

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

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2019
Open to Public Inspection

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: EASTERN IOWA LIGHT & POWER COOPERATIVE
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) / Room/suite: PO BOX 3003
 City or town, state or province, country, and ZIP or foreign postal code: WILTON, IA 527783003

D Employer identification number: 42-0228180
E Telephone number: (563) 732-2211
G Gross receipts \$ 66,578,342

F Name and address of principal officer: KIRK TREDE, PO BOX 3003, WILTON, IA 527783003

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.EASTERNIOWA.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1935 **M** State of legal domicile: IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROVISION OF ELECTRICITY TO MEMBERS ON THE COOPERATIVE BASIS INCLUDING OPERATION AND MAINTENANCE OF A RURAL ELECTRIC DISTRIBUTION SYSTEM

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	103
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	63,922,069	62,146,057
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	983,050	1,246,989
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,889,979	3,097,333
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,795,098	66,490,379
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	4,524,442	3,907,706
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,425,388	668,891
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59,887,927	60,055,152
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	65,837,757	64,631,749
19 Revenue less expenses Subtract line 18 from line 12	1,957,341	1,858,630

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	172,001,226	175,639,074
21 Total liabilities (Part X, line 26)	85,475,263	86,397,046
22 Net assets or fund balances Subtract line 21 from line 20	86,525,963	89,242,028

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: 2020-07-01

KRIK TREDE CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-07-01
 Check if self-employed PTIN: P01587689

Firm's name: ▶ CLIFTONLARSONALLEN LLP Firm's EIN: ▶ 41-0746749

Firm's address: ▶ 2689 COMMERCE DRIVE NW SUITE 201
 ROCHESTER, MN 55901 Phone no: (507) 280-2300

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

EASTERN IOWA REC IS COMMITTED TO PROVIDING SAFE, RELIABLE AND AFFORDABLE OFFERINGS TO OUR MEMBERS TO ENHANCE THEIR QUALITY OF LIFE

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 \$ including grants of \$) (Revenue \$)
See Additional Data

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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

	Yes	No
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 -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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	<table border="1"> <tr> <td style="width: 10%;">2a</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">103</td> </tr> </table>	2a		103		
2a		103				
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 Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No			
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 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	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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b				
7 Organizations that may receive deductible contributions under section 170(c).						
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	No			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No			
d If "Yes," indicate the number of Forms 8282 filed during the year	<table border="1"> <tr> <td style="width: 10%;">7d</td> <td style="width: 70%;"></td> </tr> </table>	7d				
7d						
e 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				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8				
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12	<table border="1"> <tr> <td style="width: 10%;">10a</td> <td style="width: 70%;"></td> </tr> </table>	10a				
10a						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 10%;">10b</td> <td style="width: 70%;"></td> </tr> </table>	10b				
10b						
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders	<table border="1"> <tr> <td style="width: 10%;">11a</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">62,146,057</td> </tr> </table>	11a		62,146,057		
11a		62,146,057				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<table border="1"> <tr> <td style="width: 10%;">11b</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">3,213,168</td> </tr> </table>	11b		3,213,168		
11b		3,213,168				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<table border="1"> <tr> <td style="width: 10%;">12b</td> <td style="width: 70%;"></td> </tr> </table>	12b		12a		
12b						
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a				
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	<table border="1"> <tr> <td style="width: 10%;">13b</td> <td style="width: 70%;"></td> </tr> </table>	13b				
13b						
c Enter the amount of reserves on hand	<table border="1"> <tr> <td style="width: 10%;">13c</td> <td style="width: 70%;"></td> </tr> </table>	13c				
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			

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

checkbox checked

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b 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

Table with 2 columns: Question, Answer. Rows include: 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 DAVID ZORICH 1705 W THIRD ST WILTON, IA 52778 (563) 732-7343

