Form	9	9	0
Departm	nent o	f the	Treasury

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2021 Open to Public

OMB No. 1545-0047

Inter	nal Reve	enue Servic	e			Infor	matior	<u>about</u>	Form	990 a	nd its	instructior	ıs is	at www.	irs.gov/	form	990.			Ins	pectic	n
A F	or th	e 2021	caler	dar year, o	r ta	х уеа	ar beg	inning					а	nd end	ing							
D			C Name	e of organizatior	n											DE	Employe	iden	tifica	tion numb	er	
Вс	heck if ap	oplicable:	HOL	Y CROSS	ELI	ECTI	RIC A	ASSOC	IAT	LON,	INC	•										
	Addre		Doing	Business As												8	34-02	291	.76			
	Name	e change	Numb	per and street ((or P.	.O. bo	k if mail i	s not del	livered t	to street	addres	s)	Ro	om/suite		ΕТ	elephon	e nun	nber			
	Initial	return	P.C	. BOX 21	.50												(970)	945	5 - 5	491		
	Termi	inated	City c	or town, state o	r pro	vince,	country	, and ZIF	or fore	eign pos	tal code	Э										
	Amen returr		GLE	NWOOD SP	RII	NGS	, CO	8160	2-21	150						G	Gross rec	eipts	\$	144,2	224,	911.
	Applic pendi	cation	F Name	e and address o	of prii	ncipal	officer:	В	RYAN	I HAI	NNEG	AN				H(a)	Is this a subordina		return	for	Yes [χNα
		-	3799	HIGHWAY	82	2, (GLENV	100D	SPRI	INGS	, CO	81601				H(b)	Are all su		ites incl	uded?	Yes	No
I	Tax-ex	empt stat	tus:	501(c)(3)		Xt	501(c) (12) <	🜒 (in	sert no.)	4947(a)(1)) or	5	27		lf "No," a	attach	a list.	(see instruction	ons)	
J	Websi	te: 🕨	WWW.	HOLYCROS	s.	СОМ										H(c)	Group e	kemptio	on nur	mber 🕨		
κ	Form of	of organiz	zation:	X Corporatio	on	T	ust	Assoc	iation	0	ther 🕨	•		L Year	of format	ion: 1	1939	M St	tate o	f legal dom	icile:	CO
P	art I	Sum	nmary																			
	1	Briefly	descrit	be the organiz	zatio	on's m	nission	or most	t signif	icant a	ctivities	s: HOLY	CR	ROSS E	ENERG	Y_P	ROVII	DES				
e		SAFE	, RE	LIABLE,	AFE	FORI	ABLE	, AN	D SU	JSTA	NAB	LE ENER	GY	AND S	SERVI	CES	THAT	Г				
nan		IMPR	OVE_	THE QUAL	IΤλ	Y_OF	LIF	E_FO	R_OU	JR_MI	MBEI	RS AND	THE	EIR CO	OMMUN	ITI	ES.					
Activities & Governance	2	Check	this bo	x 🕨 📃 if t	he c	organ	ization	discont	tinued	its op	eratior	ns or dispos	sed o	f more th	nan 25%	of its	s net as	sets.				
ŝ	3	Numbe	er of vo	ting members	s of t	the g	overnin	g body	(Part ∖	/I, line	1a) _							. L:	3			7
کھ دی	4	Numbe	er of ind	dependent vot	ting	mem	bers of	the go	vernin	ig body	(Part	VI, line 1b)						. [4			7
itie	5			of individuals															5			180
÷				of volunteers															6		N	JONE
¥	7a	Total u	nrelate	d business re	evenu	ue fro	m Part	VIII, col	lumn (C), line	12							. 7	'a			
				business tax															'b			
																Prie	or Year			Curre	nt Yea	ar
ø	8	Contrib	outions	and grants (P	Part ∖	/III, lir	ne 1h)								1			NON	ΝE			NONE
nue	9			ice revenue (P									PY F		1	.34,	,653,	887	'.	143,5	556,	574.
Revenue	10			come (Part V								PUBLIC	INSP	PECTION			509,	050).		-8,	,219.
œ	11	Other r	evenu	e (Part VIII, c	olum	nn (A)	, lines (5, 6d, 8	c, 9c, ⁻	10c, ar	d 11e)						345,	766	5.	4	413,	796.
	12			- add lines 8												.35,	,508,	703		143,9	962,	151.
	13	Grants	and si	milar amounts	s pai	id (Pa	rt IX, co	blumn (<i>i</i>	A), line	s 1-3)								NOI	ΝE			NONE
	14	Benefit	s paid	to or for mem	bers	s (Par	t IX, co	lumn (A	.), line	4)						8	,131,	892	2.	8,8	383,	301.
ŝ	15			r compensati												32,	,766,	135	5.	33,5	534,	045.
Expenses	16a	Profess	sional f	undraising fee	es (F	Part IX	K, colum	nn (A), I	ine 11	e)								NOI	ΝE			NONE
ďX	b	Total fu	undrais	ing expenses	(Par	rt IX, (column	(D), lin	e 25) 🕽	▶												
ш	17	Other e	expens	es (Part IX, co	olum	n (A)	, lines 1	1a-11d	l, 11f-2	24e)						93,	,058,	972	2.	100,5	561,	429.
	18	Total ex	xpense	s. Add lines '	13-1	7 (m	ust equ	al Part I	X, colu	umn (A), line	25)			1	.33,	,956,	999	۱.	142,9	978,	775.
	19	Revenu	ue less	expenses. Su	ubtra	act lin	e 18 fro	om line [·]	12							1,	,551,	704		9	983,	376.
s or															Begin	ning	of Curre	nt Yea	ar	End c	of Year	
Net Assets or Fund Balances	20			Part X, line 16												327,	,619,	798		346,5	769,	060.
t As d B	21			s (Part X, line												.96,	,632,	161		210,4	124,	174.
Pure	22	Net ass	sets or	fund balance	es. S	Subtra	ct line 2	21 from	line 20)				<u></u>	. 1	.30,	,987,	637	'.	136,3	344,	886.
Pa	ırt II	Sig	nature	Block																		
Un	der per	nalties of	perjury	, I declare that a. Declaration of	I ha	ive exa	amined to	this retu	rn, incl	uding a sed on	ccomp	anying scheo	dules	and state	ements, a	and to	the bes	tofn	ny kr	nowledge a	nd bel	ief, it is
	, 00110		ompion		i proj				1) 10 54	000 011						101110						
Ci.																		5/09	9/2	022		
Sig He		∣ ► s	Signatur	e of officer													Date					
IIC.	e			HANNEGA								PR	ESI	IDENT	AND (CEO						
				print name and	title								,				,	,				
Paic	4	Print/T	ype pre	parer's name				Prep	arer's s	ignature	9			Date			Check	if		ΠN		
	a parer	AMBE	r s	HERRILL													self-emp	loyed	P	007486	583	
	Only	Firm's r	name	► FORVIS	5,	LLP										Firm	's EIN 🖡	•				
	•			▶ P.O. E													ne no.			<u>1-372-</u>	104	0
May	the I	RS disc	uss thi	s return with	the p	prepa	rer sho	wn abov	ve? (se	e instr	uctions	s)	<u></u> .	<u></u> .	<u></u> .	<u></u>	<u></u>	<u></u> .		X Yes	3	No
				ion Act Notic																	990	(2021)

