	Compensation			591,375
(4) Retired N	Managers Obligation			157,458
(5) Retiree S	Sick leave Conversion			679,936
(6)				
(7)				
(8)				
(9)	(A) - 15 - 000 D - 17 - 170 L - 05 L			
				5,820,434
2. Liability for	runcertain tax positions. In Part XIII, provide the text of the footnote	ote to the organization	ni s iinanciai stateme	nts that reports the

 \checkmark



Schedule D (Form 990) 2019 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . 1 45,655,947 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments c Recoveries of prior year grants 2c Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 0 Subtract line 2e from line 1 3 3 45,655,947 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b . . . 4h Add lines 4a and 4b 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 45,655,947 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XIII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 38,484,489 Amounts included on line 1 but not on Form 990. Part IX, line 25: 2a **b** Prior year adjustments 2b 2c e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 112-3 4c 7.171.458 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 45,655,947 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D Part X(2) The Cooperative is exempt from all federal and state income taxes under section 501(c)(12) of the Internal Revenue Code while functioning for the benefits of its members. The Cooperative adopted Accounting Standards Codification (ASC) 740-10, relating to accounting for uncertain tax positions. The Cooperative does not have any uncertain tax positions Part XII (4b) To conform to the 2011 990 change in section IX line 4: The Cooperative reported year end margins as an expense in section IX line 4. All margins are annually allocated to the membership based on their patronage. The amount was reported as net margins on the audited financial statements. To reconcile the audited financials to the amount reported in the 990 we have shown the net margins on line 4b of Part XII.



Schedule D (Fo	om 990) 2019	Page 5
Pant XIII	Supplemental Information (continued)	

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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection Employer identification number

	n Rural Electric Association		91-01434	26		
Part	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a. Complete Part III to p					
	☐ First-class or charter travel	☐ Housing allowance or residence for				The second
	☐ Travel for companions	Payments for business use of per	sonal residence			
	Tax indemnification and gross-up payments	☐ Health or social club dues or initia	ition fees			
	Discretionary spending account	Personal services (such as maid,	chauffeur, chef)	7		
				多级		1
b	If any of the boxes on line 1a are checked, did to rreimbursement or provision of all of the ex	penses described above? If "No,"	complete Part III to			
	explain			1b 测数	No.	
2	Did the organization require substantiation pric directors, trustees, and officers, including the CE	O/Executive Director, regarding the ite		2.2.12		1000 470000
	1a?			2	1 098 76	RE LINES
					温泉	
3	Indicate which, if any, of the following the organiza			199		
	organization's CEO/Executive Director. Check all t					
	related organization to establish compensation of t		n in Part III.	3.23		N.
	Compensation committee	Written employment contract				
	Independent compensation consultant	✓ Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compen	sation committee			42
	Down with a reason did any appear hated an Engar 200	Doublill Cooking A line to with your		34.3		
4	During the year, did any person listed on Form 990 organization or a related organization.	·	ect to the filing	克姆		建筑
а	Receive a severance payment or change-of-control			4a		✓
b	Participate in, or receive payment from, a supplem			4b		✓
С	Participate in, or receive payment from, an equity-			4c		√
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each	n item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of			養富		
5	For persons listed on Form 990, Part VII, Sect compensation contingent on the revenues of:	tion A, line 1a, did the organization	pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes" on line 5a or 5b, describe in Part III.				經歷	13.0
					模劃	7. av
6	For persons listed on Form 990, Part VII, Sect compensation contingent on the net earnings of:	tion A, line 1a, did the organization	pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes" on line 6a or 6b, describe in Part III.			源		
7	For persons listed on Form 990, Part VII, Section payments not described on lines 5 and 6? If "Yes,"				. 1	PLATE
_	• •			7		
8	Were any amounts reported on Form 990, Part VII, to the initial contract exception described in	Regulations section 53.4958-4(a)(3)?				
	in Part III			8	उस्ता क	कुरुष्ट र जन्म
_		tte de selecatet.	and the state of t	總數	秦 少多	- N.
9	If "Yes" on line 8, did the organization also fol Regulations section 53.4958-6(c)?			9	ļ	

Schedule J (Form 990) 2019

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

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)()-(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.

		(3		Composition Composition					
		(b) Sreakdown of W-2 ario/of		1033-IVIIOC COLIDELISATION	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(t) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits ,	(a)-(j)(a)	as deferred on prior	
				compensation				000	
Michael Bradshaw	8	231,778			23,637	25,768	281,183		
1General Manager	Ξ								
Derek Miller	3	184,549			18,764	13,389	216,702		
2Engineering Manager									
Jeff Bastow	8	175,740			18,968	25,441	220,149		
3Information Technology Manager	Ξ								
Jeff Ekrut	(3)	170,147			0	25,358	195,505		
40perations Manager	3								
Troy Berglind	()	165,965			15,225	25,170	206,360		
5Member Services Manager	<u> </u>								
Christopher Hill	Ξ	163,578			11,987	24,946	200,510		
6 Journeyman Lineman	Ξ								
Richard Johnson	8	159,056			12,533	24,932	196,521		
7Line Foreman	Œ)								
Steven Catlow	9	155,066			17,090	25,283	197,439		
8Manager of Finance	Ê								
Jeb Knox	8	149,388		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14,190	25,064	188,642		
9Line Superintendent	≘								
	8	1							((
10	Ξ								
	3								. (
11	(ii)								(
	(1)								
12	<u>(ii</u>)								
	8								
13	<u>(ii)</u>								' (
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14	<u>(ii)</u>								7
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16	€								