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) KIRK TREDE CEO	55 00			X				232,148	0	108,394
(2) ALLEN KROEGER DIVISION MANAGER OF OPERATIONS	40 00					X		112,757	0	87,568
(3) ROBERT WIERMERSLAGE DIVISION MANAGER OF ACCOUNTING	40 00			X				116,365	0	58,452
(4) DENNIS HILL DIVISION MANAGER OF ENGINEERING	48 00					X		114,841	0	43,538
(5) DAVE MOHR DIVISION MANAGER OF BUSINESS DEVELOPMENT	45 00					X		114,713	0	43,287
(6) MICHELLE WALKER DIVISION MANAGER OF ADMINSTRATIVE SERVICES	40 00					X		101,740	0	37,411
(7) DONALD ROTH DIVISION MANAGER OF MEMBER SERVICE	40 00					X		109,872	0	28,384
(8) TERRY PHILIPS ASST SECRETARY	5 00	X		X				13,681	0	0
(9) JOEL CARSTENSEN DIRECTOR	4 00	X						12,292	0	0
(10) MICHAEL SHUGER DIRECTOR	3 00	X						12,292	0	0
(11) MICHAEL MOES DIRECTOR	4 00	X						11,581	0	0
(12) GLENN MCCULLOH DIRECTOR	10 00	X						10,877	0	0
(13) KATHRINE WUNDERLICH SECRETARY	6 00	X		X				10,542	0	0
(14) KENNETH PURDY TREASURER	3 00	X		X				10,181	0	0
(15) ROBERT CREW DIRECTOR	2 00	X						10,176	0	0
(16) THOMAS HOTZ VICE PRESIDENT	4 00	X		X				9,492	0	0
(17) WILLIAM PETERSEN DIRECTOR	4 00	X						9,148	0	0

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			
(18) GARY KESTER PRESIDENT	5 00	X		X				9,142	0	0
(19) ALLAN DUFFE DIRECTOR	3 00	X						8,792	0	0
(20) NANCY VARNER DIRECTOR	5 00	X						7,752	0	0
(21) JAMES ROLING DIRECTOR-PART YEAR	1 00	X						5,284	0	0
(22) MARK PATTON DIRECTOR	6 00	X						4,208	0	0
(23) KURT OLSON DIRECTOR	3 00	X						4,208	0	0
(24) LESLIE PAARMANN DIRECTOR-PART YEAR	1 00	X						3,884	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								1,055,968	0	407,034

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 ▶ 7			
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	Yes	No
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>		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>	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>		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
ASPLUNDH TREE EXPERT CO INC PO BOX 827464 PHILADELPHIA, PA 19182	TREE SERVICE	992,066
ADVANCED UNDERGROUND INC 11453 31ST STREET DR W MILAN, IL 61264	CONSTRUCTION SERVICES	985,179
NISC 1 INNOVATION CIRCLE LAKE SAINT LOUIS, MO 63367	INFORMATION SERVICES	231,897
MIDWEST SPRAY TEAM & SALES INC PO BOX 65668 WEST DES MOINES, IA 50265	CHEMICAL TREATMENT SERVICES	123,228
SWICK CABLE CONTRACTORS 1923 STATE ST ELY, IA 52227	ELECTRIC CONTRACTOR	109,867

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 ▶ 5	
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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$	1g			
h Total. Add lines 1a-1f ▶					

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a SALE OF POWER		221100	62,146,057	62,146,057		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f. ▶			62,146,057			

Other Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
3 Investment income (including dividends, interest, and other similar amounts) ▶			1,118,927			1,118,927
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
6a Gross rents	6a	(i) Real	12,227			
		(ii) Personal				
		6b Less rental expenses	0			
c Rental income or (loss)	6c		12,227			
d Net rental income or (loss) ▶			12,227			12,227
7a Gross amount from sales of assets other than inventory	7a	(i) Securities		216,025		
		(ii) Other				
		b Less cost or other basis and sales expenses		87,963		
c Gain or (loss)	7c		128,062			
d Net gain or (loss) ▶			128,062			128,062
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a					
b Less direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19	9a					
b Less direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11a CAPITAL CREDITS		900099	3,081,599	3,081,599		
b INCOME FROM SUBSIDIARY		900099	3,507	3,507		
c						
d All other revenue						
e Total. Add lines 11a-11d ▶			3,085,106			
12 Total revenue. See instructions ▶			66,490,379	65,231,163	0	1,259,216