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Name of exempt organization or other filer, s	see instructions.	Тахрауе	er identification number (7	TIN)
orint	HOLV GROCE ELEGERIC ACCOST			84-0229176	
ile by the	HOLY CROSS ELECTRIC ASSOCI Number, street, and room or suite no. If a P.			84-0229170	
ue date for	P.O. BOX 2150	,			
ling your eturn. See	City, town or post office, state, and ZIP code	e. For a foreign ad	dress, see instructions.		
nstructions.	GLENWOOD SPRINGS, CO 81602	•			
Enter the Re	eturn Code for the return that this application		a separate application for each r	eturn)	01
Application		Return	Application		Return
s For		Code	Is For		Code
orm 990 or	Form 990-EZ	01	Form 1041-A		08
orm 4720 ((individual)	03	Form 4720 (other than individ	lual)	09
orm 990-PF	-	04	Form 5227		10
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
orm 990-T	(trust other than above)	06	Form 8870		12
orm 990-T	(corporation)	07			
 If the organized of the org	e No. \blacktriangleright 970 945-5491 anization does not have an office or place or a Group Return, enter the organization e group, check this box \blacktriangleright	e of business ir 's four digit Gro] . If it is for pa	oup Exemption Number (GEN) _ art of the group, check this box .		
 If the orga If this is for or the whole list with the I reque for the 	e No. ► <u>970 945-5491</u> anization does not have an office or place or a Group Return, enter the organization e group, check this box ► E <u>e names and TINs of all members the ex</u> est an automatic 6-month extension of tin organization named above. The extension	e of business in 's four digit Gro] . If it is for pa tension is for. ne until	Fax No. ►		. If this is nd attach
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 If the orga If this is for or the whole list with the 1 I reque for the X X X 2 If the ta C 3a If this nonrefue b If this estimate c Balance 	e No. ► <u>970 945-5491</u> anization does not have an office or place or a Group Return, enter the organization e group, check this box ► [e of business in 's four digit Gro] . If it is for pa tension is for. ne until on is for the or , 20 12 months, che 0-T, 4720, or 0-T, 4720, or r year overpayr a. Include you	Fax No. ►	o file the exempt organ o file the exempt organ , 20 Final return ax, less any credits and 3b \$ required, by	. If this is id attach nization return
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If the orga If this is for or the whole list with the I I reque for the ► X ► 2 If the ta C 3a If this nonrefue b If this estimate c Balanc using E	e No. ► <u>970 945-5491</u> anization does not have an office or place or a Group Return, enter the organization e group, check this box ► [e of business in 's four digit Gro] . If it is for pa tension is for. ne until on is for the or , 20	Fax No. ► the United States, check this be pup Exemption Number (GEN) art of the group, check this box 	o file the exempt organ o file the exempt organ , 20 Final return ax, less any credits and 3b \$ required, by 3c \$. If this is id attach nization return NON

