Form **990**

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

_	roi ti	and er	naing								
В	Check applica	hia.		D Employer identification number							
		SIOUX VALLEY SOUTHWESTERN ELECTRIC									
	Add	ge COOPERATIVE, INC.									
	Nam char	ge Doing business as SIOUX VALLEY ENERGY		46-0189704							
	lnitia retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	per						
	Fina	PO BOX 216		605-534							
	term	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	91,494,753.						
	Ame	nded COLMAN, SD 57017-0216		H(a) Is this a group							
	App tion	F Name and address of principal officer: TIM MCCARTHY		for subordinate							
	pend	SAME AS C ABOVE		H(b) Are all subordinates							
ī	Tax-e	xempt status: \bigcirc 501(c)(3) \boxed{X} 501(c) ($\boxed{12}$) \blacktriangleleft (insert no.) \bigcirc 4947(a)(1) or	527		a list. See instructions						
J	Webs	ite: WWW.SIOUXVALLEYENERGY.COM		H(c) Group exempt							
		of organization: X Corporation Trust Association Other	1 Year		M State of legal domicile: SD						
	art I		TE Tour	or formation, 2505	W Otate of legal doffliche, 52						
	1	Briefly describe the organization's mission or most significant activities: TO PRO	OVIDE	ELECTRICIT	עידו, דיינו עין						
Activities & Governance		TO MEMBERS OF THE COOPERATIVE.	UTIDE	DDDCIRICI	II OIIDIII						
nar	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its not a	anata						
Ver	3	Number of action and the second secon			1 2						
Ô	4	Number of independent voting members of the governing body (Part VI, line 1a)									
∞	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)									
ţie	6	A STATE OF THE STA		79-9-7 (a.1) 30 (d.) 34500 (34500) (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500) (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (34500 (
ξ	7.										
Å	1										
-	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	······								
	8	Contributions and grants (Part VIII line 1h)	_	Prior Year	Current Year						
ne	9	Contributions and grants (Part VIII, line 1h)									
Revenue	10	Program service revenue (Part VIII, line 2g)		86,129,758							
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		583,981							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,100,902							
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		89,814,641							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		3,819,643							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		730,453							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ă	. b		0.								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		83,456,329							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		88,006,425	90,419,890.						
	19	Revenue less expenses. Subtract line 18 from line 12		1,808,216	-1,575.						
Net Assets or	3		Ве	ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)	2	69,277,083	279,702,399.						
t As	21	Total liabilities (Part X, line 26)	1	.76,383,663	182,680,218.						
2	22	Net assets or fund balances. Subtract line 21 from line 20		92,893,420	97,022,181.						
100 miles	art II										
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of n	ny knowledge and belief, it is						
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which									
		Jan Octivity			-24-21						
Sig	n	Signature of officer		Date							
Her	e	GARY FISH, BOARD PRESIDENT									
		Type or print name and title									
Print/Type preparer's name Preparer's signature Date Check PTIN											
Paid	i	KATHERINE LUTZKE, CPA KATHERINE LUTZKE,	, CP 0	8/05/21 if self-empl	p01760889						
	arer	Firm's name CLIFTONLARSONALLEN LLP	1	Firm's EIN							
	Only	Firm's address 2689 COMMERCE DRIVE NW, SUITE 201		THINI S LIN							
		ROCHESTER, MN 55901		Phone no 50	07-280-2300						
May	the I	RS discuss this return with the preparer shown above? See instructions		11 110110 110.5	X Yes No						

Pa	rt 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: SIOUX VALLEY ENERGY'S MISSION IS "SERVING OUR MEMBERS, ALWAYS".
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
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 \$) RURAL ELECTRIC DISTRIBUTION COOPERATIVE PROVIDING 855,400 MEGAWATT HOURS OF ELECTRICITY TO 22,330 MEMBER OWNERS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
<u>4e</u>	Total program service expenses ► Form 990 (2020)

COOPERATIVE, INC.