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				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	3,907,706			
5 Compensation of current officers, directors, trustees, and key employees	668,891			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,342,578			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,815,565			
23 Insurance				
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	39,428,859			
b DISTRIBUTION EXPENSE -	4,095,961			
c DISTRIBUTION EXPENSE -	3,049,458			
d ADMINISTRATIVE AND GENE	2,912,120			
e All other expenses	1,410,611			
25 Total functional expenses. Add lines 1 through 24e	64,631,749			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	1,440,160	1	1,711,619
	2 Savings and temporary cash investments	7,576,677	2	3,592,929
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,561,810	4	6,402,287
	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	36,378	7	193,303
	8 Inventories for sale or use	1,863,051	8	2,582,623
	9 Prepaid expenses and deferred charges	203,707	9	3,686,931
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 189,368,624		
	b Less accumulated depreciation	10b 63,782,889	121,378,324	10c 125,585,735
	11 Investments—publicly traded securities		11	
	12 Investments—other securities—See Part IV, line 11	54,200	12	10,863
	13 Investments—program-related—See Part IV, line 11	31,312,164	13	31,841,585
	14 Intangible assets		14	
	15 Other assets—See Part IV, line 11	1,574,755	15	31,199
16 Total assets. Add lines 1 through 15 (must equal line 34)	172,001,226	16	175,639,074	
Liabilities	17 Accounts payable and accrued expenses	5,433,648	17	5,390,889
	18 Grants payable		18	
	19 Deferred revenue	2,036,906	19	2,061,919
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability—Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	77,644,398	23	78,472,655
	24 Unsecured notes and loans payable to unrelated third parties	245,000	24	245,000
	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	115,311	25	226,583
	26 Total liabilities. Add lines 17 through 25	85,475,263	26	86,397,046
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	182,710	29	183,550
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	86,343,253	31	89,058,478
32 Total net assets or fund balances	86,525,963	32	89,242,028	
33 Total liabilities and net assets/fund balances	172,001,226	33	175,639,074	

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	66,490,379
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,631,749
3	Revenue less expenses Subtract line 2 from line 1	3	1,858,630
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,525,963
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 in Schedule O)	9	857,435
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	89,242,028

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		

Additional Data

Software ID:

Software Version:

EIN: 42-0228180

Name: EASTERN IOWA LIGHT & POWER COOPERATIVE

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVISION OF ELECTRICITY TO COOPERATIVE MEMBER-CONSUMERS DURING 2019 A TOTAL OF 23,863 ACCOUNTS CONSUMED 619,766,752 KWH OF ELECTRICITY THE COOPERATIVE OWNS, MAINTAINS AND OPERATES 4,856 MILES OF RURAL DISTRIBUTION LINES THE COOPERATIVE PROVIDES SERVICE TO 18,355 INDIVIDUAL MEMBERS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
EASTERN IOWA LIGHT & POWER COOPERATIVE

Employer identification number
42-0228180

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.

	(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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 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)		
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area	
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure	
<input type="checkbox"/> Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____		
4 Number of states where property subject to conservation easement is located ▶ _____		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 conservation easements during the year ▶ \$ _____		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items		
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 SFAS 116 (ASC 958) relating to these items		
a Revenue included on Form 990, Part VIII, line 1	▶ \$	_____
b Assets included in Form 990, Part X	▶ \$	_____

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
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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** Temporarily restricted 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

	Yes	No
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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,306,151		2,306,151
b Buildings		10,493,847	1,479,655	9,014,192
c Leasehold improvements				
d Equipment		161,267,813	62,303,234	98,964,579
e Other		15,300,813		15,300,813
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				125,585,735

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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) CENTRAL IOWA POWER COOPERATIVE CAPITAL CREDITS	28,046,232	C
(2) NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	1,817,106	C
(3) RURAL ELECTRIC SUPPLY COOPERATIVE CAPITAL CREDITS	563,245	C
(4) COBANK CAPITAL CREDITS	481,697	C
(5) NATIONAL INFORMATION SYSTEM COOPERATIVE CAPITAL CREDITS	82,309	C
(6) EQUITY OF NEW RESOURCES (AFFILIATE)	193,817	C
(7) EQUITY OF NEW VENTURES (SUBSIDIARY)	280,854	C
(8) FORMER HEADQUARTERS PROPERTY HELD FOR SALE	260,859	F
(9) OTHER	115,466	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	31,841,585	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	226,583

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

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	66,490,379
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	66,490,379
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		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	66,490,379