-	m 990 (202	1)			Page 2
Pa	art III	Statement of Program Service Accompl			
-		Check if Schedule O contains a response	e or note to any line in this Part III	<u></u>	•
1		escribe the organization's mission:			
	-	CROSS ENERGY PROVIDES SAFE, I INABLE ENERGY AND SERVICES T			
		UR MEMBERS AND THEIR COMMUNIT		OF LIFE	
	1010 0	OR MEMBERS AND THEIR COMMONT.	110.		
2	Did the	organization undertake any significant pro	ogram services during the year wh	nich were not listed on the	
	prior Fo	m 990 or 990-EZ? describe these new services on Schedule (X No
3	Did the	organization cease conducting, or mal	ke significant changes in how		X No
		describe these changes on Schedule O.			
4	expense	the organization's program service acc s. Section 501(c)(3) and 501(c)(4) organ expenses, and revenue, if any, for each pro	nizations are required to report the		
4a) (Expenses \$)
	-	CROSS ENERGY IS A COOPERATIVI			
	-	NG 58,000+ ACTIVE METERS. HO			
		RS; FROM MAJOR SKI RESORTS II			
		RMS, RANCHES, AND FRIENDLY RU			
		E AND RESOURCES FOR THE TOUR: TRIES.	ISM AND OUTDOOR RECREAT	ION	
	INDUS	IRIES.			
4b	(Code:) (Expenses \$]	including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	` -			, ``,	
4d	Other or	ogram services (Describe on Schedule O.)			
Ψu	(Expense) (Revenue \$)	
4e	<u>``</u>	gram service expenses ►	, (λοτοπαό φ	/	
JSA				Form 99	0 (2021)
1 - 1	020 1.000 5223	PT K925 08/02/2022 13:34:44	V21-6.1F 1196868		. ,

	990 (2021)		F	-age 3
Part	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	NO
	complete Schedule A.	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		Х
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		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
Ŭ	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? If "Yes,"			
•	complete Schedule D, Part III	8		X
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,"		37	
h	complete Schedule D, Part VI Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a	X	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	
1	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12 a	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)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
D D	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		x
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		x
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		x
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
		141		

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Page 4

Part	V 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		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	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 70	\$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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception.	240		<u> </u>
U		24c		
ا م	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
		240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		
	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		<u> </u>
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		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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		х
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		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	
	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		х
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			
2.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	ĺ
Part				·
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
5	reportable gaming (gambling) winnings to prize winners?	1c	х	
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HOLY CROSS ELECTRIC ASSOCIATION, INC.

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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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 180			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a .	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	c h		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the experimentary matrix f and f and f			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		
	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		
	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		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
:	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
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		
	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 the instructions and file Form 4720, Schedule N.			
	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.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form 9	90 (2021	HOLY CROSS ELECTRIC ASSOCIATION, INC. 84-0229	9176	F	Page 6
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.			
		Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A.	Governing Body and Management		¥	N
				Yes	No
1a		the number of voting members of the governing body at the end of the tax year 1a 7	-		
	if the	e are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar			
	comm	ittee, explain on Schedule O.			
b		the number of voting members included on line 1a, above, who are independent 1b 7	-		
2	Did ar	ny officer, director, trustee, or key employee have a family relationship or a business relationship with			
		her officer, director, trustee, or key employee?	2		X
3	Did th	e organization delegate control over management duties customarily performed by or under the direct			
	-	vision 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	e organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		e organization have members or stockholders?	6	X	
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint			
		more members of the governing body?	7a	X	
b		ny governance decisions of the organization reserved to (or subject to approval by) members,			
	stockh	nolders, or persons other than the governing body?	7b	X	
8		e organization contemporaneously document the meetings held or written actions undertaken during			
	-	ar by the following:	-		
а	The go	overning body?	8a	X	
b	Each	committee with authority to act on behalf of the governing body?	8b		X
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	,	X
Secti	on B. I	Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	N
				res	No
		e organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes	s," did the organization have written policies and procedures governing the activities of such chapters,			
		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the	e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b		ibe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		e organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give			
		conflicts?	12b	X	
С	Did th	e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		be on Schedule O how this was done	12c	X	
13	Did th	e organization have a written whistleblower policy?	13	X	
14	Did the	e organization have a written document retention and destruction policy?	14	Х	
15	Did th	e process for determining compensation of the following persons include a review and approval by			
	indepe	endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The or	ganization's CEO, Executive Director, or top management official	15a	X	
b	Other	officers or key employees of the organization	15b	X	
		" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a	taxable entity during the year?	16a	X	
b	If "Yes	s," did the organization follow a written policy or procedure requiring the organization to evaluate its			
		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		zation's exempt status with respect to such arrangements?	16b	Х	
Secti	on C.	Disclosure			
17	List th	e states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>CO</u> ,			
18	Sectio	n 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 or	hly) available for public inspection. Indicate how you made these available. Check all that apply. Dwn website Another's website Upon request Other <i>(explain on Schedule O)</i>	-		. /
19	Descr	be on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	of inte	rest n	olicv
		nancial statements available to the public during the tax year.		· P	, ,
20		the name, address, and telephone number of the person who possesses the organization's books and record	ds ►		
		EW SCHILLER 3799 HIGHWAY 82 GLENWOOD SPRINGS,, CO 81601			
		945-5491	Form	990	(2021)
JSA 1E1042	1.000				
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HOLY CROSS ELECTRIC ASSOCIATION, INC

84-0229176

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Part VII	Compensation of	Officers,	Directors,	Trustees,	ney	Employees,	Hignest	Compensated	Employees,	ano
	Independent Contra									
	Check if Schedule O	contains a re	esponse or n	ote to any line	e in this	s Part VII				. X

