

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021**

**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 \$ 62,567,636

**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.

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

**J** Website: ▶ WWW.EASTERNIOWA.COM

**H(c)** Group exemption number ▶

**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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	102
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	1,835,895
<b>9</b> Program service revenue (Part VIII, line 2g)	58,988,051	58,203,383
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,542	176,201
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,470,025	2,195,047
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,597,618	62,410,526
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	3,314,688	3,777,185
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	624,649	711,655
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	57,145,386	56,252,448
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	61,084,723	60,741,288
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,512,895	1,669,238
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	183,737,287	187,914,668
<b>21</b> Total liabilities (Part X, line 26)	92,058,632	93,383,589
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	91,678,655	94,531,079

**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: 2022-05-26  
KRIK TREDE CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2022-05-26  
Check  if self-employed PTIN: P01760889  
Firm's name: ▶ CLIFTONLARSONALLEN LLP Firm's EIN: ▶ 41-0746749  
Firm's address: ▶ 2689 COMMERCE DRIVE NW SUITE 201 Phone no. (507) 280-2300  
ROCHESTER, MN 55901

**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**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . .		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . .		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		No
<b>11c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	Yes	
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		No
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

<p><b>2a</b> 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 . . . . .</p>	<p><b>2a</b> 102</p>		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</p>	<p><b>2b</b></p>	<p>Yes</p>	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<p><b>3a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>	<p><b>3b</b></p>		
<p><b>4a</b> 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)? . . . . .</p>	<p><b>4a</b></p>		<p>No</p>
<p><b>b</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).</p>			
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<p><b>5a</b></p>		<p>No</p>
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p><b>5b</b></p>		<p>No</p>
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<p><b>5c</b></p>		
<p><b>6a</b> 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? . . . . .</p>	<p><b>6a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>6b</b></p>		
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>			
<p><b>a</b> 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? . . . . .</p>	<p><b>7a</b></p>		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<p><b>7b</b></p>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<p><b>7c</b></p>		
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>		
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p><b>7e</b></p>		
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<p><b>7f</b></p>		
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<p><b>7g</b></p>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<p><b>7h</b></p>		
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<p><b>8</b></p>		
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>			
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<p><b>9a</b></p>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<p><b>9b</b></p>		
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>			
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>		
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p>	<p><b>10b</b></p>		
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>			
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>	<p>58,203,383</p>	
<p><b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<p><b>11b</b></p>	<p>4,096,367</p>	
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>			
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>		
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>			
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>	<p><b>13a</b></p>		
<p><b>b</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 . . . . .</p>	<p><b>13b</b></p>		
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>		
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<p><b>14a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>	<p><b>14b</b></p>		
<p><b>15</b> 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 the instructions and file Form 4720, Schedule N.</p>	<p><b>15</b></p>		<p>No</p>
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.</p>	<p><b>16</b></p>		<p>No</p>
<p><b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.</p>	<p><b>17</b></p>		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS HOTZ PRESIDENT	4.00 0.00	X		X				11,257	0	0
(2) KATHY WUNDERLICH VICE PRESIDENT	4.00 0.00	X		X				11,457	0	0
(3) KENNETH PURDY SECRETARY	3.50 0.00	X		X				11,946	0	0
(4) KURT OLSON TREASURER	5.00 0.00	X		X				10,757	0	0
(5) DAN HEATER ASST. SECRETARY	10.00 0.00	X		X				14,207	0	0
(6) GLENN MCCULLOH DIRECTOR	10.00 0.00	X						8,585	0	0
(7) MICHAEL MOES DIRECTOR	4.00 0.00	X						7,896	0	0
(8) GARY KESTER DIRECTOR	10.00 0.00	X						8,607	0	0
(9) MICHAEL BIXLER DIRECTOR	3.50 0.00	X						11,407	0	0
(10) WILLIAM PETERSEN DIRECTOR	10.00 0.00	X						9,307	0	0
(11) JOEL CARSTENSEN DIRECTOR	4.00 0.00	X						12,282	0	0
(12) ALLAN DUFFE DIRECTOR	4.50 0.00	X						8,957	0	0
(13) MICHAEL SHUGER DIRECTOR	4.00 0.00	X						10,007	0	0
(14) NANCY VARNER DIRECTOR	8.00 0.00	X						8,415	0	0
(15) RON STOVER DIRECTOR	4.00 0.00	X						2,458	0	0
(16) ROBERT CREW DIRECTOR - PART YEAR	2.00 0.00	X						2,805	0	0
(17) KIRK TREDE CEO	50.00 0.00			X				253,379	0	162,098