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	60,724,043
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	60,724,043
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		
b	Other (Describe in Part XIII)	4b	3,907,706	
c	Add lines 4a and 4b		4c	3,907,706
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	64,631,749

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 42-0228180

Name: EASTERN IOWA LIGHT & POWER COOPERATIVE

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CENTRAL IOWA POWER COOPERATIVE CAPITAL CREDITS	28,046,232	C
(2) NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	1,817,106	C
(3) RURAL ELECTRIC SUPPLY COOPERATIVE CAPITAL CREDITS	563,245	C
(4) COBANK CAPITAL CREDITS	481,697	C
(5) NATIONAL INFORMATION SYSTEM COOPERATIVE CAPITAL CREDITS	82,309	C
(6) EQUITY OF NEW RESOURCES (AFFILIATE)	193,817	C
(7) EQUITY OF NEW VENTURES (SUBSIDIARY)	280,854	C
(8) FORMER HEADQUARTERS PROPERTY HELD FOR SALE	260,859	F
(9) OTHER	115,466	C

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE COOPERATIVE EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019 AND 2018

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PATRONAGE ALLOCATION 3,907,706

Supplemental Information

Return Reference	Explanation
PARTS XI AND XII	ALTHOUGH NOT REQUIRED TO BE COMPLETED, EASTERN IOWA LIGHT AND POWER COOPERATIVE ELECTS TO COMPLETE THESE PARTS AS IT BELIEVES THAT THE INFORMATION CONTAINED IN THESE SCHEDULES WOULD BE HELPFUL AND INFORMATIVE TO THE USER OF THE FORM 990

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B, OTHER	2019 CAPITAL CREDITS ALLOCATED AND EXPENSED ON FORM 990 - SEE DISCLOSURE ON SCHEDULE O FOR PART IX, PAGE 10, QUESTION 4 \$3,907,706

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047
2019
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
EASTERN IOWA LIGHT & POWER COOPERATIVE

Employer identification number
42-0228180

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 indemnification 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?	Yes	
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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
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		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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)?		

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 KIRK TREDE CEO	(i)	223,835	20	8,293	85,217	23,177	340,542	0
	(ii)	0	0	0	0	0	0	0
2 ALLEN KROEGER DIVISION MANAGER OF OPERATIONS	(i)	110,958	362	1,437	77,218	10,350	200,325	0
	(ii)	0	0	0	0	0	0	0
3 ROBERT WIERMERSLAGE DIVISION MANAGER OF ACCOUNTING	(i)	114,812	130	1,423	40,450	18,002	174,817	0
	(ii)	0	0	0	0	0	0	0
4 DENNIS HILL DIVISION MANAGER OF ENGINEERING	(i)	113,701	182	958	32,881	10,657	158,379	0
	(ii)	0	0	0	0	0	0	0
5 DAVE MOHR DIVISION MANAGER OF BUSINESS DEVELOP	(i)	111,949	45	2,719	27,406	15,881	158,000	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART II, LINES 1 THROUGH 6, COLUMN C - RETIREMENT & DEFERRED COMPENSATION	<p>THE COOPERATIVE HAS INTERPRETED THE INSTRUCTIONS FOR COLUMN C TO INCLUDE BOTH THE CONTRIBUTIONS PAID TO THE DEFINED BENEFIT RETIREMENT PLAN AND THE INCREASE IN THE ACTUARIAL VALUE OF PLAN ASSETS ATTRIBUTABLE TO THE LISTED COOPERATIVE OFFICER OR HIGHLY COMPENSATED EMPLOYEE. THE COOPERATIVE IS A PARTICIPANT IN THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION (NRECA) RETIREMENT SECURITY PLAN (RS PLAN) WHICH IS A DEFINED BENEFIT PLAN QUALIFIED UNDER SECTION 401 AND TAX-EXEMPT UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE. IT IS A MULTI-EMPLOYER PLAN UNDER THE ACCOUNTING STANDARDS. ALL FULL-TIME EMPLOYEES OF THE COOPERATIVE ARE COVERED BY THE PLAN AFTER A 12 MONTH WAITING PERIOD. THE COOPERATIVE MAKES CONTRIBUTIONS TO THE PLAN BASED ON A PERCENTAGE OF THE PRIOR YEAR REGULAR TIME EARNINGS OF EACH EMPLOYEE. FOR 2019, THE COOPERATIVE MAKE CONTRIBUTIONS TO THE PLAN ON BEHALF OF THE LISTED EMPLOYEES. IN ADDITION, COLUMN C INCLUDES THE ANNUAL INCREASE IN THE ACTUARIAL VALUE OF THE PLAN ASSETS ATTRIBUTABLE TO THESE EMPLOYEES. THE AMOUNTS FOR THE LISTED EMPLOYEES ARE AS FOLLOWS: EMPLOYEE KIRK W TREDE EMPLOYER PLAN CONTRIBUTIONS \$41,719 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS \$85,217 ROBERT WIERMERSLAGE EMPLOYER PLAN CONTRIBUTIONS \$19,868 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS \$40,450 DAVE MOHR EMPLOYER PLAN CONTRIBUTIONS \$19,898 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS \$27,406 ALLEN KROEGER EMPLOYER PLAN CONTRIBUTIONS \$19,411 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS \$77,218 DENNIS HILL EMPLOYER PLAN CONTRIBUTIONS \$20,546 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS \$32,881 DONALD ROTH EMPLOYER PLAN CONTRIBUTIONS \$18,651 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS \$26,430 MICHELLE WALKER EMPLOYER PLAN CONTRIBUTIONS \$17,707 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS \$14,542</p>