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

					C)					
(A)	(B)	(do r			ition	e than c		(D)	(E)	(F)
Name and title	Average hours					is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	· ·				tor/trust		from the	from related	compensation
	(list any	9 5	5	0	2	φI	Ţ	organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	dual	Ition	-	nplo	st co	Ť	1099-NEC)	1099-NEC)	related organizations
	below	rus	al tr		yee	mp				
	dotted line)	tee	Jste			ensa				
			æ			Ited				
(1) BRYAN HANNEGAN	45.00	-								
PRESIDENT AND CEO	NONE			Х				530,911.	NONE	135,332.
(2) JAMES RAY	45.00	-								
MANAGER, GWD LINE OPERATIONS	NONE					X		170,418.	NONE	258,996.
(3) RICK ARNHOLD	45.00	-								
VP EAGLE/VAIL DISTRICT	NONE				X			289,739.	NONE	113,985.
(4) DAVID BLEAKLEY	45.00	-								
VP ENGINEERING	NONE				X			224,309.	NONE	137,523.
(5) BARRY CROISSANT	45.00	-								
MANAGER, FACILITIES	NONE					X		180,808.	NONE	157,646.
(6) JOHN ROWLEY	45.00									
VP HUMAN RESOURCES & RISK MGMT	NONE				X			221,047.	NONE	116,534.
(7) BOB FARMER	45.00	-								
VP INFORMATION TECHNOLOGY	NONE				X			219,530.	NONE	107,221.
(8) DAVID O'NEIL	45.00	-								
VP OPERATIONS	NONE				X			205,731.	NONE	118,272.
(9) JENNA WEATHERRED	45.00	-								
VP MEMBER & COMMTY RELATIONS	NONE				X			204,494.	NONE	107,088.
(10) ANDREW SCHILLER	45.00							100 004		04.056
VP FINANCE	NONE			X				186,274.	NONE	94,356.
(11) MANUEL GOMEZ	45.00	-						186 414		100 144
MANAGER, IT INFRASTRUCTURE	NONE					X		176,414.	NONE	102,144.
(12) MICHAEL WHIDDON	45.00	-						181 001		104 254
MANAGER, ACCOUNTING	NONE					X		171,901.	NONE	104,354.
(13) JOSH SNODDY	45.00					37		100 500		00 071
MANAGER, OPS TECHNOLOGY	NONE		-	-	-	X	-	180,589.	NONE	88,071.
(14) DAVE MUNK	8.00	v						11 050		ΝΤΟΝΤΠ
DIRECTOR	NONE	Х						44,250.	NONE	
										Form 990 (2021)

(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s pei I a di	ition more rson irect	e than o is both <u>or/trust</u> e	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio related organizat	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
5) ADAM QUINTON	6.00										
DIRECTOR	NONE	X						32,000.		NONE	NO
6) KRISTEN BERTUGLIA	6.00										
DIRECTOR	NONE	Х						31,000.		NONE	NO
7) DAVID CAMPBELL	6.00										
DIRECTOR	NONE	X	\square					30,736.		NONE	NO
.8) ROBERT GARDNER	5.00	-									
DIRECTOR	NONE	X						30,500.		NONE	NC
9) ALEX DEGOLIA	4.00										
DIRECTOR	NONE	X						24,750.		NONE	NC
20) KEITH KLESNER	6.00	-									
DIRECTOR	NONE	X						15,250.		NONE	NC
21) ADAM PALMER	3.00	-									
DIRECTOR	NONE	X		_				1,750.		NONE	NC
	·	-									
		-									
b Sub-total								3,172,401.		NONE	1,641,52
c Total from continuation sheets to Part VII, S	Section A							NONE		NONE	NC
d Total (add lines 1b and 1c)								3,172,401.		NONE	1,641,52
2 Total number of individuals (including but not reportable compensation from the organization		hose	listeo	d ab		e) who 77	o re	ceived more than	\$100,000 c	of	Yes
B Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3
For any individual listed on line 1a, is the organization and related organizations gr individual.	eater than	\$15	50,00)0?	lf	"Yes	," (complete Schedu	sation from le J for s	the such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satic	on f	rom	n any	uni	related organization			5
Section B. Independent Contractors Complete this table for your five highest con compensation from the organization. Report of year.											

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 \blacktriangleright 22 JSA 1E1055 2.000

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HOLY CROSS ELECTRIC ASSOCIATION, INC.

Par	t VII						
		Check if Schedule O contains a respo	onse or note to ar				<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f g h	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g Total. Add lines 1a-1f 1		NONE			
			Business Code				
Program Service Revenue	2a b c d	ELECTRICITY SALES CAPITAL CREDITS AND PATRONAGE DIVIDENDS RENT FROM ELECTRIC PROPERTY	221000 221000 221000	142,436,343. 915,547. 204,684.	142,436,343. 915,547. 204,684.		
Pro	e f g	All other program service revenue	L	143,556,574.			
	3 4 5	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt bon	interest, and and d proceeds	65,126. NONE			65,126.
	5 6a b	(i) Real Gross rents 6a 32,974 Less: rental expenses 6b 56,850		NONE			
	С	Rental income or (loss) 6c -23,876					
	d 7a	Net rental income or (loss) (i) Securities Gross amount from sales of assets other than inventory 7a	(ii) Other	-23,876.			-23,876.
evenue	b	Less: cost or other basis and sales expenses 7b	205,910.				
Other Re	c d	Gain or (loss)		-73,345.			-73,345.
ð	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	NONE				
	b	Less: direct expenses 8b					
	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a		NONE			
	b c	Less: direct expenses	NONE	NONE			
	10a b	Gross sales of inventory, less returns and allowances	NONE				
	c	Net income or (loss) from sales of inventory		NONE			
neous ue	11a	JOBBING REVENUE	Business Code	336,376.			336,376.
ven	b	PARADIGM SUBSIDIARY DISTRIBUTION	900099	97,937.			97,937.
Miscellaneous Revenue	c d	All other revenue		3,359.			3,359.
	е 12	Total. Add lines 11a-11d Total revenue. See instructions		437,672. 143,962,151.	143,556,574.		405,577.