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID ZORICH ..... DIVISION MANAGER OF ACCOUNTING	44.00 ..... 0.00			X				103,308	0	42,520
(19) DAVE MOHR ..... DIVISION MANAGER OF BUSINESS DEVELOPMENT	45.00 ..... 0.00					X		123,718	0	52,908
(20) TIM IOSSI ..... MANAGER OF OPERATION TECHNOLOGY	50.00 ..... 0.00					X		106,908	0	95,440
(21) KYLE PAULSEN ..... JOURNEYMAN LINEMAN	51.80 ..... 0.00					X		130,354	0	37,382
(22) DENNIS HILL ..... DIVISION MANAGER OF ENGINEERING	45.00 ..... 0.00					X		122,855	0	62,234
(23) KEVIN BOHNSACK ..... SUBSTATION FOREMAN	44.00 ..... 0.00					X		109,706	0	79,502
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,100,578	0		532,084

**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 ▶ 26

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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	
<b>5</b> 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	1,219,860
ADVANCED UNDERGROUND INC 11453 31ST STREET DRIVE WEST MILAN, IL 61264	CONSTRUCTION SERVICES	728,347
NISC 1 INNOVATION CIRCLE LAKE SAINT LOUIS, MO 63367	INFORMATION SERVICES	410,438
OPEN SYSTEMS INTERNATIONAL 4101 ARROWHEAD DRIVE MEDINA, MN 55340	SOFTWARE SERVICES	185,825
J HOLST CONSTRUCTION 727 COUNTRY CLUB DRIVE MAQUOKETA, IA 52060	CONSTRUCTION SERVICES	130,560

**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 ▶ 7



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,835,895				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		1,835,895				
<b>Program Service Revenue</b>	<b>2a</b> SALE OF POWER	Business Code 221000	58,203,383	58,203,383			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . . ▶		58,203,383				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		102,898			102,898	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6a</b> Gross rents	(i) Real	7,878				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	0				
	<b>c</b> Rental income or (loss)	<b>6c</b>	7,878				
	<b>d</b> Net rental income or (loss) . . . . . ▶		7,878			7,878	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities			230,413		
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		157,110		
	<b>c</b> Gain or (loss)	<b>7c</b>		73,303			
	<b>d</b> Net gain or (loss) . . . . . ▶		73,303			73,303	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . ▶							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . ▶							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue	Business Code						
<b>11a</b> CAPITAL CREDITS	221000	2,190,432	2,190,432				
<b>b</b> INCOME FROM SUBSIDIARY	221000	-3,263	-3,263				
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		2,187,169					
<b>12 Total revenue.</b> See instructions . . . . . ▶		62,410,526	60,390,552	0	184,079		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .	3,777,185			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	711,655			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	2,749,456			
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	5,731,290			
<b>23</b> Insurance . . . . .				
<b>24</b> 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.)				
<b>a</b> COST OF POWER	35,732,964			
<b>b</b> DISTRIBUTION EXPENSE -	4,576,652			
<b>c</b> DISTRIBUTION EXPENSE -	3,158,656			
<b>d</b> ADMINISTRATIVE AND GENE	3,034,574			
<b>e</b> All other expenses	1,268,856			
<b>25</b> Total functional expenses. Add lines 1 through 24e	60,741,288			
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,317,571	<b>1</b>	6,473,774
	<b>2</b> Savings and temporary cash investments . . . . .	482,258	<b>2</b>	482,917
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	6,372,826	<b>4</b>	6,071,445
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	197,332	<b>7</b>	544,273
	<b>8</b> Inventories for sale or use . . . . .	2,236,514	<b>8</b>	2,699,486
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,194,338	<b>9</b>	2,601,392
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	205,505,369		
	<b>b</b> Less: accumulated depreciation	71,390,266		
		128,030,730	<b>10c</b>	134,115,103
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	32,714,182	<b>13</b>	32,554,514
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,191,536	<b>15</b>	2,371,764	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	183,737,287	<b>16</b>	187,914,668	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,975,617	<b>17</b>	5,715,490
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,253,563	<b>19</b>	2,126,113
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	83,353,763	<b>23</b>	85,068,899
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	245,000	<b>24</b>	245,000
	<b>25</b> 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	230,689	<b>25</b>	228,087
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	92,058,632	<b>26</b>	93,383,589
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	184,800	<b>29</b>	185,780
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	91,493,855	<b>31</b>	94,345,299
<b>32</b> Total net assets or fund balances . . . . .	91,678,655	<b>32</b>	94,531,079	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	183,737,287	<b>33</b>	187,914,668	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	62,410,526
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	60,741,288
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,669,238
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	91,678,655
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,183,186
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	94,531,079