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.

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

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

EASTERN IOWA LIGHT & POWER COOPERATIVE

Employer identification number

42-0228180

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ALL ELECTRIC CUSTOMERS OF THE COOPERATIVE ARE VOTING MEMBERS EACH MEMBER IS ENTITLED TO ONE VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE COOPERATIVE IS DIVIDED INTO FIVE DISTRICTS OF REASONABLY EQUAL SIZE. EACH MEMBER IN THE DISTRICT HAS ONE VOTE PER DIRECTOR TO BE ELECTED. EACH DISTRICT ELECTS THREE MEMBERS TO THE 15-MEMBER BOARD OF DIRECTORS. IN NORMAL CIRCUMSTANCES THE TERMS IN EACH DISTRICT ARE FOR ONE OR THREE YEARS AND ARE STAGGERED SO THAT EACH DISTRICT ELECTS ONLY ONE DIRECTOR EACH YEAR. AT CERTAIN TIMES, BECAUSE OF THE RESIGNATION OR DEATH OF A DIRECTOR, A DISTRICT MAY HAVE MULTIPLE ELECTIONS FOR BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE COOPERATIVE MAY NOT SELL, MORTGAGE, LEASE OR OTHERWISE DISPOSE OF OR ENCUMBER ALL OR A SUBSTANTIAL PORTION OF ITS PROPERTY UNLESS IT IS AUTHORIZED BY THE MAJORITY OF ALL ITS MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 IS PROVIDED TO THE CEO FOR REVIEW PRIOR TO FILING WITH THE IRS. THE FIRST BOARD OF DIRECTOR MEETING AFTER THE 990 IS FILED, THE FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS. THIS IS DONE BY SHOWING THE FORM 990 IN ITS' ENTIRETY TO THE BOARD AND REVIEWING THE FINANCIAL DATA AND DISCLOSURES THAT MANAGEMENT DEEMS TO BE SIGNIFICANT AT THAT TIME. THE BOARD MAY RATIFY THE FORM 990 AS FILED OR REQUEST CHANGES. IF CHANGES ARE DEEMED TO BE NECESSARY, AN AMENDED FORM 990 WILL BE FILED WITH IRS IN A TIMELY MANNER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER AND COOPERATIVE EMPLOYEE IS REQUIRED TO ANNUALLY DISCLOSE ACTIVITIES AND RELATIONSHIPS THAT COULD BE CONSIDERED AS A CONFLICT OF INTEREST AS DEFINED BY THE COOPERATIVE'S CODE OF CONDUCT/ETHICS POLICY ALL POTENTIAL CONFLICTS ARE REVIEWED A MANAGEMENT EMPLOYEE AND THE CEO REVIEWS THE EMPLOYEE DISCLOSURES, THE CEO REVIEWS THE BOARD DISCLOSURES AND THE BOARD PRESIDENT REVIEWS THE CEO'S DISCLOSURE A RECAP OF POTENTIAL CONFLICTS IS THEN REVIEWED BY THE BOARD OF DIRECTORS TO DETERMINE IF AN ACTUAL CONFLICT EXISTS IF SO, THE BOARD DECIDES HOW THE COOPERATIVE WILL DEAL WITH THESE CONFLICTS THIS MAY INCLUDE REQUESTING COOPERATIVE EMPLOYEES TO AVOID TRANSACTIONS WITH CERTAIN EMPLOYEES, COMPANIES OR ORGANIZATIONS, REQUESTING THAT CERTAIN INDIVIDUALS ABSTAIN IN THE DECISION MAKING ON CERTAIN TRANSACTIONS, OR RATIFYING CERTAIN TRANSACTIONS OR DECISIONS ALL ACTIONS ARE DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS ESTABLISHES THE COMPENSATION LEVEL FOR THE CEO THIS IS BASED ON DATA PROVIDED BY A NATIONAL TRADE ORGANIZATION AND THE STATE EMPLOYMENT BUREAU A COMPENSATION CONSULTANT HAS PERIODICALLY BEEN USED DECISIONS ON COMPENSATION ARE COMMUNICATED IN A TIMELY MANNER TO APPROPRIATE HUMAN RESOURCES AND PAYROLL PERSONNEL BY THE BOARD PRESIDENT THIS PROCESS IS DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	EASTERN IOWA LIGHT AND POWER COOPERATIVE WILL MAKE SELECTED GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC OR TO ITS' MEMBERS UP ON REQUEST THE COOPERATIVE PROVIDES FINANCIAL STATEMENTS IN ITS ANNUAL REPORT, WHICH IS GIVEN TO ALL MEMBERS ATTENDING DISTRICT MEETINGS FINANCIAL STATEMENTS ARE ALSO PERIODICALLY INCLUDED IN THE MEMBER NEWSLETTER WHICH IS MAILED TO ALL MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, PAGE 6, QUESTION 16, INVESTMENT IN TAXABLE ENTITY	THE COOPERATIVE HAS INVESTED IN NEW RESOURCES, INC WHICH IS CO-OWNED WITH OTHER RURAL ELE CTRIC COOPERATIVES EASTERN APPOINTS TWO BOARD MEMBERS TO THE BOARD OF NEW RESOURCES, INC WHICH CONDUCTS BUSINESS ACTIVITIES THAT ALL OWNING COOPERATIVES WISH TO PURSUE THE EFFEC T OF OWNERSHIP OF THE TAXABLE ENTITY ON THE TAX STATUS OF THE COOPERATIVE IS PERIODICALLY REVIEWED