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also or	ia, 5b, 6a	, 6b, 7, a	nd 8, and	for Part II. A	Also c
for any additional information.					

rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part on any additional information.
ost Rural Electric Cooperatives in the nation offer a defined benefit pension plan program which guarantees that an employee will receive, upon reaching their normal retirement date,
defined pension benefit based on years of service and a percentage of salary. The Benton Rural Electric Association (Benton REA) chose not to implement the defined benefit
strement program for their employees due to the typical high cost. However, to remain competitive in the job market and to retain and recruit for professional positions, Benton REA
lentified key positions and developed a program to supplement the company's 401K retirement program for these positions. The individuals listed on the Form J as officers and
ighly compensated employees represent employees within these key positions. As such they receive as part of their compensation; taxable bonuses paid every two years
nat are paid out through a recruitment and retention program in lieu of company contributions to the otherwise expensive defined benefit programs. The recruitment and retention
rogram ends for the individual employees, if they leave the company for any reason including retirement.

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Schedule J (Form 990) 2019

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SCHEDULĘ 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.

questions on mation. 2019

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

Benton Rural Electric Association	91-0143426
Part VI, Section A, #6: The organization is an electric distribution cooperative consisting of approximately	-
members who purchase electricity from the cooperative, and each has a Patronage Capital(equity) account	it based upon electrical usage.
Part VI, Section A, #7a & b The members elect the board of trustees which make up the governing body.	The members
approve the articles of incorporation and any changes thereto.	
Part VI, Section B, #11b. The governing body did receive a copy of the 990 for review before it was filed.	After the financials were
audited the 990 was reviewed by the governing body at the regular May, 2020 monthly board meeting. The	Cooperatives independent
auditors also received a copy of the 990 and it was reviewed by them before mailing.	
Part VI, Section B, #12c: The Cooperative requires in February an annual survey for the prior year to be co	ampleted by all Trustees Officers
Key Employees, and Highly Compensated to disclose any potential conflicts of interest that may have exis	ted. Pursuant to the corporation
bylaws section 3 04.3 (a) In all circumstances, Trustees are under a continuing obligation to disclose to the	e full Board of Trustees any
situation that presents the possibility of a conflict or disparity of interest either directly or indirectly between	en them and the Association.
Part VI, Section B, #15a & 15b. Annually the cooperative participates in a regional survey to determine fair	and competitive
compensation of all non-union employees as compared to other utilities which hold similar positions. The	CEO, top management officers,
highly compensated and key employees are among those positions in the survey. The Board of Trustees	
survey and determines the wage increase if any for the following year. The Fall of 2019 was the latest surv	еу.
	·····



Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number Benton Rural Electric Association 91-0143426 Part VI, Section C, #19: The Benton Rural Electric Association(Benton REA) is a not-for-profit member-owned electric cooperative. As a private electric cooperative, the member owners of Benton REA have full access to financial statements, all polices and governing documents. All members receive a copy of the bylaws, which are also on the Benton REA website. Benton REA conducts an annual membership meeting, in which the annual financial statements are posted and presented to the membership. Plus, each Benton REA member receives a monthly magazine (Ruralite) that includes financial statements annually. Any margins the Benton REA has are allocated to the members who purchased electricity in that year, and those members receive a mailed notice of their allocation. A file of record is kept for each membership, which includes all allocations of margins and any patronage capital payments made to the corresponding member. Part XI #9: As part of being a not-for-profit member owned cooperative, the Benton Rural Electric allocates any margins at year end The Benton REA Board of Trustees then decides to retire all or a portion of those allocated margins. The cooperative as directed by the Board of Trustees have retired(paid to membership) a portion of the current allocated margins. This retirement results in a change to the Total Net Assets or Fund Balances ending amount. To comply with the 2011 Change to Part IX #4 we have netted the year ending margins against the retired portion of current allocated margins (7,171,458-1,684,156=5,487,302) this allows the cooperative to reconcile net assets for end of year 2019 line #10. Part I #14 & Part IX #4: To comply with the 2011 change to Part IX #4 "patronage dividends paid by section 501 (c) (12) organization to their members", we have included the Cooperatives year ending net margins in the Statement of Functional Expenses as benefits being paid to members. GAAP does not recognize this as an expense but is being reported as such to comply with the noted change. Pursuant to the Articles and Bylaws of the Cooperative, we fully allocate previous year ending margins to the individual Patronage Capital accounts of the membership.