Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public Inspection

	OI tii	C 202	La cale ildai year, or tax year begin	9		and endi	''9	D Employer id	ontific	ation number	
В	Check if ap	oplicable:	C Name of organization		~			D Employer id	enunc	ation number	
	Addre	ess	HOLY CROSS ELECTRIC A	ASSOCIATION, INC	C.			0.4	0.00	20156	
	chang		Doing Business As	not delivered to etreet eddress	-\	Room/suite		E Telephone n		29176	
	-	change	Number and street (or P.O. box if mail is	·							
	Initial	return	P.O. BOX 2150	(9	70)	945-5491					
	Termi		City or town, state or province, country, a	٠.							
	Amen return	า	GLENWOOD SPRINGS, CO	81602-2150						150 <u>,66</u> 6,90	$\overline{}$
	Applio	cation ng	F Name and address of principal officer:	BRYAN HANNEGA	AN			H(a) Is this a gro subordinates		n for Yes	X No
			3799 HIGHWAY 82, GLEI	NWOOD SPRINGS,	CO 8160	1		H(b) Are all subord	dinates in	cluded? Yes	No
<u> </u>	Tax-ex	empt st	tatus: 501(c)(3) X 501(c) (2	12) ◀ (insert no.)	4947(a)(1)	or 52	27	If "No," atta	ch a list	. (see instructions)	
J	Websi	te: 🕨	WWW.HOLYCROSS.COM					H(c) Group exem	ption nu	umber >	
K	Form (of organ	nization: X Corporation Trust	Association Other	•	L Year o	of formati	ion: 1939 M	State	of legal domicile:	CO
Ρ	art I	Sui	mmary								
	1	Briefly	y describe the organization's mission o	or most significant activities	: HOLY	CROSS E	NERGY	Y PROVIDE	S SI	AFE,	
ě			LIABLE, AFFORDABLE, AND								
and			PROVE THE QUALITY OF LIF								
ern	2			liscontinued its operation					s.		
Governance	3		per of voting members of the governing						3		7
			per of independent voting members of t						4		 7
ies			number of individuals employed in cale						5		188
Ĭ				,					6	7	
Activities &			number of volunteers (estimate if necess						7a		NONE
-			unrelated business revenue from Part V						7a 7b		NONE
	d	Net ui	nrelated business taxable income from	Form 990-1, line 34				Prior Year	/ D	Current Ye	NONE
						0370	Current re				
ne	8		ibutions and grants (Part VIII, line 1h)			ONE	140 500	NONE			
Revenue	9		am service revenue (Part VIII, line 2g)			Y FOR NSPECTION		.43,556,5		149,589,	
	10		tment income (Part VIII, column (A), line			-8,219.			<u>,238.</u>		
	11		revenue (Part VIII, column (A), lines 5,					413,79			<u>,028.</u>
	12		revenue - add lines 8 through 11 (must					.43,962,15		150,591,	<u>,525.</u>
	13		s and similar amounts paid (Part IX, colu					N	ONE		NONE
	14	Benef	fits paid to or for members (Part IX, colu	ımn (A), line 4)				8,883,301. 9,578			<u>,332.</u>
S	15	Salari	ies, other compensation, employee bene	efits (Part IX, column (A),	lines 5-10)			33,534,045. 32,62			<u>,975.</u>
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	n (A), line 11e)				N		NONE	
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)			1	.00,561,42	29.	106,697,	,998.
	18		expenses. Add lines 13-17 (must equal				1	.42,978,7	75.	148,897,	,305.
	19		nue less expenses. Subtract line 18 fron					983,3		1,694,	,220.
or			·				Begini	ning of Current	_	End of Year	
ets	20	Total	assets (Part X, line 16)				3	46,769,06	50.	359,982,	286.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					10,424,1		216,700,	
Net S	22		ssets or fund balances. Subtract line 21					.36,344,88		143,281,	
	art II		gnature Block		<u> </u>			,,	301	110,1201,	
			of perjury, I declare that I have examined th	is return, including accompa	anvina schedu	ules and state	ments. a	nd to the best o	f mv k	nowledge and be	lief. it is
tru	e, corre	ct, and	complete. Declaration of preparer (other than	n officer) is based on all inform	mation of whi	ch preparer ha	as any kn	owledge.			
								07/	20/2	2023	
Sig	jn 💮		Signature of officer					Date	20/2	1023	
He		DBW.			DDECTE	אדות אודר	aro.				
			AN HANNEGAN Type or print name and title		PRESIL	DENT AND	CEO				
			Type or print name and title (Type preparer's name	Preparer's signature		Date			., =	PTIN	
Pai	d				_			Check	J "		
	parer	AMB1		AMBER SHERRILI		08/07	//202	3 self-employ	ea]	P00748683	
	Only		sname ► FORVIS, LLP					Firm's EIN			
			s address ▶ P.O. BOX 3667 LI			67		Phone no.	5(01-372-104	<u>. 0</u>
			scuss this return with the preparer show		<u>s)</u>					X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separat	te instructions.						Form 990	(2022)

Form **8868**

(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*.

filing of this f	form, visit www.irs.gov/e-file-providers/e-file-f	for-charities	s-and-non-profits.				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
	ons required to file an income tax return oth rm 7004 to request an extension of time to fi		•	20-C filers), partnersh	nips, l	REMIC	s, and trusts
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification r	xpayer identification number (TIN)		
print File by the due date for	HOLY CROSS ELECTRIC ASSOCIATI Number, street, and room or suite no. If a P.O. bo	76					
filing your return. See instructions.	lee City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1
Application		Return	Application				Return
Is For		Code	Is For				Code
-	Form 990-EZ	01	Form 1041-A				08
Form 4720 (,	03	Form 4720 (other that	09			
Form 990-PF		04	Form 5227	10			
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
-	(trust other than above) (corporation)	06	Form 8870				12
If the orgaIf this is for the whole	e No. ► 970 945–5491 anization does not have an office or place of or a Group Return, enter the organization's for a group, check this box	business ir ur digit Gro f it is for pa	oup Exemption Number (ck this box			this is
	e names and TINs of all members the extens		11/15 200	2 to file the every	<u> </u>		tion roturn
for the ► X	st an automatic 6-month extension of time uporganization named above. The extension is calendar year 2022 or tax year beginning	for the org	ganization's return for:	3, to file the exemp		janiza 	luon return
c	ax year entered in line 1 is for less than 12 m hange in accounting period application is for Forms 990-PF, 990-T,				ırn		
nonrefu	undable credits. See instructions.				3a	\$	NONE
estimat	application is for Forms 990-PF, 990-T, ted tax payments made. Include any prior year	ar overpayn	nent allowed as a credit		3b	\$	NONE
using E	e due. Subtract line 3b from line 3a. In EFTPS (Electronic Federal Tax Payment Syster	m). See inst	tructions.		3с		NONE
Caution: If you instructions.	u are going to make an electronic funds withdraw	al (direct de	ebit) with this Form 8868,	see Form 8453-TE and F	orm a	3879-T	E for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

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Pa	art III	Statement of Program Ser Check if Schedule O conta	vice Accomplishments ins a response or note to any line in this Part III	
1	Briefly d	escribe the organization's m		
	•	•	ES SAFE, RELIABLE, AFFORDABLE, A	ND
			ERVICES THAT IMPROVE THE QUALITY	
	OUR N	MEMBERS AND THEIR CO	MMUNITIES.	
2			significant program services during the year wh	
	If "Yes,"	describe these new services	on Schedule O.	
3	services	?	cting, or make significant changes in how	
		describe these changes on S		was largest are grown as wises as we seemed by
4	expense	s. Section 501(c)(3) and 5		ree largest program services, as measured by ne amount of grants and allocations to others,
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	HOLY	CROSS ENERGY IS A C	COOPERATIVE CORPORATION WITH 165+	EMPLOYEES
	SERV	NG 60,000+ ACTIVE N	ETERS. HOLY CROSS ENERGY PROUDLY	SERVES IT
	MEMBI	RS; FROM MAJOR SKI	RESORTS IN THE ASPEN AND VAIL AR	EAS AS
			AND FRIENDLY RURAL COMMUNITIES T	HAT
	PROV	DE PEOPLE AND RESOU	RCES FOR THE TOURISM AND OUTDOOR	
	RECRI	CATION INDUSTRIES.		
	(Code:	\ (Evnonces ¢	including grants of \$	\ (Payanua \$
40	(Code) (Εχρείισες φ	nicidality grants of \$) (Neverlue \$)
4c	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other p	ogram services (Describe or	Schedule O.)	
	(Expens		ng grants of \$) (Revenue \$)
4-	Tatalan	narom contino evanções		