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, PAGE 7, COMPENSATION OF OFFICERS AND DIRECTORS	USERS OF THIS FORM 990 SHOULD REVIEW THE DISCLOSURE RELATED TO RETIREMENT AND OTHER DEFERR ED COMPENSATION IN THE ATTACHED SCHEDULE J - PAGE 3

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART IX, PAGE 10, QUESTION 4, BENEFITS PAID TO OR FOR MEMBERS	THE IRS INSTRUCTIONS STATE THAT PATRONAGE DIVIDENDS PAID BY SECTION 501(C)(12) ORGANIZATIONS TO THEIR MEMBERS SHOULD BE REPORTED ON LINE 4 THE COOPERATIVE HAS INTERPRETED PATRONAGE DIVIDENDS PAID TO MEAN PATRONAGE DIVIDENDS ALLOCATED OR TO BE ALLOCATED FOR THE CURRENT YEAR SINCE THIS ALLOCATION IS NOT AN EXPENSE UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP), THIS ALSO RESULTS IN A RECONCILING ITEM TO NET ASSETS IN PART XI, ON PAGE 12 OF THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CAPITAL CREDITS RETIRED -3,113,951 CHANGE IN MEMBERSHIP AND OTHER EQUITIES 63,680 PATRONAGE ALLOCATION 3,907,706

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
EASTERN IOWA LIGHT & POWER COOPERATIVE

Employer identification number
42-0228180

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NEW VENTURES INC PO BOX 3003 WILTON, IA 52778 42-1328834	ECONOMIC DEVELOPMENT	IA	501(C)(4)	N/A	N/A		No

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)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NO TRANSACTIONS GREATER THAN 50000			

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation