# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

4 I	or th	le 2020 calendar year, or tax year beginning	, 2020,	, and ending			, 20	
B c	heck if a	C Name of organization			1		ation number	
`	Addre	HOLY CROSS ELECTRIC A	SSOCIATION, INC.		84-0	22917	6	
	chan	Doing business as						
	Name	e change Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telephoi			
	→	P.O. BOX 2150			(970)	945-5	3491	
		City or town, state or province, country, a	• .					
	Amer retur		81602-2150		<b>G</b> Gross re	ceipts \$	136,410,	,139.
	Appli pend	ication fing F Name and address of principal officer:	BRYAN HANNEGAN		H(a) Is this	a group retu inates?	rn for Yes	X No
		3799 HIGHWAY 82, GLEN	WOOD SPRINGS, CO 81601		H(b) Are all		ncluded? Yes	No
ı	Tax-ex	xempt status: 501(c)(3) X 501(c) (	12) <b>(</b> insert no.) 4947(a)(1)	or 527	If "I	No," attach a	list. See instructions	
J	Webs	ite: ▶ WWW.HOLYCROSS.COM			H(c) Group	exemption n	umber	
K	Form	of organization: X Corporation Trust	Association Other ►	L Year of	formation: 1939	M State	of legal domicile:	CO
P	art I	Summary	<u> </u>	'		•		
	1	Briefly describe the organization's mission o	or most significant activities: HOLY	CROSS ENI	ERGY PROVI	DES SA	FE,	
ė		RELIABLE, AFFORDABLE, AND S						
Governance		IMPROVE THE QUALITY OF LIFE	E FOR OUR MEMBERS AND '	THEIR CON	MUNITIES.			
ern	2	Check this box if the organization d	liscontinued its operations or dispose	ed of more tha	n 25% of its net a	ssets		
ઠ્ઠ	3	Number of voting members of the governing	·			1 1		7.
	4	Number of independent voting members of t						7.
Activities &	5	Total number of individuals employed in cale						175.
ĭ	6							8.
Act	_	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part V						0.
-								
	D	Net unrelated business taxable income from	Form 990-1, Part I, line 11				Cumant Va	
ne		0			Prior Ye	0 <b>.</b>	Current Ye	9 <b>ar</b> 0.
	8	Contributions and grants (Part VIII, line 1h)			136,939		134,653,	
Revenue	9	Program service revenue (Part VIII, line 2g)						
Re	10	Investment income (Part VIII, column (A), line				,953.		050.
	11	Other revenue (Part VIII, column (A), lines 5,				,132.		766.
	12	Total revenue - add lines 8 through 11 (must			137,463		135,508,	
	13	Grants and similar amounts paid (Part IX, cold		r		0.		0.
	14	Benefits paid to or for members (Part IX, colu	ımn (A), line 4)		7,504		8,131,	
S	15	Salaries, other compensation, employee bene	efits (Part IX, column (A), lines 5-10)		30,896	,674.	32,766,135.	
Expenses	16 a	Professional fundraising fees (Part IX, column	n (A), line 11e)			0.	0.	
ă	b	Total fundraising expenses (Part IX, column (	D), line 25) ▶	).				
Ш	17	Other expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)		97,977	,080.	93,058,	972.
	18	Total expenses. Add lines 13-17 (must equal	Part IX, column (A), line 25)	[	136,378	,526.	133,956,	999.
	19	Revenue less expenses. Subtract line 18 from			1,084	,706.	1,551,	704.
Soc					Beginning of Cur	rent Year	End of Year	r
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			324,743	,711.	327,619,	798.
Ass I Ba	21	Total liabilities (Part X, line 26)			199,475	,135.	196,632,	161.
ĕĕ	22	Net assets or fund balances. Subtract line 21			125,268	,576.	130,987,	637.
	art II	Signature Block						
Un	der pe	enalties of perjury, I declare that I have examined th	is return, including accompanying sched	ules and statem	ents, and to the b	est of my l	knowledge and be	lief, it is
tru	e, corre	ect, and complete. Declaration of preparer (other than	n officer) is based on all information of whi	ich preparer has	any knowledge.			
					0.0	5/21/2	021	
Sig	jn	Signature of officer			Date			
He	re	▶ BRYAN HANNEGAN	PRESID	ENT AND (	CEO			
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	Date	Chast	:. F	PTIN	
Paid	d	AMBER SHERRILL			Check self-er	if f nployed	P0074868	3
Pre	parer	· DVD IID	1				10074000	
Use	Only	Firm's name BKD, LLP  Firm's address P.O. BOX 3667 LIT	יידו די דור די	57	Firm's EIN		-372-1040	
11-	., 41				Phone no.			
		IRS discuss this return with the prepare	· · · · · · · · · · · · · · · · · · ·	<u> </u>				No
−or	rape	erwork Reduction Act Notice, see the separat	te instructions.				Form <b>990</b>	(2020)