4e Total program service expenses

JSA
2E1020 1.000

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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		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		X
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			
	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		X
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		X
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		X
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,"	11a	77	
h	complete Schedule D, Part VI	па	X	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		- 1
·	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		Х
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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		Х
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			
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	,		3.5
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		7.7
10	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?	40		7.7
20.0	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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?			
		25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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 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		X
	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	
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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1 011111	330 (2022)			age •
Par	t 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 188			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	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).			
E 0		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		21
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		v
	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	c h		
_	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	70		
_	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: 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	4.4		
	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 the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

84-0229176

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

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									
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent									
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		Х						
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		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6	Х							
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	X							
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	Х							
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	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a		11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give									
~	rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
	with a taxable entity during the year?	16a	X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b	Х							
Secti	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(sec	tion 5	01(c)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website	`		()						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	est p	olicy,						
20	State the name, address, and telephone number of the person who possesses the organization's books and record SAM WHELAN 3799 HIGHWAY 82 GLENWOOD SPRINGS,, CO 81601	s								

970-945-5491

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII 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, box 6 of 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson	e than of the both or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
			ě			ated				
(1) BRYAN HANNEGAN PRESIDENT & CEO	45.00 NONE			х				550,409.	NONE	137,535.
(2) DAVID BLEAKLEY VP, ENGINEERING	45.00 NONE				X			229,002.	NONE	137,642.
(3) JOHN ROWLEY	45.00							227,002.	INOINE	137,042.
VP, HUMAN RESOURCES & RISK MGM	NONE				X			241,333.	NONE	120,943.
(4) DAVID O'NEIL	45.00									
VP, OPERATIONS	NONE				X			226,938.	NONE	128,501.
(5) JENNA WEATHERRED	45.00									
VP, MEMBER & COMMUNITY RELATIO	NONE				Х			224,502.	NONE	115,279.
(6) BARRY CROISSANT	45.00									
MANAGER, FACILITIES	NONE					Х		181,371.	NONE	139,776.
(7) ANDREW SCHILLER	45.00									
VP, FINANCE	NONE			Х				210,405.	NONE	87,839.
(8) SAM WHELAN	45.00									
VP, FINANCE & POWER SUPPLY	NONE			Х				193,400.	NONE	96,153.
(9) JOSH SNODDY	45.00									
MANAGER, OPS TECHNOLOGY	NONE					X		188,415.	NONE	93,557.
(10) MICHAEL WHIDDON	45.00									
MANAGER, ACCOUNTING	NONE					X		175,108.	NONE	100,383.
(11) MANUEL GOMEZ	45.00									
DIRECTOR, FIBER & BROADBAND	NONE					X		177,228.	NONE	96,869.
(12) JAMES RAY	45.00									
MANAGER, OPERATIONS	NONE					X		178,074.	NONE	79,825.
(13) DAVE MUNK	10.00							41 500		
DIRECTOR (44) ADAM CHINEON	NONE	X						41,500.	NONE	NONE
(14) ADAM QUINTON	5.00	37						20 252	37037	31031
DIRECTOR	NONE	X						28,250.	NONE	NONE

Form **990** (2022)

Part VII Section A. Officers, Directors,	Trustees. Ke	v En	olar	vee	S. 8	and H	lial	hest Compensat	ed Employees (co	Page 8 Ontinued)
(A)	(B)		•	(C			J	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, office	not ch unles	Posit leck r s pers	tion more	e than the the than the the than the the than the the than the the the than the	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) KEITH KLESNER	5.00									
DIRECTOR	NONE	X						27,750.	NONE	NONE
16) KRISTEN BERTUGLIA	5.00									
DIRECTOR	NONE	Х						26,750.	NONE	NONE
17) ROBERT GARDNER	5.00									
DIRECTOR	NONE	Х						25,750.	NONE	NONE
18) ALEX DEGOLIA	4.00									
DIRECTOR	NONE	Х						23,500.	NONE	NONE
19) DAVID CAMPBELL	4.00									
DIRECTOR	NONE	X						23,500.	NONE	NONE
1b Sub-total							▶	2,973,185.	NONE	1,334,302.
c Total from continuation sheets to Part VII,	, Section A						▶	NONE	NONE	NONE
d Total (add lines 1b and 1c)								2,973,185.	NONE	1,334,302.
2 Total number of individuals (including but n reportable compensation from the organizar		hose	liste	d ab		e) who 96	re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete School										3 X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,00)0? [`]	If	"Yes,	," (complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? If										5 X
Section B. Independent Contractors										
Complete this table for your five highest or compensation from the organization. Report year.										

(B) Description of services	(C) Compensation
	(B) Description of services

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 ▶ 21

Part VIII Statement of Revenue

		Check if Schedule	Осс	ontains a re	espor	se or note to an	y line in this Part V	/		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns .			1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
פֿק	С	Fundraising events		Г	1c					
fts, ir A	d	Related organizations .		Г	1d					
Ωi≘	е	Government grants (co		Г	1e					
ns, Sin	f	All other contributions,		· · · · · · · · · · · · · · · · · · ·						
er je		and similar amounts not in	-	-	1f					
ğ	g	Noncash contributions	inclu	ded in						
di		lines 1a-1f			1g S	5				
ရှ လ	h	Total. Add lines 1a-1f		_			NONE			
						Business Code				
Se	2a	ELECTRICITY SALES				221000	148,254,966.	148,254,966.		
Program Service Revenue		b CAPITAL CREDITS & PATRONAGE DIVIDENDS				221000	1,125,650.	1,125,650.		
Sun	c	RENT FROM ELECTRIC PR	ROPER'	TY		221000	208,643.	208,643.		
am	d									
Pg.	e									
P	f	All other program service	ce rev	/enile						
	g	Total. Add lines 2a-2f					149,589,259.			
	3	Investment income (
		other similar amounts)					231,839.			231,839.
	4	Income from investmen					NONE			
	5	Royalties		•		•	NONE			
				(i) Rea	ıl	(ii) Personal				
	6a	Gross rents	6a	27	,825.					
	b	Less: rental expenses	6b	62	,985.					
	С	Rental income or (loss)	6с	-35	,160.	NONE				
	d	Net rental income or (lo	ss) .				-35,160.			-35,160.
	7a	Gross amount from		(i) Securities		(ii) Other				
		sales of assets								
		other than inventory	7a			197,792.				
<u>e</u>	b	Less: cost or other basis								
evenue		and sales expenses	7b			12,393.				
ě	С	Gain or (loss)	7c			185,399.				
r R	d	Net gain or (loss)					185,399.			185,399.
Other	8a	Gross income from	n f	undraising						
Ó		events (not including \$		ū						
		of contributions repo								
		1c). See Part IV, line 18			8a	NONE				
	b	Less: direct expenses			8b	NONE				
	С	Net income or (loss) from	om fu	ndraising e	vents		NONE			
	9a	Gross income fi	rom	gaming						
		activities. See Part IV, Ii	ne 19		9a	NONE				
	b	Less: direct expenses .			9b	NONE				
	С	Net income or (loss) fr	om g	aming activ	vities		NONE			
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowances			10a	NONE				
	b	Less: cost of goods sold	t		10b	NONE				
	С	Net income or (loss) from	om sa	les of invent	ory.		NONE			
<u>s</u>						Business Code				
Miscellaneous Revenue	11a	JOBBING REVENUE				900099	435,134.			435,134.
lan	b	REBATES				900099	185,329.			185,329.
eve	С									
Ais.	d	All other revenue					-275.	NONE	NONE	-275.
	е	Total. Add lines 11a-11					620,188.			
	12	Total revenue. See inst					150,591,525.	149,589,259.	NONE	1,002,266.

84-0229176

Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4) (organizations must complete all co	olumns. All other organizations m	ust 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	NONE								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	NONE								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	NONE								
4	Benefits paid to or for members	9,578,332.								
5	Compensation of current officers, directors,									
	trustees, and key employees	2,896,881.								
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	NONE								
7	Other salaries and wages	19,765,229.								
8	Pension plan accruals and contributions (include	4,800,121.								
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	3,733,817.								
10	Payroll taxes	1,424,927.								
	Fees for services (nonemployees):									
	Management	NONE								
	Legal	NONE								
	Accounting	NONE								
	Lobbying	NONE								
	Professional fundraising services. See Part IV, line 17.	NONE								
	Investment management fees	NONE								
g	Other. (If line 11g amount exceeds 10% of line 25, column	NONE								
40	(A), amount, list line 11g expenses on Schedule O.)	NONE NONE								
	Advertising and promotion	NONE								
13 14	Office expenses	NONE								
	Information technology	NONE								
	Royalties	NONE								
	- .	NONE								
	Payments of travel or entertainment expenses	110112								
. •	for any federal, state, or local public officials	NONE								
19	Conferences, conventions, and meetings	NONE								
	Interest	7,238,201.								
	Payments to affiliates	NONE								
22	Depreciation, depletion, and amortization	14,209,749.								
23	Insurance	NONE								
	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.)									
а	COST OF POWER	56,955,374.								
	DISTRIBUTION EXPENSE	16,253,736.								
	CUSTOMER ACCOUNTS	6,454,178.								
d	TRANSMISSION EXPENSE	2,874,007.								
	All other expenses	2,712,753.								
	Total functional expenses. Add lines 1 through 24e	148,897,305.								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									

Form 990 (2022)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X	
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	NONE 1	NONE
	2	Savings and temporary cash investments	8,962,829. 2	7,732,805.
	3	Pledges and grants receivable, net	NONE 3	NONE
	4	Accounts receivable, net	12,013,513. 4	14,293,316.
	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	NONE 5	NONE
	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	NONE
ts	7	Notes and loans receivable, net	477,747. 7	2,663,000.
Assets	8	Inventories for sale or use	4,441,069. 8	6,282,166.
Ř	9	Prepaid expenses and deferred charges	8,310,748. 9	8,849,667.
	10 a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 504,510,707.		
	b	Less: accumulated depreciation	299,817,929. 10c	308,086,073.
	11	Investments - publicly traded securities	NONE 11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE 12	NONE
	13	Investments - program-related. See Part IV, line 11	9,799,320. 13	10,460,283.
	14	Intangible assets	NONE 14	NONE
	15	Other assets. See Part IV, line 11	2,945,905. 15	1,614,976.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	346,769,060. 16	359,982,286.
	17	Accounts payable and accrued expenses	24,282,334. 17	27,027,673.
	18	Grants payable	NONE 18	NONE
	19	Deferred revenue	20,206,234. 19	27,684,120.
	20	Tax-exempt bond liabilities	NONE 20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE 21	NONE
Ś	22	Loans and other payables to any current or former officer, director,		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		
ΞĢ		controlled entity or family member of any of these persons	NONE 22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	162,319,187. 23	158,264,063.
	24	Unsecured notes and loans payable to unrelated third parties	NONE 24	NONE
	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	3,616,419. 25	3,724,792.
	26	Total liabilities. Add lines 17 through 25	210,424,174. 26	216,700,648.
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		
anc	27	Net assets without donor restrictions	27	
Bal	28	Net assets with donor restrictions.		
pu	20		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		
s o	29	Capital stock or trust principal, or current funds	62,121,430. 29	63,869,956.
set	30	Paid-in or capital surplus, or land, building, or equipment fund	53,487,033. 30	56,286,008.
As	31	Retained earnings, endowment, accumulated income, or other funds	20,736,423. 31	23,125,674.
<u>et</u>	32	Total net assets or fund balances	136,344,886. 32	143,281,638.
_	33	Total liabilities and net assets/fund balances	346,769,060. 33	359,982,286.
				Form 990 (2022)

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Part	XI Reconciliation of Net Assets					
	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	15	0,5	591,	<u>525</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	8,8	397,	<u> 305</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		1,6	594,	220
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	6,3	344,	886
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		5,2	242,	<u>532</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	14	3,2	281,	<u>638</u>
Part	·					
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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 audit	ted o	n a			
	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	rsigh	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, ex	φlain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b	1	

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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.

10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspect
Employer identification number

HOI	Y CROSS ELECTRIC ASSOCIATION, INC.	84-0229176
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	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	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
_	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	Constitution of
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
6	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
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year
•	Through or expenses insured in monitoring, inspecting, narraing or violations, and emotioning o	oncorvation casemonic during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections are conservation easement.	ion 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its re	evenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fir	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	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,	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s	
D	art, historical treasures, or other similar assets held for public exhibition, education, or res	
	provide the following amounts relating to these items:	•
	(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:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historica	Treasures,	or Other	Similar Asso	ets (cor	ntinuea	<u>)</u>		
3	Using the organization's acquisition	on, accession, and	other records, o	heck any of	the follov	ving that make	e signific	cant us	e of its		
	collection items (check all that app	ly):									
а	Public exhibition		_	oan or exchar							
b	Scholarly research		e O	ther							
С											
4	Provide a description of the organ	nization's collections	s and explain h	ow they furth	ner the or	ganization's ex	xempt p	urpose	in Part		
_	XIII.	1									
5	During the year, did the organization							V			
Do	assets to be sold to raise funds rath		ained as part of	tne organizat	ion's colle	ction?		Yes	No		
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on Form 99	90, Part IV, li	ne 9, or r	eported an a	mount o	on Fori	m		
1a	Is the organization an agent, trus	tee, custodian or o	ther intermedia	ry for contrib	outions or	other assets	not				
	included on Form 990, Part X?						🔲	Yes	No		
b	If "Yes," explain the arrangement is										
						Am	nount				
С	Beginning balance				lc						
d	Additions during the year				ld						
е	Distributions during the year				le						
f	Ending balance				lf		0				
	Did the organization include an am							Yes	No No		
	If "Yes," explain the arrangement in rt V Endowment Funds.	II Part Alli. Check ii	ere ii trie explari	ation has been	i provided	On Part Alli					
Га	Complete if the organiza	ation answered "Ye	es" on Form 99	00 Part IV li	ne 10						
	Complete ii tile organize	(a) Current year	(b) Prior year		years back	(d) Three years	back (e	e) Four ye	ars back		
1.0	Paginning of year balance	(a) carrent year	(0)		<u> </u>	(2, 11122)	(, , .			
1a	Beginning of year balance Contributions										
b	Net investment earnings, gains,										
C	and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage	of the current year	end balance (line	e 1g, column (a)) held as	s:					
а	Board designated or quasi-endown	nent '	%								
b	Permanent endowment	%									
С	Term endowment %										
_	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in	the possession of the	ne organization	that are held	and admi	nistered for the		Ye	es No		
	organization by: (i) Unrelated organizations						[·	Ba(i)	3 110		
	(ii) Related organizations							Ba(ii)			
b	If "Yes" on line 3a(ii), are the relate						· · ·	3b			
4	Describe in Part XIII the intended u	_						0.0			
_	rt VI Land, Buildings, and Equ Complete if the organization	uipment.			ine 11a.	See Form 99	0, Part	X, line	10.		
	Description of property		r other basis (b)	Cost or other basi (other)		cumulated reciation	(d) B	ook value	•		
1a	Land	,		3,810,972				3,810	,972.		
b	Buildings		6	3,353,093		08,297.		9,644			
C	Leasehold improvements			, ,	1 , .			,			
d	Equipment		40	9,546,324	. 182,2	87,897.	22	7,258	,427.		
<u>e</u>	Other			7,800,318		28,440.		7,371			
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	m 990, Part X, co	olumn (B), line	10c.)				,073.		

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.	\/ F 000	A Part IV line 44th One Farm 000 Part V	Lin - 40
	· · · · · · · · · · · · · · · · · · ·), Part IV, line 11b. See Form 990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	d "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)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X,	line 15
		escription		Book value
(1)	(,		(-7 -	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) ı	line 15.)		
Part X	Other Liabilities.			
		d "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, F	⊃art X.
	line 25.		, ,	,
1.	(a) Descrip	otion of liability	(b) B	Book value
	ral income taxes	The state of the s	(-, -	
	RETIREMENT OBLIGATIONS		3	189,800.
	MER DEPOSITS			534,992.
(4)	HIR BEIOGITS			331,332.
(5)				
(6)				
(7)			+	
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		2	724,792.
			the organization's financial statements that reports	

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 under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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	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	
b	Donated services and use of facilities	
C	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	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.
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	
b	Other (Describe in Part XIII.)	
_ C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, line 4; Part X, line nation.
-		
-		
-		

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

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

HOLY CROSS ELECTRIC ASSOCIATION, INC. 84-0229176

Questions Regarding Compensation Part I 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 Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 1b 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 2 Χ 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. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations 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: Χ 4a Χ **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b 4c Χ 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. 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: 5a 5b If "Yes" on line 5a or 5b, describe in Part III. 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: 6a 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2022

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.

(A) Name and Title		(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
		(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)	465,380.	85,029.	NONE	108,158.	29,377.	687,944.	NONE
1 PRESIDENT & CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SAM WHELAN	(i)	179,068.	14,332.	NONE	67,222.	28,931.	289,553.	NONE
2 VP, FINANCE & POWER SUPPLY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW SCHILLER	(i)	191,748.	18,657.	NONE	59,568.	28,271.	298,244.	NONE
3 VP, FINANCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSH SNODDY	(i)	157,528.	11,955.	18,932.	83,123.	10,434.	281,972.	NONE
4 MANAGER, OPS TECHNOLOGY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BARRY CROISSANT	(i)	154,738.	11,366.	15,267.	111,062.	28,714.	321,147.	NONE
5 MANAGER, FACILITIES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES RAY	(i)	165,933.	12,141.	NONE	51,034.	28,791.	257,899.	NONE
6 MANAGER, OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MANUEL GOMEZ	(i)	150,831.	11,567.	14,830.	77,305.	19,564.	274,097.	NONE
7 DIRECTOR, FIBER & BROADBAND	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL WHIDDON	(i)	145,782.	11,268.	18,058.	80,851.	19,532.	275,491.	NONE
8 MANAGER, ACCOUNTING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN ROWLEY	(i)	204,647.	19,750.	16,936.	91,865.	29,078.	362,276.	NONE
9 VP, HUMAN RESOURCES & RISK MGM	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID BLEAKLEY	(i)	208,871.	20,131.	NONE	108,637.	29,005.	366,644.	NONE
10 VP, ENGINEERING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JENNA WEATHERRED	(i)	204,702.	19,800.	NONE	86,172.	29,107.	339,781.	NONE
11 VP, MEMBER & COMMUNITY RELATIO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID O'NEIL	(i)	206,888.	19,940.	110.	99,383.	29,118.	355,439.	NONE
12 VP, OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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.

Page 3

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

2022

Open to Public Inspection

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.

84-0229176

Employer identification number

HOLY CROSS ELECTRIC ASSOCIATION, INC.

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

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

2022

Open to Public Inspection

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.

Employer identification number 84-0229176

HOLY CROSS ELECTRIC ASSOCIATION, INC.

PARTICIPATE IN BOARD DECISIONS ON SUCH MATTERS 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, LINE 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 COMPENSATION REVIEW FOR ALL POSITIONS WENT INTO EFFECT ON MARCH 1, 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

2022 PATRONAGE ALLOCATED TO MEMBERS: 9,578,332

CHANGE IN PATRONAGE CAPITAL: 1,748,526

OTHER MARGINS & EQUITIES: 2,798,975

OPERATING MARGIN - PRIOR YEAR: (8,883,301)

TOTAL OTHER CHANGES \$5,242,532

FORM 990, PART XII, LINE 2

HOLY CROSS ELECTRIC ASSOCIATION'S FINANCIAL STATEMENT YEAR END DIFFERS

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

2022

Open to Public Inspection

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.

