

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
 EGYPTIAN ELECTRIC COOPERATIVE ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 1732 Finney Rd

City or town, state or province, country, and ZIP or foreign postal code
 Murphysboro, IL 62966

D Employer identification number
 37-0259803

E Telephone number
 (800) 606-1505

G Gross receipts \$ **44,180,738**

F Name and address of principal officer:
 Michael S Hermetz
 1732 Finney Rd
 Murphysboro, IL 62966

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (12) ◀(insert no.) 4947(a)(1) or 527

J Website: ▶ www.eeca.coop

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1938 **M** State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide electric services to approximately 15,000 member/owners in a ten county area of Southern Illinois since its founding in 1938.				
	2 Check this box <input type="checkbox"/>				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	48		
	6 Total number of volunteers (estimate if necessary)	6	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	7b Net unrelated business taxable income from Form 990-T, line 39	7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	0	Current Year	0
	9 Program service revenue (Part VIII, line 2g)	44,229,735	42,662,024		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,362	36,025		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,578,134	1,482,689		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,844,231	44,180,738		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,000	10,000		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,006,441	3,198,928		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,390,679	4,602,754		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	38,244,625	36,807,906		
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	46,651,745	44,619,588		
19 Revenue less expenses. Subtract line 18 from line 12	-807,514	-438,850			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	97,801,759	End of Year	98,229,806
	21 Total liabilities (Part X, line 26)	52,009,830	50,340,565		
	22 Net assets or fund balances. Subtract line 21 from line 20	45,791,929	47,889,241		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date 2020-07-06

Shane Hermetz EVP/General Manager Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To provide electric services to approximately 15,000 member/owners in a ten county area of Southern Illinois since its founding in 1938.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 41,420,660 including grants of \$ 10,000) (Revenue \$ 44,180,738)

Egyptian Electric Cooperative Association is an electric distribution cooperative whose primary mission is to provide reliable and cost effective electric service to approximately 15,000 member/owners in six Southern Illinois counties. The revenue generated from the sale of electricity to its members is used primarily to purchase wholesale power from Southern Illinois Power Cooperative, a generation and transmission cooperative, and to provide the necessary distribution and general plant facilities to distribute that electricity to its members and maintain those facilities and service support systems.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 41,420,660

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Row 1a: Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.

b Enter the number of Forms W-2G included in line 1a. Enter -U- if not applicable	1b	U			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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	48			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		3a	No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			3b	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			4a	No
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			5a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a			5b	No
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b			5c	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c			6a	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a			6b	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b			7a	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			7b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			7c	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			7e	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			7f	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			9a	
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			9b	
9 Sponsoring organizations maintaining donor advised funds.	9a			9b	
a Did the sponsoring organization make any taxable distributions under section 4966?	9b			10 Section 501(c)(7) organizations. Enter:	10a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			a Initiation fees and capital contributions included on Part VIII, line 12	10a
10 Section 501(c)(7) organizations. Enter:	10a			b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b
a Initiation fees and capital contributions included on Part VIII, line 12	10b			a Gross income from members or shareholders	11a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	42,662,024		b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b
a Gross income from members or shareholders	11b	45,213		12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a			b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b			13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	13a			a Is the organization licensed to issue qualified health plans in more than one state?	13b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13b			Note. See the instructions for additional information the organization must report on Schedule O.	13c
a Is the organization licensed to issue qualified health plans in more than one state?	13c			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	13c
Note. See the instructions for additional information the organization must report on Schedule O.	13c			c Enter the amount of reserves on hand	

Enter the amount of reserves on hand		13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	8	
b	Enter the number of voting members included in line 1a, above, who are independent	8	
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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	Yes
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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 in Schedule O	9	No

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	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in 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? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	No
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	No
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?		

Section 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 - ▶ Dennis R Luehr 1732 Finney Rd Murphysboro, IL 62966 (800) 606-1505

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Hermetz Executive Vice President/General Manager	65 0			X			200,979	0	146,838	
(2) Andrew Ahner Maintenance Lineman	46.4 0					X	120,631	0	31,514	
(3) Ronnie Gill Maintenance Lineman	45.7 0					X	114,990	0	33,584	
(4) Robert Richards Lineman	45 0					X	111,657	0	36,886	
(5) Dennis Luehr Finance Manager	50 0			X			99,166	0	41,786	
(6) Tyler Atchison Lineman	44.7 0					X	110,692	0	26,369	
(7) Matthew McElroy Line Foreman	43.8 0					X	113,528	0	21,416	
(8) Paul Hicks Director	2.04 0	X					3,900	0	24,320	
	4.78									

(9) Kevin Liefer Director	4.79 0	X									3,600	0	24,320
(10) Kenneth Jarrett Director	6.04 0	X									8,750	0	0
(11) Steven Prest Director	6.39 0	X									8,750	0	0
(12) Paul Pyatt Director	2.71 0	X									5,500	0	0
(13) Gilbert Kroening Director	3.18 0	X									5,250	0	0
(14) Larry Ebers Director	2.43 0	X									4,250	0	0
(15) Randall Campbell Director	2.41 0	X									4,250	0	0
(16) Allen Haake Director	4.13 0	X									2,500	0	0
(17) Kevin Bame Director	4.53 0	X									2,100	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										

d Total (add lines 1b and 1c)	920,493	0	387,033
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2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 16		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MVMA Inc PO Box 247 West Frankfort, IL 62896	Tree Trimming	1,446,874
Association of Illinois Electric Cooperatives PO Box 3787 Springfield, IL 62708	Engineering/Training	326,282
NISC PO Box 728 Mandan, ND 58554	Information Sys Technology	290,477

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **3**

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Part VIII **Statement of Revenue**
 Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a erated campaigns				
1b nbership dues				
1c draising events				
1d ated organizations				
1e ernment grants (contributions)				
1f ther contributions, gifts, grants, and similar amounts not included above				
1g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f	0			

venue	Business Code	Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
2a Electric Sales	221000	42,265,950	42,265,950	0	0
2b Other Sales	221000	396,074	396,074	0	0

Program Service Revenue					
f All other program service revenue.			0	0	0
9 Total. Add lines 2a-2f. ▶			42,662,024		
3 Investment income (including dividends, interest, and other similar amounts) ▶			36,025	0	0
4 Income from investment of tax-exempt bond proceeds ▶			0	0	0
5 Royalties ▶			0	0	0
		(i) Real	(ii) Personal		
6a Gross rents	6a	0	0		
b Less: rental expenses	6b	0	0		
c Rental income or (loss)	6c	0	0		
d Net rental income or (loss) ▶			0	0	0
		(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory	7a	0	0		
b Less: cost or other basis and sales expenses	7b	0	0		
c Gain or (loss)	7c	0	0		
d Net gain or (loss) ▶			0	0	0
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 ▶		8a	0		
b Less: direct expenses ▶		8b	0		
c Net income or (loss) from fundraising events ▶			0	0	0
9a Gross income from gaming activities. See Part IV, line 19 ▶		9a	0		
b Less: direct expenses ▶		9b	0		
c Net income or (loss) from gaming activities ▶			0	0	0
10a Gross sales of inventory, less returns and allowances ▶		10a	0		
b Less: cost of goods sold ▶		10b	0		
c Net income or (loss) from sales of inventory ▶			0	0	0
Miscellaneous Revenue		Business Code			
11a G&T Capital Credits		221000	1,312,430	1,312,430	0
b Other Capital Credits		221000	161,072	161,072	0
c Other Income		221000	9,187	9,187	0
d All other revenue ▶			0	0	0
e Total. Add lines 11a-11d ▶			1,482,689		
12 Total revenue. See instructions ▶			44,180,738	44,144,713	0
					36,025

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	3,198,928			
5 Compensation of current officers, directors, trustees, and key employees	580,048			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,818,530			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	2,204,176			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	41,198			
c Accounting	11,800			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	36,432			
13 Office expenses	108,961			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	35,274			
20 Interest	1,636,885			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,993,560			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in 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	27,692,038			
b Distribution Maintenance	1,510,772			
c Admin & General	1,696,622			
d Distribution Operations	44,364			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	44,619,588	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	1,332,405	1	1,268,614
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	949,453	4	1,245,706
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,085,750	7	974,750
	8 Inventories for sale or use	446,948	8	457,892
	9 Prepaid expenses and deferred charges	3,067,404	9	2,577,625
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 98,379,375		
	b Less: accumulated depreciation	10b 34,207,054	64,531,043	10c 64,172,321
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	23,162,639	13	24,530,775
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,226,117	15	3,002,123
16 Total assets. Add lines 1 through 15 (must equal line 33)	97,801,759	16	98,229,806	
Liabilities	17 Accounts payable and accrued expenses	3,852,238	17	2,491,072
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	39,100,451	23	38,294,563
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	9,057,141	25	9,554,930
	26 Total liabilities. Add lines 17 through 25	52,009,830	26	50,340,565
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	6,625	30	6,625
	31 Retained earnings, endowment, accumulated income, or other funds	45,785,304	31	47,882,616
32 Total net assets or fund balances	45,791,929	32	47,889,241	
33 Total liabilities and net assets/fund balances	97,801,759	33	98,229,806	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,180,738
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,619,588
3	Revenue less expenses. Subtract line 2 from line 1	3	-438,850
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,791,929
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,536,162
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,889,241

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Form **990** (2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Table with 2 columns: Name of the organization (EGYPTIAN ELECTRIC COOPERATIVE ASSOCIATION) and Employer identification number (37-0259803)

Part 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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Year (sub-table for 2a-2d). Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, 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 1g, column (a)) held as:

- a Board designated or quasi-endowment
b Permanent endowment
c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments Other Securities.

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments Program Related.

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) Patronage Capital - Associated Organizations	23,568,563	C
(2) Subordinated Certificates - CFC	962,212	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	24,530,775	

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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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	0

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	9,554,930

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	42,662,024
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	42,662,024
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,518,714
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	1,518,714
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	44,180,738

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	41,420,660
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	41,420,660
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	3,198,928
c	Add lines 4a and 4b	4c	3,198,928
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	44,619,588

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.

Return Reference	Explanation
Schedule D, Part X, Line 2	The following is the text of the footnote as it appears in the Financial Statements and Independent Auditor's Report of Egyptian Electric Cooperative Association. "There were no uncertain tax benefits or liabilities identified and recorded as of December 31, 2019".
Schedule D, Part XII, Line 4b	Capital Credit Allocations for 2018

Schedule D (Form 990) 2019

Software ID: 19009572
Software Version: v1.00

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization EGYPTIAN ELECTRIC COOPERATIVE ASSOCIATION

Employer identification number 37-0259803

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Schedule I (Form 990) 2019

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Table with 2 columns: Return Reference, Explanation. Row 1: Schedule I, Part I, Line 2; Scholarship applicants must complete and submit a scholarship application...

Additional Data

Return to Form

Software ID: 19009572
Software Version: v1.00

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization EGYPTIAN ELECTRIC COOPERATIVE ASSOCIATION	Employer identification number 37-0259803
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Part I Questions Regarding Compensation

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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 are not 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 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michael Hermetz Executive Vice President/General Manager	(i)	200,292	0	687	111,972	34,866	347,817	0
	(ii)	0	0	0	0	0	0	0
2 Andrew Ahner Maintenance Lineman	(i)	120,631	0	0	29,958	1,556	152,145	0
	(ii)	0	0	0	0	0	0	0

efile Public Visual Render	ObjectID: 202041909349301614 - Submission: 2020-07-07	TIN: 37-0259803
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; color: green;">2019</div> Open to Public Inspection

Name of the organization EGYPTIAN ELECTRIC COOPERATIVE ASSOCIATION	Employer identification number 37-0259803
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Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	Members have the right to participate in the organizations governance and to receive capital credit distributions of income from the organization.
Form 990, Part VI, Section A, Line 7a	An annual board meeting is held at which the organization's members are allowed to vote for members of the governing body.
Form 990, Part VI, Section B, Line 11b	Management emails a copy of this Form 990 to each board member for their review prior to its subsequent filing.
Form 990, Part VI, Section B, Line 12c	EECA reviews policy compliance annually with legal counsel. Conflicts of interest issues are reviewed on a case by case basis.
Form 990, Part VI, Section B, Line 15	The board holds a meeting to determine top management's compensation. They review a statewide compensation survey as a guide in determining compensation.
Form 990, Part VI, Section C, Line 19	All of EECA's governing documents, conflicts of interest policy and financial statements are made available to the public upon request.
Form 990, Part XI, Line 9	Retirements - 826,255, Unclaimed - (111,762), Discounted Retirements - (51,727), Capital Credit Allocations - 3,198,928

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Additional Data

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