Page 2 Form 990 (2020)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: HOLY CROSS ENERGY PROVIDES SAFE, RELIABLE, AFFORDABLE, AND
	SUSTAINABLE ENERGY AND SERVICES THAT IMPROVE THE QUALITY OF LIFE FOR OUR MEMBERS AND THEIR COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

Page 3 Form 990 (2020)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.7
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١		
_	election in effect during the tax year? If "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,	_		Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Λ
0	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
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		X
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3.7	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		Х
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	10		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			3.7
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		Х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Λ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		21
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
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		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		X

Form 990 (2020) Page 4

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		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	X	
24 a	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			v
h	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	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?			
	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%			3.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
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		Х
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):			i
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		i
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		X
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		_ 50_		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 0E1030		Form	990	(2020
	5223PT K925 6/21/2021 12:28:18 PM V 20-5.2F 1196868			

Form 990 (2020) Page 5

Par	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			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 175			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
2.0	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
		3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		Х
_	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).	_		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
		7f		
	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		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
0				
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	•		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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		X
	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		X
	If "Yes," complete Form 4720, Schedule O.			

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	Х	
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	v	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
а	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	15b		
40.	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	16a	Х	
<b>L</b>	with a taxable entity during the year?	···		
b	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	Х	
Secti	ion C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ CO,			
1 <i>1</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1060	aon 3	J 1 (U)
	X 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 or	f inter	est n	olicy
-	and financial statements available to the public during the tax year.		P	J <b>J</b> ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record ANDREW SCHILLER 3799 HIGHWAY 82 GLENWOOD SPRINGS,, CO 81601 970-945-5491	s <b>&gt;</b>		
	ANDREW SCHILLER 3/99 HIGHWAY 82 GLENWOOD SPRINGS,, CO 81601 970-945-5491			

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than contract Highest compensated employee	an	(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) BRYAN HANNEGAN	45.00									
PRESIDENT AND CEO	0.			x				494,220.	0.	138,586.
(2)RICK ARNHOLD	45.00							171,2201	<u> </u>	130,300
VP EAGLE/VAIL DISTRICT	0.				X			200,940.	0.	161,275.
(3)DAVID BLEAKLEY	45.00									. ,
VP ENGINEERING	0.				X			209,261.	0.	133,591.
(4) BARRY CROISSANT	45.00									
MANAGER, PURCHASING AND FACILI	0.					Х		169,001.	0.	162,009.
(5) BOB FARMER	45.00									
VP INFORMATION TECHNOLOGY	0.				Х			210,459.	0.	111,495.
(6) DAVID O'NEIL	45.00									
VP OPERATIONS	0.				X			194,977.	0.	118,687.
(7) JOHN ROWLEY	45.00									
VP HUMAN RESOURCES & RISK MGMT	0.					X		194,053.	0.	112,957.
(8) STEPHEN BEUNING	45.00									
VP POWER SUPPLY AND PROGRAMS	0.				Х			191,290.	0.	111,774.
(9) JENNA WEATHERRED	45.00									
VP MEMBER AND COMMTY RELATIONS	0.					X		188,322.	0.	108,311.
(10) KENNETH ROBERTS	45.00									
MANAGER, SYSTEM OPERATIONS	0.					X		177,461.	0.	109,038.
(11) ANDREW SCHILLER	45.00									
VP FINANCE	0.			Х				179,292.	0.	100,208.
(12) RUSSELL WINDER	45.00									
MANAGER, CONSTRUCTION ENGINEER	0.					X		159,338.	0.	101,260.
(13) DAVE MUNK	11.00									
DIRECTOR	0.	X						47,000.	0.	0.
(14) KRISTEN BERTUGLIA	7.00									
DIRECTOR	0.	Х						34,750.	0.	0.