Employer identification number 84 - 0229176

HOLY CROSS ELECTRIC ASSOCIATION, INC

FROM ITS TAX YEAR END. THE COOPERATIVE RECEIVES AUDITED FINANCIAL STATEMENTS ON AN ANNUAL BASIS FOR THE YEAR ENDED APRIL 30TH.

Name of the organization

HOLY CROSS ELECTRIC ASSOCIATION, INC.

Employer identification number
84-0229176

TAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ADVANCED UNDERGROUND CONSTRUCTION, LLC PO BOX 67		
GLENWOOD SPRINGS, CO 81602	EXCAVATION	5,147,627.
WARD ELECTRIC COMPANY INC		
9586 I-25 FRONTAGE ROAD, SUITE B		
LONGMONT, CO 80504	CONSTRUCTION	2,285,812.
SUNSENSE SOLAR, INC		
PO BOX 301		
CARBONDALE, CO 81623	CONSTRUCTION	1,503,048.
BONFIRE ENGINEERING & CONSULTING, INC		
3700 EAST 41ST AVENUE		
DENVER, CO 80216	CONSTRUCTION	1,266,885.
ACTIVE ENERGIES SOLAR, LLC		
PO BOX 7627		
AVON, CO 81620	CONSTRUCTION	792,500.

SCHEDULE R (Form 990)

Part I

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

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

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		F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co ent	ntrolling
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if th	e org	anization answ	vered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activ	ity	(c) Legal domicile (state or foreign country	· ·	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
(1)								Yes	No
(2)									
(3)									
(4)									
(5)									
(6)		-							
(7)									

Part III 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.

(a) Name, address, and EIN of related organization	(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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging tner?	(k) Percentage ownership
		Country					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	contr	
(1) ENERGY AND SERVICES EXPERTS 84-1382092								Yes	NO
PO BOX 2150 GLENWOOD SPRINGS, CO 81602	COMMUNICATION	CO	HCEA	C CORP	NONE	7,548.	100.0000	х	
(2)									
(0)								\vdash	
(3)	-								
(4)									
(5)	_								
(0)								\vdash	
<u>(6)</u>	-								
(7)								\Box	
N. I									

Yes No

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

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?

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
	Gift, grant, or capital contribution to related organization(s)				1b	X
	Gift, grant, or capital contribution from related organization(s)				1c	X
	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
	Sale of assets to related organization(s)				1g	Х
	Purchase of assets from related organization(s)				1h	Х
	Exchange of assets with related organization(s).				1i	X
	Lease of facilities, equipment, or other assets to related organization(s).				1j	X
,	20000 07 100 miles, 64 a.p.mon., 62 cmo. access to related organization (6/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х
	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х
	Sharing of paid employees with related organization(s)				10	X
·	onaling of paid employees with related organization(s)					
n	Reimbursement paid to related organization(s) for expenses				1p	X
	Reimbursement paid by related organization(s) for expenses				1q	X
ч	Reimbursement paid by related organization(s) for expenses 1111111111111111111111111111111111					
	Other transfer of cash or property to related organization(s)				1r	X
	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 t	his line. includina cove	ered relationships and trans	action thre		
	(a)	(b)	(c)		(d)	
	Name of related organization	Transaction	Amount involved		of deterr	
		type (a - s)		amou	unt involv	/ed
(1)						
` '						
(2)						
(-/						
(3)						
(-,						
(4)						
(- /						
(5)				1		
(-)						
(6)				1		
SA.		I	Sci	hedule R (Form 9	90) 2022
SA				•		•

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) Primary activity Country) (c) Legal domicile (state or foreign country) Country) (d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)		(e) Are all partners section 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) 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)													
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(16)													

Part VII Supplemental Information

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