**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 on 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
<b>2a</b>			No
<b>2b</b>	Yes		
<b>2c</b>	Yes		
<b>3a</b>	Yes		
<b>3b</b>	Yes		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 42-0228180

**Name:** EASTERN IOWA LIGHT & POWER COOPERATIVE

Form 990 (2021)

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### Form 990, Part III, Line 4a:

PROVISION OF ELECTRICITY TO COOPERATIVE MEMBER-CONSUMERS. DURING 2021 A TOTAL OF 23,936 ACCOUNTS CONSUMED 578,763,800 KWH OF ELECTRICITY. THE COOPERATIVE OWNS, MAINTAINS AND OPERATES 4,852 MILES OF RURAL DISTRIBUTION LINES. THE COOPERATIVE PROVIDES SERVICE TO 18,578 INDIVIDUAL MEMBERS.

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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2021 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.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year. Rows 5-6 for donor/donor advisor notification questions.

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose of easements, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a-d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-b and 2 regarding reporting of art and assets.

**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		2,465,682		2,465,682
<b>b</b> Buildings . . . . .		14,068,295	1,991,995	12,076,300
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		165,751,910	69,398,271	96,353,639
<b>e</b> Other . . . . .		23,219,482		23,219,482
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				134,115,103

**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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
<b>Total.</b> (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	28,531,248	C
(2) NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	1,808,607	C
(3) RURAL ELECTRIC SUPPLY COOPERATIVE CAPITAL CREDITS	639,412	C
(4) COBANK CAPITAL CREDITS	606,283	C
(5) NATIONAL INFORMATION SYSTEM COOPERATIVE CAPITAL CREDITS	112,195	C
(6) EQUI OF NEW RESOURCES (AFFILIATE)	191,339	C
(7) EQUITY OF NEW VENTURES (SUBSIDIARY)	283,032	C
(8) FORMER HEADQUARTERS PROPERTY HELD FOR SALE	260,859	F
(9) OTHER	121,539	C
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	32,554,514	

**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)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONSUMER DEPOSITS	228,087
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	228,087

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	62,410,526
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	62,410,526
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	62,410,526

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	56,964,103
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	56,964,103
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	3,777,185	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	3,777,185
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	60,741,288

**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
CENTRAL IOWA POWER COOPERATIVE CAPITAL CREDITS	28,531,248	C
NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORPORATION	1,808,607	C
RURAL ELECTRIC SUPPLY COOPERATIVE CAPITAL CREDITS	639,412	C
COBANK CAPITAL CREDITS	606,283	C
NATIONAL INFORMATION SYSTEM COOPERATIVE CAPITAL CREDITS	112,195	C
EQUIY OF NEW RESOURCES (AFFILIATE)	191,339	C
EQUITY OF NEW VENTURES (SUBSIDIARY)	283,032	C
FORMER HEADQUARTERS PROPERTY HELD FOR SALE	260,859	F
OTHER	121,539	C

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE COOPERATIVE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(12) OF THE INTERNAL REVENUE CODE, THUS THERE IS NO PROVISION FOR INCOME TAXES AT DECEMBER 31, 2021 AND 2020. THE COOPERATIVE EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2021 AND 2020.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PATRONAGE ALLOCATION 3,777,185.

## 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:	2021 CAPITAL CREDITS ALLOCATED AND EXPENSED ON FORM 990 - SEE DISCLOSURE ON SCHEDULE O FOR PART IX, PAGE 10, QUESTION 4 \$3,777,185

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2021**  
**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](http://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								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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</p>	<b>1b</b>									
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	Yes								
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>									
	<b>5b</b>									
<p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>									
	<b>6b</b>									
<p><b>7</b> 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 . . . . .</p>	<b>7</b>									
<p><b>8</b> 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 . . . . .</p>	<b>8</b>									
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>									



**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, 1099-MISC compensation, and/or 1099-NEC			(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				
<b>1</b> KIRK TREDE CEO	(i)	238,835	25	14,519	135,390	26,708	415,477	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> TIM IOSSI MANAGER OF OPERATION TECHNOLOGY	(i)	105,317	216	1,375	68,947	26,493	202,348	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> KEVIN BOHNSACK SUBSTATION FOREMAN	(i)	107,324	0	2,382	61,056	18,446	189,208	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> DENNIS HILL DIVISION MANAGER OF ENGINEERING	(i)	121,729	90	1,036	52,577	9,657	185,089	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> DAVE MOHR DIVISION MANAGER OF BUSINESS DEVELOP	(i)	120,590	80	3,048	36,151	16,757	176,626	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> KYLE PAULSEN JOURNEYMAN LINEMAN	(i)	129,614	338	402	16,735	20,647	167,736	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 2021, THE COOPERATIVE MADE 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: \$48,382 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS: \$135,390 TIM LOSSI EMPLOYER PLAN CONTRIBUTIONS: \$22,403 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS: \$68,947 DAVE MOHR EMPLOYER PLAN CONTRIBUTIONS: \$24,171 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS: \$36,151 DENNIS HILL EMPLOYER PLAN CONTRIBUTIONS: \$24,127 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS: \$52,577 KEVIN BOHNSACK EMPLOYER PLAN CONTRIBUTIONS: \$17,570 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS: \$61,056 KYLE PAULSEN EMPLOYER PLAN CONTRIBUTIONS: \$16,735 INCREASE IN ACTUARIAL VALUE OF PLAN ASSETS: \$12,887</p>

**SCHEDULE O**  
(Form 990)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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

EASTERN IOWA LIGHT &amp; 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**

<b>Return Reference</b>	<b>Explanation</b>
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 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 ELECTRIC 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 EFFECT OF OWNERSHIP OF THE TAXABLE ENTITY ON THE TAX STATUS OF THE COOPERATIVE IS PERIODICALLY REVIEWED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART VII, PAGE 7, COMPENSATION OF OFFICERS AND DIRECTORS:	USERS OF THIS FORM 990 SHOULD REVIEW THE DISCLOSURE RELATED TO RETIREMENT AND OTHER DEFERRED COMPENSATION IN THE ATTACHED SCHEDULE J - PAGE 3.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CAPITAL CREDITS RETIRED -2,646,493. CHANGE IN MEMBERSHIP AND OTHER EQUITIES 52,494. PATRONAGE ALLOCATION 3,777,185.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> 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.

<b>Return Reference</b>	<b>Explanation</b>