Form 990 (2020) Page

Part VII Section A. Officers, Directors	·	, <u></u> 11	.pic			and I	9		· · · · · ·	J. IGITUG		
(A)	(B)			(0				(D)	(E)	_	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted	box,	unles er and	ss pe	more rson	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga	timated ount of other oensation the anization of the denization of	f on n
	line)	l trustee or	Institutional trustee		oyee	Highest compensated employee				orga	nizatior	ıs
15) ROBERT GARDNER	6.00											
DIRECTOR	0.	X						30,000.	0.			
16) ADAM QUINTON	6.00											
DIRECTOR	0.	X						25,750.	0.			
17) ADAM PALMER	4.00											
DIRECTOR	0.	X						24,750.	0.			
18) DAVID CAMPBELL	5.00											
DIRECTOR	0.	X						17,750.	0.			
19) ALEX DEGOLIA	5.00											
DIRECTOR	0.	X						17,250.	0.			
20) CLEM KOPF	5.00											
DIRECTOR	0.	X						12,750.	0.			(
21) MEGAN GILMAN	7.00											
DIRECTOR	0.	Х						8,000	0.			(
22) LARISSA READ	6.00											
DIRECTOR	0.	Х						5,000	0.			
1b Sub-total							$\blacktriangleright$	2,791,614.	0.	1,4	69,1	191
c Total from continuation sheets to Part							$\blacktriangleright$	0.	0.			0
d Total (add lines 1b and 1c)							$\blacktriangleright$	2,791,614.	0.	1,4	69,1	91
2 Total number of individuals (including bu reportable compensation from the organ		hose 89		d at	OOV	e) who	o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete S										3		Х
4 For any individual listed on line 1a, is organization and related organization	s greater than	\$15	50,0	00?	If	"Yes	5,"	complete Schedu	le J for such		37	
individual										4	X	
5 Did any person listed on line 1a receive for services rendered to the organization?										5		X
Section B. Independent Contractors												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 12

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512-514
ts t	1a	Federated campaigns 1a					
	b	Membership dues 1b					
֓֞֝֝֝֟֝֟֝֟֝֟֝֟֝֟֓֓֓֟֝֟֓֓֓֓֓֟֟֓֓֓֓֓֓֟֓֓֓֓֟֓֓֓֓֟	С	Fundraising events 1c					
ar	d	Related organizations 1d					
a,e E ii.e	е	Government grants (contributions) . 1e					
Sig	f	All other contributions, gifts, grants,					
声		and similar amounts not included above . 1f					
֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֓֓֡֓֡֓֡֓֡֓֡֡֡֡֡֡֡֡֡֡֡	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f <u>1g</u>					
9 0	h	Total. Add lines 1a-1f		0.			
ω			Business Code				
<u>ĕ</u>	2a	ELECTRICITY SALES	221000	133,555,388.	133,555,388.		_
Program Service Revenue	b	CAPITAL CREDITS AND PATRONAGE DIVIDENDS	221000	917,693.	917,693.		+
Z Z	С	RENT FROM ELECTRIC PROPERTY	221000	180,806.	180,806.		+
gra Re	d						+
요	e						+
-	f	All other program service revenue		134,653,887.			
	<u>g</u> 3	Investment income (including dividends					
	3	other similar amounts)	_	279,219.			279,219
	4	Income from investment of tax-exempt bon		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 32,927					
	b	Less: rental expenses 6b 61,883					
	С	Rental income or (loss) 6c -28,956					
	d	Net rental income or (loss)		-28,956.			-28,956
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a	1,069,384.				
e l	b	Less: cost or other basis					
evenue		and sales expenses 7b	839,553.				
	С	Gain or (loss) 7c	229,831.				
<u>۳</u>	d	Net gain or (loss)	▶	229,831.			229,833
Other R	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events	s <b>&gt;</b>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b		_			
	С	Net income or (loss) from gaming activities	<u> </u>	0.			+
	10a	Gross sales of inventory, less					
		returns and allowances					
	b c	Less: cost of goods sold  Net income or (loss) from sales of inventory	,	0.			
-	·	rect modifie of (1055) from sales of lifefillory.	Business Code	U.			
Miscellaneous Revenue		JOBBING REVENUE	900099	220,638.			220,638
ne	11a	WIND FARM OPTION	900099	150,000.			150,000
ella Vel	b		200022	150,000.			130,000
Re	C C	All other revenue		4,084.			4,08
Ξ	a e	Total. Add lines 11a-11d		374,722.			1,00
	<u>е</u> 12	Total revenue. See instructions		135,508,703.	134,653,887.		854,816
					_31,033,007.		Form <b>990</b> (2020

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic							
_	individuals. See Part IV, line 22	0.						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	8,131,892.						
	Compensation of current officers, directors,							
	trustees, and key employees	2,779,055.						
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	18,755,867.						
	Pension plan accruals and contributions (include							
-	section 401(k) and 403(b) employer contributions)	4,762,863.						
9	Other employee benefits	5,134,265.						
10	Payroll taxes	1,334,085.						
11	Fees for services (nonemployees):							
а	Management	0.						
	Legal	0.						
c	Accounting	0.						
	Lobbying	0.						
	Professional fundraising services. See Part IV, line 17.	0.						
f	Investment management fees	0.						
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	0.						
12	Advertising and promotion	0.						
13	Office expenses	0.						
14	Information technology	0.						
15	Royalties	0.						
16	Occupancy	0.						
17	Travel	0.						
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
	Conferences, conventions, and meetings	0.						
20	Interest	7,416,462.		1				
21	,	0.						
22		12,652,190.						
23	Insurance	0.						
24								
	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.) COST OF POWER	45,455,307.						
u	DISTRIBUTION EXPENSE	17,743,129.						
	CUSTOMER ACCOUNTS	6,995,146.						
-	TRANSMISSION EXPENSE	2,575,932.						
_		220,806.						
	All other expenses Add lines 1 through 24e	133,956,999.		+				
	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 SOP 98-2 (ASC 958-720)	0.						

Form 990 (2020) Page **11** 

# Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,786,735.	1	5,483,674.
	2	Savings and temporary cash investments	2,101,619.	2	101,808.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	11,859,964.	4	12,577,316.
	5	Loans and other receivables from 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	0.	5	0.
	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)	0.	6	0.
ts	7	Notes and loans receivable, net	6,073.	7	28,995.
Assets	8	Inventories for sale or use	4,050,117.	8	3,845,174.
Ą	9	Prepaid expenses and deferred charges	6,146,802.	9	6,538,466.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	283,321,313.	10c	286,982,379.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	8,910,824.	13	9,313,095.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	3,560,264.	15	2,748,891.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	324,743,711.	16	327,619,798.
	17	Accounts payable and accrued expenses	20,044,161.	17	23,147,805.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	17,608,944.	19	19,686,843.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	161,364,832.	23	153,304,035.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	457,198.	25	493,478.
	26	Total liabilities. Add lines 17 through 25	199,475,135.	26	196,632,161.
ces		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	59,518,263.	29	60,693,652.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.	48,927,499.	30	51,292,347.
SS	31	Retained earnings, endowment, accumulated income, or other funds	16,822,814.	31	19,001,638.
Net Assets or	32	Total net assets or fund balances	125,268,576.	32	130,987,637.
Š	33	Total liabilities and net assets/fund balances	324,743,711.	33	327,619,798.
_	00	Total nabinates and flet assets/fully balaffees, , , , , , , , , , , , , , , , , , ,	521,,15,,11.	JJ	Form <b>990</b> (2020)

Form 990 (2020) Page **12** 

Part :						$\overline{}$	
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	35,5	08,7	03.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	33,9			
3	Revenue less expenses. Subtract line 2 from line 1	3		1,551,704			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	125,268,576			76.	
5	Net unrealized gains (losses) on investments	5		0.			
6	Donated services and use of facilities	6				0.	
7	7 Investment expenses						
8	·						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		4,1	67,3	357.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))						
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	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?			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c			
	If the organization changed either its oversight process or selection process during the tax year, experiences of the control of the organization changed either its oversight process or selection process during the tax year, experiences of the control of the organization changed either its oversight process or selection process during the tax year, experiences of the control of the organization changed either its oversight process or selection process during the tax year, experiences of the control of the organization changed either its oversight process or selection process during the tax year, experiences of the control of the						
	Schedule O.	-					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b			

#### **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.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HOI	Y CROSS ELECTRIC ASSOCIATION, INC.	84-0229176
$\overline{}$	organizations Maintaining Donor Advised Funds or Other Similar Funds or	r 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 f	unds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
•	Preservation of open space	the form of a consequation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
_	easement on the last day of the tax year.	
a	Total number of conservation easements	2a   2b
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)	20 2c
c d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	
•	tax year ▶	mated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>	
7	$Amount\ of\ expenses\ incurred\ in\ monitoring,\ inspecting,\ handling\ of\ violations,\ and\ enforcing\ constraints$	conservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIII, describe now the organization reports conservation easements in its revenue an	a expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financ organization's accounting for conservation easements.	cial statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Δesets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	A Social
1a		ie statement and halance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu 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 t	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	statement and balance sheet works of search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

Schedule D (Form 990) 2020 Page **2** 

Da	rt III Organizations Maintaini	ing Callections	of Art Histo	rical Trea	SUPAS AI	Other Similar	Assats (c	ontinuc		gc =
	Using the organization's acquisition									ito
3			na otner reco	ius, check	arry or the	e ronowing that i	nake sign	ilicani t	ise oi	แร
	collection items (check all that app	iy):		¬						
а	Public exhibition		d	_	exchange	e program				
b	Scholarly research		e	_ Other _						
С	Preservation for future gene									
4	Provide a description of the organ	nization's collect	ions and expl	ain how the	ey further	the organization	's exempt	purpos	e in F	Part
	XIII.									
5	During the year, did the organization							_		
	assets to be sold to raise funds rath	ner than to be m	aintained as pa	art of the or	ganizatior	n's collection?		Yes		No
Pa	rt IV Escrow and Custodial A	rrangements.								
	Complete if the organiza	ation answered	"Yes" on For	m 990, Pa	rt IV, line	9, or reported a	ın amoun	t on Fo	rm	
	990, Part X, line 21.									
1 a	Is the organization an agent, trus	tee, custodian	or other intern	nediary for	contribut	ions or other ass	ets not			
	included on Form 990, Part X?						[	Yes		No
b	If "Yes," explain the arrangement i									
							Amount			
С	Beginning balance				1c					
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a						ustodial account lia	ability?	Yes		No
	If "Yes," explain the arrangement i									
	rt V Endowment Funds.			74101101111	ше жеет. р					
	Complete if the organiza	ation answered	"Yes" on For	m 990. Pa	rt IV. line	10.				
	о отпристо и иле отденица	(a) Current year			(c) Two yea		ears back	(e) Four	vears b	ack
	De alesta a aformada la la casa	(4) 5 2 1 1 2 1 1 7 2 2 1	(,	,		(4)		(-,	,	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage		ear end baland	e (line 1g, c	olumn (a))	held as:				
а	9 1	nent ▶	%							
b	Permanent endowment	%								
С	Term endowment ▶	_%								
	The percentages on lines 2a, 2b, a	and 2c should eq	ual 100%.							
3a	Are there endowment funds not in	the possession	of the organiza	ation that ar	e held an	d administered for	the	_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organizations	listed as requir	ed on Sched	dule R?			3b		
4	Describe in Part XIII the intended u	uses of the orga	nization's endo	wment fund	S.					
Pa	rt VI Land, Buildings, and Equation Complete if the organiz					44 0 =			4.5	
	Complete if the organiz									
	Description of property		ost or other basis investment)	(b) Cost or (other		(c) Accumulated depreciation	(d)	Book val	ue	
1a	Land	,	,		0,972.			3,81	0,9	72.
b	Buildings				0,330.	11,844,640.		50,68		
c	Leasehold improvements					<u> </u>				
d	Equipment.			368,33	4,198.	158,255,345.	2	210,07	78,8	53.
	Other				8,751.	251,887.	_	22,40		
	I. Add lines 1a through 1e. (Column		Form 990. Part				2	286,98		

Schedule D (Form 990) 2020

	escription of security or category	(b) Book value	Part IV, line 11b. See Form 990, Part X, lin (c) Method of valuation:	16 12.
( <b>a)</b> De	including name of security)	(b) Book value	Cost or end-of-year market value	
1) Financial deri	ivatives			
2) Closely held	equity interests			
<b>3)</b> Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Column (b) mu	ust equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
	estments - Program Related. mplete if the organization answe	red "Yes" on Form 990, F	Part IV, line 11c. See Form 990, Part X, lir	ne 13.
(a	a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
1)				
2)				
3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ust equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX Oth	er Assets.			
Cor	nplete if the organization answe	red "Yes" on Form 990, F	Part IV, line 11d. See Form 990, Part X, lir	ne 15.
	(a	Description	<b>(b)</b> Boo	k value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (	(B) line 15.)	<b>•</b>	
	er Liabilities.			
Cor		red "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	art X,
IIIIE		cription of liability	(h) Boo	ok value
		- 1 · - · · · · · · · · · · · · · · · ·	(3) 200	
				193,478
(1) Federal inc	DEPOSITS			, , , ,
(1) Federal inco (2) CONSUMER	DEPOSITS		1	
(1) Federal inco (2) CONSUMER (3)	DEPOSITS			
(1) Federal inco (2) CONSUMER (3)	DEPOSITS			
(1) Federal inco (2) CONSUMER (3) (4)	DEPOSITS			
(1) Federal inco (2) CONSUMER (3) (4) (5)	DEPOSITS			
(1) Federal inc. (2) CONSUMER (3) (4) (5) (6)	DEPOSITS			
(1) Federal inco (2) CONSUMER (3) (4) (5) (6) (7)	DEPOSITS			
(1) Federal inco (2) CONSUMER (3) (4) (5) (6) (7) (8) (9)	must equal Form 990, Part X, col. (B) line :			193,478

Page 4 Schedule D (Form 990) 2020

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1 2 a b c	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	1	
e 3 4	Add lines 2a through 2d	2e 3	
a b c 5 Part	Other (Describe in Part XIII.)	4c 5	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2e	
3 4 a b c	Subtract line 2e from line 1	3 4c	
Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	Part V,	line 4; Part X, line

Part XIII Supplemental Information (continued)

### **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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOLY CROSS ELECTRIC ASSOCIATION, INC.

Employer identification number

84-0229176

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

#### 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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRYAN HANNEGAN		414,266.	79,954.	0.	96,219.	42,367.	632,806.	0.
1 PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW SCHILLER	(i)	162,524.	16,768.	0.	57,528.	42,680.	279,500.	0.
2 <sup>VP FINANCE</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
BARRY CROISSANT	(i)	147,569.	10,713.	10,719.	120,371.	41,638.	331,010.	0.
MANAGER, PURCHASING AND FACILI	(ii)	0.	0.	0.	0.	0.	0.	0.
RUSSELL WINDER	(i)	147,767.	11,571.	0.	59,534.	41,726.	260,598.	0.
MANAGER, CONSTRUCTION ENGINEER	(ii)	0.	0.	0.	0.	0.	0.	0.
KENNETH ROBERTS	(i)	150,063.	11,450.	15,948.	81,050.	27,988.	286,499.	0.
5 MANAGER, SYSTEM OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN ROWLEY	(i)	173,069.	18,174.	2,810.	70,164.	42,793.	307,010.	0.
6 PHUMAN RESOURCES & RISK MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNA WEATHERRED	(i)	170,533.	17,789.	0.	66,398.	41,913.	296,633.	0.
7 <sup>VP</sup> MEMBER AND COMMTY RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
RICK ARNHOLD	(i)	181,490.	18,637.	813.	119,293.	41,982.	362,215.	0.
8 P EAGLE/VAIL DISTRICT	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN BEUNING	(i)	173,517.	17,773.	0.	69,861.	41,913.	303,064.	0.
9 <sup>VP</sup> POWER SUPPLY AND PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID BLEAKLEY	(i)	177,107.	18,174.	13,980.	91,646.	41,945.	342,852.	0.
10 <sup>VP</sup> ENGINEERING	(ii)	0.	0.	0.	0.	0.	0.	0.
BOB FARMER	(i)	170,615.	17,708.	22,136.	68,740.	42,755.	321,954.	0.
11 P INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID O'NEIL	(i)	176,803.	18,174.	0.	75,894.	42,793.	313,664.	0.
12 <sup>VP OPERATIONS</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

#### Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

BOARD MEMBERS USE DISCRETIONARY ACCOUNT TO ATTEND INDUSTRY SPECIFIC

TRAINING OR CONFERENCES THAT ARE NOT DIRECTLY RELATED TO THEIR BOARD

OF DIRECTOR DUTIES.

### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

84-0229176

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection is at www.irs.gov/form990.

Inspection is at www.irs.gov/form990.

FORM 990, PART VI, SECTION A, LINE 6

HOLY CROSS ELECTRIC ASSOCIATION, INC.

HOLY CROSS ELECTRIC ASSOCIATION IS A MEMBER OWNED COOPERATIVE.

FORM 990, PART VI, SECTION A, LINE 7A

MEMBERS OF HOLY CROSS ELECTRIC NOMINATE AND ELECT THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B

MERGERS AND/OR CONSOLIDATIONS REQUIRE APPROVAL BY A 2/3 MAJORITY VOTE

OF THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 8B

NO COMMITTEE HAS THE AUTHORITY TO ACT FOR THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF FINANCE, THE CEO,

AND THE ACCOUNTING MANAGER PRIOR TO SUBMITTAL. THE BOARD OF DIRECTORS

IS ALSO SUPPLIED WITH DRAFT COPIES FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C

EACH DIRECTOR MUST SELF CERTIFY ANNUALLY THAT THEY DO NOT HAVE ANY

CONFLICTS OF INTEREST AND ARE QUALIFIED TO CONTINUE BEING A DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15A

THE CEO'S COMPENSATION IS SET BY THE BOARD OF DIRECTORS UTILIZING

Name of the organization

HOLY CROSS ELECTRIC ASSOCIATION, INC.

Employer identification number
84-0229176

SALARY DATA FOR GENERAL MANAGER'S STATEWIDE AND NATIONALLY. SURVEY

DATA IS GATHERED THROUGH MOUNTAIN STATES EMPLOYERS COUNCIL, CREA, AND

OTHER COOPERATIVE SURVEYS UTILIZED TO SET COMPENSATION LEVELS. THE

LAST SURVEY WAS COMPLETED IN 2020.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS ARE AVAILABLE ON THE HOLY CROSS ENERGY WEBSITE. ALL NEW

MEMBERS ARE SENT A WELCOME LETTER EXPLAINING WHERE THE DOCUMENTS CAN

BE FOUND.

FORM 990, PART IX, LINE 4

THE INSTRUCTIONS TO THE FORM 990 INDICATE THAT ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(12) SHOULD REPORT "PATRONAGE DIVIDENDS PAID" TO THEIR MEMBERS IN PART IX, LINE 4 OF THE FORM 990. THE COOPERATIVE HAS INTERPRETED THE WORDS "PATRONAGE DIVIDENDS PAID" IN THE INSTRUCTIONS TO MEAN MARGINS THAT ARE ASSIGNED OR ASSIGNABLE TO THE MEMBERS. THEREFORE, THE AMOUNT LISTED IN PART IX, LINE 4, REPRESENTS THE NET OPERATING MARGINS ASSIGNABLE TO THE MEMBERS FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2020.

FORM 990, PART XI, LINE 9

2020 PATRONAGE ALLOCATED TO MEMBERS: \$8,131,892

CHANGE IN PATRONAGE CAPITAL: \$1,175,389

OTHER MARGINS & EQUITIES: \$2,364,848

OPERATING MARGIN - PRIOR YEAR: \$(7,504,772)

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Page 2 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization Employer identification number HOLY CROSS ELECTRIC ASSOCIATION, INC. 84-0229176

TOTAL OTHER CHANGES

\$4,167,357

FORM 990, PART XII, LINE 2

HOLY CROSS ELECTRIC ASSOCIATION'S FINANCIAL STATEMENT YEAR END DIFFERS

FROM ITS TAX YEAR END. THE COOPERATIVE RECEIVES AUDITED FINANCIAL

STATEMENTS ON AN ANNUAL BASIS FOR THE YEAR ENDED APRIL 30TH.

ATTACHMENT 1

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ADVANCED UNDERGROUND CONSTRUCTION, LLC PO BOX 67 GLENWOOD SPRINGS, CO 81602	EXCAVATION	2,263,259.
MCCARTER AND ENGLISH, LLP 100 MULBERRY STREET NEWARK, NJ 07102	LEGAL	395,500.
WARD ELECTRIC COMPANY, INC 9586 E I-25 FRONTAGE ROAD LONGMONT, CO 80504	CONSTRUCTION	1,252,737.
VEGETATION MANAGEMENT WEST, LP 6635 ROLLING HILLS RD HOTCHKISS, CO 81419	ROW MAINTENANCE	239,569.
STAKE CENTER LOCATING PO BOX 603663 CHARLOTTE, NC 28260	UNDERGROUND LOCATING	292,101.

(e) End-of-year assets

(d) Total income

#### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Primary activity

(c) Legal domicile (state

or foreign country)

Department of the Treasury Internal Revenue Service

Part I

(1)

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

OMB No. 1545-0047 Open to Public Inspection

(f) Direct controlling

entity

Name of the organization Employer identification number HOLY CROSS ELECTRIC ASSOCIATION, INC. 84-0229176

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

(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if the tax year.	l ne org	janization answ	ered "Yes" on F	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activ	ity	(c) Legal domicile (state or foreign country		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
(1)								Yes	No
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
For Panel	rwork Reduction Act Notice see the Instructions for Form 9	90					Schedule R	(Form 9	90) 2020

Name, address, and EIN (if applicable) of disregarded entity

Schedule R (Form 990) 2020 Page **2** 

	THE COURT OF THE PARTY OF THE PARTY OF THE PARTY OF THE COURT OF THE C
Dow4 III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,
Part III	handling it had and ar mary related arganizations treated as a partnership during the tay year
	because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) (d) Legal Direct controlling domicile (state or foreign country)		y Legal Direct controlling domicile (state or foreign Controlling of the foreign Controlling domicile (state or foreign controlling domicine (state or foreign controlling dom		Predominant   Chara of total   Chara of an		Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No		
_(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512( cont en:	ction b)(13) rolled tity?
(1) ENERGY AND SERVICES EXPERTS 84-1382092									
PO BOX 2150 GLENWOOD SPRINGS, CO 81602	COMMUNICATION	CO	HCEA	C CORP	-275.	8,098.	100.0000	Х	
(2)									ı
(3)									ı
<u>(4)</u>									i
(5)									ĺ
									<u> </u>
(6)									i
									<u> </u>
<u>(7)</u>									i
									i

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

Schedule R (Form 990) 2020

Schedule K (F	Fulli 950/ 2020	raye .
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
e	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	Х
	Sale of assets to related organization(s)				1g	X
	Purchase of assets from related organization(s).				1h	X
ï	Exchange of assets with related organization(s).				1i	X
	Lease of facilities, equipment, or other assets to related organization(s).				1j	X
,	Lease of facilities, equipment, of other assets to related organization(s).					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х
ï	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
, m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	X
'n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
	Sharing of paid employees with related organization(s)				10	X
U	onaring or paid employees with related organization(s)				. •	
n	Reimbursement paid to related organization(s) for expenses				1р	Х
a	Reimbursement paid by related organization(s) for expenses				1q	X
ч	Treilinguisement paid by related organization(3) for expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				- 4	
r	Other transfer of cash or property to related organization(s)				1r	Х
S	Other transfer of cash or property from related organization(s).				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this	is line, including cove	red relationships and transa	action thre		
	(a)	(b)	(c)		(d)	
	Name of related organization	Transaction	Amount involved	Method		
		type (a-s)		amou	ınt involv	/ea
(1)						
(2)						
(3)						
(4)						
<b>(</b> E\						
(5)				<del>                                     </del>		
(6)						
(0)				1		

Yes No

Schedule R (Form 990) 2020 Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
(4)			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
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Schedule R (Form 990) 2020 Page 5

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.