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 (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 8,883,301. Compensation of current officers, directors, 5 trustees, and key employees 3,222,582. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 19,823,662. 5,077,470. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 3,997,477. 9 1,412,854. 10 11 Fees for services (nonemployees): NONE a Management NONE **b** Legal NONE c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17 NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column NONE (A), amount, list line 11g expenses on Schedule O.) Advertising and promotion NONE 12 NONE 13 Office expenses 14 Information technology NONE NONE 15 Royalties Occupancy NONE 16 NONE 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest 7,228,547. 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 13,472,267. 22 NONE Insurance 23 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.) a COST OF POWER 51,298,886. 17,039,160 DISTRIBUTION EXPENSE b CUSTOMER ACCOUNTS 6,996,756. С d TRANSMISSION EXPENSE 4,188,065 337,748 e All other expenses Total functional expenses. Add lines 1 through 24e 142,978,775. 25 Joint costs. Complete this line only if the 26 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)

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Page	1	1	
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	Check if Schedule O contains a response or note to any line in this Pa	art X		Х
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	NONE	1	NON
2	Savings and temporary cash investments.	5,585,482.	2	8,962,829
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	12,577,316.	4	12,013,513
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	NONE	5	NON
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)	NONE	6	NON
ر 12	Notes and loans receivable, net	28,995.	7	477,747
Assets	Inventories for sale or use	3,845,174.	8	4,441,069
A B	Prepaid expenses and deferred charges SEE SCHEDULE O	6,538,466.	9	8,310,748
10 a	Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D 10a 482,896,140.			
b	Less: accumulated depreciation 10b 183,078,211.	286,982,379.	10c	299,817,929
11	Investments - publicly traded securities.	NONE		NOI
12	Investments - other securities. See Part IV, line 11	NONE		NOI
13	Investments - program-related. See Part IV, line 11	9,313,095.	13	9,799,320
14	Intangible assets	NONE		NOI
15	Other assets. See Part IV, line 11	2,748,891.	15	2,945,905
16	Total assets. Add lines 1 through 15 (must equal line 33)	327,619,798.	16	346,769,060
17	Accounts payable and accrued expenses	23,147,805.	17	24,282,334
18	Grants payable	NONE		NON
19	Deferred revenue	19,686,843.	19	20,206,234
20	Tax-exempt bond liabilities	NONE		NOI
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NOI
	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	NONE	22	NOI
ے 23	Secured mortgages and notes payable to unrelated third parties	153,304,035.	23	162,319,187
24	Unsecured notes and loans payable to unrelated third parties	NONE		NOI
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	493,478.	25	3,616,419
26	Total liabilities. Add lines 17 through 25	196,632,161.	26	210,424,174
	Organizations that follow FASB ASC 958, check here ►	190703271011	20	210/121/1/1
ö	and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions		27	
8 28	Net assets with donor restrictions		28	
pun-	Organizations that do not follow FASB ASC 958, check here ► 🛛 🛛			
Assets or Fund Balances 8 2 8 2 8 2 8 2 8 2 8 2 8 2 8 2 8 2 8 2	and complete lines 29 through 33. Capital stock or trust principal, or current funds	60,693,652.	29	62 121 120
30 ets	Paid-in or capital surplus, or land, building, or equipment fund	51,292,347.		62,121,430
	Retained earnings, endowment, accumulated income, or other funds		30	53,487,033
∀ 31 ਡ 32	Total net assets or fund balances	19,001,638.	31	20,736,423
te 32 X 33		130,987,637.	32	136,344,886
33	Total liabilities and net assets/fund balances	327,619,798.	33	346,769,060 Form 990 (202

	HOLY CROSS ELECTRIC ASSOCIATION, INC. 84-02	291	76			
-	00 (2021)				Pa	ge 12
Part						
	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				<u>151</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	2,9	78,	<u>775</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		9	83,	<u>376</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	0,9	87,	<u>637</u> .
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9		4,3	73,	873.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	13	6,3	44,	<u>886</u> .
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," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
Ū	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, e					
	Schedule O.	-piuiii	011			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
Ja	Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerao .	the			
, N	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		
					000	

SCHEE	DULE	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.

2 Open to Public

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990.			Open to Public
	nal Revenue Service	► Go to www.irs.gov/	/Form990 for instructions a	and the latest info		Inspection
Nam	e of the organization				Employer ide	ntification number
HO	LY CROSS ELECT	TRIC ASSOCIATION, INC.				229176
Pa		tions Maintaining Donor Adv			or Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, P	art IV, line 6.		
			(a) Donor advise	d funds	(b) Fund	s and other accounts
1	Total number at e	nd of year				
2	Aggregate value of	of contributions to (during year)				
3	Aggregate value o	of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizat	ion inform all donors and donor	advisors in writing that	the assets he	ld in donor adv	rised
	funds are the orga	nization's property, subject to the	e organization's exclusive	legal control?		Yes No
6		on inform all grantees, donors, a				
		e purposes and not for the bene				
_		nissible private benefit?				YesNo
Pa		tion Easements.	")/ " E 000 D			
		e if the organization answered				
1		servation easements held by the				
		n of land for public use (for example	, recreation or education)			Ily important land area
		of natural habitat	L	Preservatio	on of a certified	historic structure
~		n of open space	alal a succelification and and a		in the former of a	
2	•	through 2d if the organization he	eid a qualified conservat	ion contribution		a conservation at the End of the Tax Year
-		last day of the tax year.				
a ⊾		onservation easements			2a 2b	
b	-	tricted by conservation easements vation easements on a certified			20 2c	
c d		rvation easements included in (c			20	
u		isted in the National Register			2d	
3		rvation easements modified, tra			· · · · · · · · · · · · · · · · · · ·	organization during the
5	tax year ►			guistieu, or ter	initiated by the	organization during the
4	•	where property subject to conse	rvation easement is locat	ed 🕨		
5		ation have a written policy reg			ection handling	- of
Ū	-	orcement of the conservation ea			-	
6		hours devoted to monitoring, insp				
-	▶					
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violation	s, and enforcing	conservation e	asements during the year
	▶\$					
8	Does each conser	vation easement reported on line 2	2(d) above satisfy the req	uirements of se	ction 170(h)(4)(l	3)(i)
	and section 170(h)(4)(B)(ii)?				🗀 Yes 🗀 No
9	In Part XIII, descri	be how the organization reports	conservation easements	in its revenue a	and expense stat	ement and
		d include, if applicable, the text of	-	anization's fina	ncial statements	that describes the
		counting for conservation easeme				
Pa		tions Maintaining Collections			her Similar As	sets.
		e if the organization answered				
1a	If the organization	n elected, as permitted under FA treasures, or other similar asse	SB ASC 958, not to rep	port in its reve	nue statement a	and balance sheet works
	service, provide in	Part XIII the text of the footnote	to its financial statement	s that describes	s these items.	
b	If the organization	n elected, as permitted under F	ASB ASC 958, to report	in its revenue	e statement and	
	art, historical trea	sures, or other similar assets he	ld for public exhibition,			
		ing amounts relating to these iter				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1				► \$
_		d in Form 990, Part X				
2	•	n received or held works of a			r assets for fin	ancial gain, provide the
-		s required to be reported under F.				¢
a b	Assets included in	on Form 990, Part VIII, line 1		• • • • • • • •		• • • • • •
~						Ψ

For Pape	erwork Re	eduction	Act Notice, see th	e Instructions f	or Form 990.	
JSA						
1E1268 1.0	000					
5	223PT	K925	08/02/2022	13:34:44	V21-6.1F	1196868

Sched	ule D (Form 990) 2021 HOL	Y CROS	S ELECTH	RIC ASS	OCIATIC	N, IN	C.			84-0	0229176	Pag	ge 2
Par	t III Organizations Maintaini	ng Colle	ctions of	Art, Histo	orical Tre	easures	s, or	Other :	Similar A	Assets (continue	d)	
3	Using the organization's acquisition	on, acces	sion, and c	other reco	rds, checl	k any o	f the	followi	ng that r	nake sig	nificant u	se of	its
	collection items (check all that app	ly):											
а	Public exhibition			d	Loan	or excha	ange	progran	า				
b	Scholarly research			е	Other								
С	Preservation for future gene	rations											
4	Provide a description of the organ	nization's	collections	and expl	ain how t	they fur	ther	the org	anization	's exemp	ot purpose	e in P	art
	XIII.												
	During the year, did the organization												
	assets to be sold to raise funds rath			ained as pa	art of the	organiza	ation's	s collec	tion?		Yes		No
Par	t IV Escrow and Custodial A	-						-					
	Complete if the organiza	ation ansi	wered "Ye	es" on ⊦or	m 990, F	Part IV,	line	9, or re	ported a	in amou	nt on Fo	m	
	990, Part X, line 21.												
	Is the organization an agent, trus				-					sets not			
	included on Form 990, Part X?									• • • • l	Yes		No
b	If "Yes," explain the arrangement i	n Part XII	I and comp	plete the fo	llowing tai	ole:				•			
	De sie sie schede een									Amoun	[
	Beginning balance						1c						
	Additions during the year						1d						
	Distributions during the year						1e						
	Did the organization include an am							stodial		ability2	Yes		No
	If "Yes," explain the arrangement i												NU
	t V Endowment Funds.		I. OHECK IN		Apianation		enpr					•	
ı aı	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990. F	Part IV.	line	10.					
			rent year	(b) Prio		(c) Two			(d) Three y	ears back	(e) Four	ears ba	ick
10	Paginning of year balance	(1)			,				(-)				
	Beginning of year balance												
	Net investment earnings, gains,												
	and losses												
	Grants or scholarships												
	Other expenditures for facilities												
	and programs												
	Administrative expenses												
	End of year balance												
-	Provide the estimated percentage	of the cu	rrent vear	end baland	e (line 1a.	column	(a)) I	held as:					
	Board designated or quasi-endown		- · , - · ·	%	- (- J,		(-7)						
b	Permanent endowment	%											
С	Term endowment	%											
	The percentages on lines 2a, 2b, a												
	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are held	d and	ladmini	stered for	the	5		
	organization by:											′es I	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
	If "Yes" on line 3a(ii), are the relate	•					?				3b		
	Describe in Part XIII the intended u			tion's endo	wment fu	nds.							
Par	t VI Land, Buildings, and Equ Complete if the organization	ation ans	wered "Ye	es" on Fo	rm 990,	Part IV.	line	11a. S	ee Form	n 990, Pa	art X, line	10.	
	Description of property		(a) Cost or	other basis	(b) Cost	or other ba		(c) Acc	umulated	1	d) Book valu		
10	Land		(inves	unent)		other) 310,97	2	depre	ciation		2 01/	1 07	<u>ີ</u>
	Land	F				900,16		12 7/	7,155.		3,810		
	Leasehold improvements					, <u>, , , , , , , , , , , , , , , , , , </u>		14,15	·,		JU, 133	,003	
	Equipment				388 3	31 06	0 1	70 05	2,369.		218,278	8.691	1
	Other					31,00 353,94			8,687.		27,575		
Total	Add lines 1a through 1e. (Column	(d) must	equal Form	n 990, Part							299,817		

Schedule D (Form 990) 2021

Investments - Other Securities.

Part VII

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)CONSUMER DEPOSITS 483,020 (3)ASSET RETIREMENT OBLIGATIONS 3,133,399 (4)(5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 3,616,419 ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions. In Part XIII, provide the text of the foothote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the foothote has been provided in Part XIII.

JSA 1E1270 1.000

Schedu	le D (Form 990) 2021 HOLY CROSS ELECTRIC ASSOCIATION, INC.	84-0229176	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.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
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.

SCHE	EDULE J	Compen	sation Information	0	MB No. 1	1545-0	047
(Form	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	1	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	3	\mathbb{Z}	<u> </u>	
Departm	ent of the Treasury		Attach to Form 990.	0	pen to		
	Revenue Service	Go to www.irs.gov/Forms	990 for instructions and the latest information.		Inspe		n
	of the organization			Employer identification		r	
		ECTRIC ASSOCIATION, INC.		84-022917	6		
Part	Question	s Regarding Compensation				Yes	No
1a	Check the an	propriate box(es) if the organization pro	ovided any of the following to or for a perso	on listed on Form		res	No
Ta			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of persor				
		emnification and gross-up payments	Health or social club dues or initiatio				
		onary spending account	Personal services (such as maid, cha				
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to	4.	37	
2			to reimbursing or allowing expenses		1b	X	
2	-		D/Executive Director, regarding the items				
				checked on the	2	х	
2					-		
3			on used to establish the compensation of the apply. Do not check any boxes for method				
			e CEO/Executive Director, but explain in Pa				
		nsation committee	Written employment contract				
	<u> </u>	dent compensation consultant	X Compensation survey or study				
		00 of other organizations	X Approval by the board or compensat	tion committee			
4							
4		or a related organization:	Part VII, Section A, line 1a, with respect to	the ming			
а	•		ayment?		4a		Х
			tal nonqualified retirement plan?		4b		Х
с	Participate in	or receive payment from an equity-bas	sed compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each ite	em in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.				
5	-		ion A, line 1a, did the organization pay	v or accrue anv			
-	-	n contingent on the revenues of:		,			
а	The organizat	ion?			5a		
					5b		
	•	e 5a or 5b, describe in Part III.					
6			ion A, line 1a, did the organization pay	or accrue any			
	compensation	n contingent on the net earnings of:		-			
а	The organizat	ion?			6a		
b	Any related o	rganization?			6b		
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization provi				
			escribe in Part III		7		L
			paid or accrued pursuant to a contract tha				
		-	Regulations section 53.4958-4(a)(3)? If				
					8		
9			low the rebuttable presumption procedu				
					9		<u> </u>
For Pa	perwork Reduc	ction Act Notice, see the Instructions for Fo	orm 990.	Sched	ule J (Fo	orm 990	0) 2021

Schedule J (Form 990) 2021

84-0229176

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 a	nd/or 1099-MISC and/or	1099-NEC 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	(i)	427,720.	103,191.	NONE	101,686.	33,646.	666,243.	
1 PRESIDENT AND CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
ANDREW SCHILLER	(i)	168,919.	17,355.	NONE	61,658.	32,698.	280,630.	
2 VP FINANCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
BARRY CROISSANT	(i)	153,360.	11,035.	16,413.	124,696.	32,950.	338,454.	
3 MANAGER, FACILITIES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JOSH SNODDY	(i)	153,795.	11,551.	15,243.	76,252.	11,819.	268,660.	
4 MANAGER, OPS TECHNOLO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
MANUEL GOMEZ	(i)	143,746.	11,176.	21,492.	79,771.	22,373.	278,558.	
5 MANAGER, IT INFRASTRU	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
MICHAEL WHIDDON	(i)	142,031.	10,887.	18,983.	82,015.	22,339.	276,255.	
6 MANAGER, ACCOUNTING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JAMES RAY	(i)	150,328.	11,563.	8,527.	225,993.	33,003.	429,414.	
7 MANAGER, GWD LINE OPE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
RICK ARNHOLD	(i)	204,936.	19,383.	65,420.	80,668.	33,317.	403,724.	
8 VP EAGLE/VAIL DISTRIC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JOHN ROWLEY	(i)	187,833.	19,082.	14,132.	83,241.	33,293.	337,581.	
9 VP HUMAN RESOURCES &	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
DAVID BLEAKLEY	(i)	193,931.	19,264.	11,114.	104,219.	33,304.	361,832.	
10 VP ENGINEERING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
BOB FARMER	(i)	183,782.	18,682.	17,066.	74,423.	32,798.	326,751.	
11 VP INFORMATION TECHNO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
DAVID O'NEIL	(i)	186,830.	18,901.	NONE	85,452.	32,820.	324,003.	
12 VP OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JENNA WEATHERRED	(i)	185,727.	18,767.	NONE	73,822.	33,266.	311,582.	
13 VP MEMBER & COMMTY RE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

84-0229176

Part III Supplemental Information

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

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.

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Internal Revenue Service	<i>f</i> ice Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						
Name of the organization		Employer identif	ication number				
HOLY CROSS ELECTRI	C ASSOCIATION, INC.	84-0229	9176				

FORM 990, PART VI, SECTION A, LINE 6

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 IS REQUIRED TO ANNUALLY SUBMIT A WRITTEN STATEMENT AND ANSWER A QUESTIONNAIRE CERTIFYING THAT THE DIRECTOR DOES NOT HAVE ANY CONFLICTS OF INTEREST AND IS QUALIFIED TO CONTINUE SERVING AS A DIRECTOR. THE ORGANIZATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER INVESTIGATES ANY POTENTIAL DIRECTOR CONFLICTS OF INTEREST TO DETERMINE THE NATURE OF THE CONFLICT IF ONE DOES EXIST AND PROVIDES THE RESULTS OF ANY SUCH INVESTIGATION TO THE BOARD OF DIRECTORS FOR APPROPRIATE ACTION DEPENDING ON THE NATURE OF THE CONFLICT. TO THE EXTENT A DIRECTOR HAS A CONFLICT OF INTEREST WITH A PARTICULAR TRANSACTION OR MATTER BEFORE THE BOARD, THAT DIRECTOR MAY CONTINUE TO PARTICIPATE IN BOARD DECISIONS ON SUCH MATTERS

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PROVIDED THAT THE CONFLICT OF INTEREST HAS BEEN DISCLOSED TO THE OTHER DIRECTORS AND/OR TO THE COOPERATIVE MEMBERSHIP IN ADVANCE. HAS BEEN DISCLOSED TO THE OTHER DIRECTORS AND/OR TO THE COOPERATIVE MEMBERSHIP IN ADVANCE. PROVIDED THAT THE CONFLICT OF INTEREST HAS BEEN DISCLOSED TO THE OTHER DIRECTORS AND/OR TO THE COOPERATIVE MEMBERSHIP IN ADVANCE.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

THE CEO'S COMPENSATION IS SET BY THE BOARD OF DIRECTORS UTILIZING 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 2021.

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 XI, LINE 9

2021 PATRONAGE ALLOCATED TO MEMBERS: \$8,883,301 CHANGE IN PATRONAGE CAPITAL: \$1,427,778 OTHER MARGINS & EQUITIES: \$2,194,686 OPERATING MARGIN - PRIOR YEAR: \$(8,131,892)

TOTAL OTHER CHANGES \$4,373,873

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Employer identification number

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

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employer i	dentification number
HOLY CROSS ELECTRIC ASSOCIATION, IN	IC. 84-02	29176
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHE		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ADVANCED UNDERGROUND CONSTRUCTION, LLC		
PO BOX 67		
GLENWOOD SPRINGS, CO 81602	EXCAVATION	2,808,839.
MCCARTER AND ENGLISH, LLP		
100 MULBERRY STREET		
NEWARK, NJ 07102	LEGAL	982,104.
WARD ELECTRIC COMPANY, INC		
9586 E I-25 FRONTAGE ROAD		
LONGMONT, CO 80504	CONSTRUCTION	2,397,525.
SUNSENSE SOLAR, INC		
PO BOX 301		
CARBONDALE, CO 81623	CONSTRUCTION	1,610,321.
NRECA		
PO BOX 790224		
SAINT LOUIS, MO 63179	INVESTMENT MGT	6,679,266.

Schedule O (Form 990 or 990-EZ) 2021	Page 2
Name of the organization	Employer identification number
HOLY CROSS ELECTRIC ASSOCIATION, INC.	84-0229176
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAIDS	3,706,365.
ACCRUED ASSETS	4,604,383.
TOTALS	8,310,748.
	=============

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

HOLY CROSS ELECTRIC ASSOCIATION, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-				
(2)	-				
(3)	-				
(4)	-				
(5)	-				
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021



84-0229176

Schedule R (Form 990) 2021

HOLY CROSS ELECTRIC ASSOCIATION, INC.

84-0229176

Page **2**

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

Decause it in	au one or r	nore related orga	anization	is liealeu as a p	arthership during th	e lax year.		1				
(a) Name, address, and EI related organizatior		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportiona allocations?	amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					,			Yes No)	Yes	No	I
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	
								Yes No
(1) ENERGY AND SERVICES EXPERTS 84-1382092								
PO BOX 2150 GLENWOOD SPRINGS, CO 81602	COMMUNICATION	CO	HCEA	C CORP	NONE	7,823.	100.0000	х
(2)	-							
(3)	-							
(4)	-							
(5)	-							
(6)	-							
(7)	-							

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

					_						
Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		`	res No	, 						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a	X	_						
b			1b	X	_						
с											
	Loans or loan guarantees to or for related organization(s)		1d	X							
	Loans or loan guarantees by related organization(s)		1e	X							
f	Dividends from related organization(s)		1f	x							
q			1g	X							
	Purchase of assets from related organization(s)		1h	X							
i	Exchange of assets with related organization(s).		1i	X	_						
i	Lease of facilities, equipment, or other assets to related organization(s)		1j	X	-						
,					Γ						
k	Lease of facilities, equipment, or other assets from related organization(s)		1k	x							
1	Performance of services or membership or fundraising solicitations for related organization(s)		11	X	_						
m	 Performance of services of membership of fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) 		1m	X	_						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	X	_						
	Sharing of facilities, equipment, maning lists, of other assets with related organization(s)		10	X	_						
0			10		-						
	Deimburgement neid te related ergenization(a) for evenence		1p	x							
р		r	1q	X	_						
q			14		-						
			1r	x							
	Other transfer of cash or property to related organization(s)		1s	X	_						
2		insaction three	-		-						
	(a) (b) (c)		(d)	•	-						
	Name of related organization Transaction Amount involved	Method o	of deter	mining							
	type (a-s)	amour	nt invol	ved							
					_						
(1)					_						
(2)					_						
<i>(</i> -)											
(3)					_						
(4)					_						
(5)					_						
(6)					_						
JSA		Schedule R (F	Form 9	90) 202	1						

Page 3

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.

Na	(a) me, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	I organizations? I		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		e Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512 - 514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2021