Part IV | Checklist of Required Schedules

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To be directly	One of the quired ochequies		V-	N-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			420
2.2	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	ASSTRUME.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	20 00	.,	
L	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.	х	
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Λ	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1=51		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	, and 1		
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Form 990 (2020) COOPERATIVE, INC.

Part IV Checklist of Required Schedules (continued) COOPERATIVE, INC.

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			72743
2.0	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23	X	
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? If "Yes," answer lines 24b through 24d and complete			v
h	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		-
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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			
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	anasadesa	X
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):	100	10000	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
h	"Yes," complete Schedule L, Part IV	28a	-	<u>x</u>
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b	-	
Ü	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	YAL	- 11	
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Mathematical Control	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Corrodule C contains a response of flote to any line in this Part V	······i	v I	N-
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10000	Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
000	(gambling) winnings to prize winners?	1c	(OCUMENT)	CHEROKETE !
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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	701		age •
	Continuouy		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103	110
	filed for the calendar year ending with or within the year covered by this return 2a 103			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	i	Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		Х
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).			
а	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		
	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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	!		
D				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	120		
_	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			
С	Enter the amount of reserves on hand 13c	•		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		
	excess parachute payment(s) during the year?	15	İ	Х
	If "Yes," see instructions and file Form 4720, Schedule N.	-,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	Х
	If "Yes," complete Form 4720, Schedule O.	.~		
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b				
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	機能		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	Lance
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			17
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BETTY VANDERWERFF - 605-534-3535			
	47092 SD HWY 34, COLMAN, SD 57017-0216			

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

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 ·O· 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W·2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TIM MCCARTHY	50.00									_
GENERAL MANAGER/CEO				X				256,972.	0.	107,972.
(2) BETTY VANDERWERFF	46.00	1								
DIRECTOR OF FIN & ACCTG		<u> </u>		Х				151,009.	0.	126,461.
(3) DEBRA BIEVER	46.00						1			
DIRECTOR OF CUSTOMER & EMP		ᆫ				Х		162,274.	0.	<u>79,321.</u>
(4) THEODORE SMITH	46.00	1								•
DIRECTOR OF ENG & OPS		上				Х		164,609.	0.	68,782.
(5) CARRIE VUGTEVEEN	46.00									
DIRECTOR OF COM./GOVT, REL						Х		142,236.	0.	48,743.
(6) CHAD WILLIAMS	46.00									
OPERATIONS MANAGER	<u> </u>	<u> </u>				Х		124,312.	0.	66,222.
(7) JUSTIN MOOSE	46.00									
MANAGER OF IT						Х		134,973.	0.	52,924.
(8) ALLAN WEINACHT	8.30	┨								
PRESIDENT		X		X		<u> </u>		13,301.	0.	0.
(9) DON DEGREEF	9.80	l								_
DIRECTOR	10.10	X				ldash		12,251.	0.	0.
(10) RODNEY DEMENT	12.10	ļ							_	
DIRECTOR		Х						7,801.	0.	3,600.
(11) LUCAS ROSKAMP	7.00	l						10.054		_
DIRECTOR		X						10,251.	0.	0.
(12) BRUCE MARTINSON	5.90							10 101		_
DIRECTOR	7 40	X				Ļ	_	10,181.	0.	<u> </u>
(13) MARK ROGEN	7.40	ا ا						10 101		•
DIRECTOR	10.50	X			_			10,101.	0.	0.
(14) ALLAN KOOIMA	10.50	ļ.,		.,				0 501	•	
SECRETARY	6.00	X		X				9,501.	0.	0.
(15) GREGG JOHNSON	6.80	ļ "						0 251	•	
(16) DAN LEUTHOLD	0.00	Х	-					9,351.	0.	0.
DIRECTOR	8.90	 						(030	_	1 012
	1.60	X						6,839.	0.	1,913.
(17) GARY FISH VICE PRESIDENT	4.60	Ţ		. ,				0 701	_	^
022007 12-22-20	_l	X		X				8,701.	0.	0.

032007 12-23-20

Form 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A)	(B) (C)							(D)	(E) Reportable			(F)	
Name and title	Average hours per			heck i	more	than		Reportable			timate	-	
	week			ss per nd a di				compensation from	compensation from related		1	nount (other	ΣT
	(list any	director					the	organization		1	pensa	tion	
	hours for	or dire	۱			ted		organization	(W-2/1099-MI		1	om the	
	related	trustee or	ruste			pensa		(W-2/1099-MISC)			, -	anizati	
	organizations below	ual tru	ionali		ploye	t com					l	d relate	
	line)	Individual t	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
(18) DAVE DANIEL	4.00	<u>-</u>	┢	Ĭ	<u> </u>	7. 43		·					
TREASURER		X		Х				8,476.		0.			0.
							<u> </u>						
		-											
-			├										
	·-	ł											
		\vdash	 	\vdash	-								
		İ											
				П									
		_		Щ	$ldsymbol{le}}}}}}$								
		Į											
	-			\vdash									
		-											
1h Subtotal	L					I	▶	1,243,139.		0.	55	5,93	3 8
1b Subtotal c Total from continuation sheets to Part Vi	L Section A					****	-	0.		0.	33.	<i>J</i> , <i>J</i> .	0.
d Total (add lines 1b and 1c)								1,243,139.		ō.	55	5,93	
2 Total number of individuals (including but n							o re		000 of reportable			,,,,	
compensation from the organization						-							25
												Yes	No
3 Did the organization list any former officer,			өу е	mpl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	che	dule	J1	for such individual			4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com							late	ed organization or individ	lual for services		┝ <u></u>		Х
Section B. Independent Contractors	piete Schedule) J fe	or st	ich c	ers.	on					5		
Complete this table for your five highest con	mpensated ind	ene	nder	nt co	ontra	ector	's th	nat received more than \$	100 000 of com	nensa'	tion fro	m	
the organization. Report compensation for t										50,100.			
(A)								(B)			(0	;)	
Name and business	address							Description of s	ervices	C	comper	nsation	1
LEGACY POWER LINE, INC.													
PO BOX 469, WADENA, MN 56							4	UTILITY CONS	PRUCTION	2	, 44!	5,94	<u> 11.</u>
HIGHLINE CONSTRUCTION INC		M	c	c 2 /	c 0		l		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	٠.		
16124 OLD LAKE RD, PAYNES MAY CONSTRUCTION	VILLE,	MIN		031	6 4		\dashv	UTILITY CONST	PROCTION	<u> </u>	,684	1,5.	<u> </u>
	7042						ı	UTILITY CONST	POTTOTTON	1	62'	7 00) /
PO BOX 402, MADISON, SD 57042 DOUGLAS FRIEST								OTIBITI CONS.	INOCITON		<u>,63'</u>	7,03	74.
47854 273RD ST, HARRISBUR	G. SD 5	70	32				-	TREE TRIMMING	, l		961	5,81	۱6.
SUMMIT UTILITY SERVICES L		<u> </u>					ᅥ					. ,	
							7,81	L5.					
2 Total number of independent contractors (including but not limited to those listed above) who received more than													
\$100,000 of compensation from the organiz	ation >				9)							
											Form 9	990 (2	2020)

COOPERATIVE, INC. Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a response	or note to any line	e 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
र र	1	а	Federated campaigns		1a					X 1
Grants nounts			Membership dues		l l					
			Fundraising events		·····					•
Gifts, ilar Ar					1d					
n,ig		e	Government grants (contri				A Commence			
ë is		f	All other contributions, gifts,							
E E	similar amounts not included above 1f							100		
ξÖ		a	Noncash contributions included in I		· · ·				٠,	
Contributions, and Other Simi		_	Total. Add lines 1a-1f		[.3]+		<u>.</u>	1.1.2		-
	I Total / tad illies ta il					Business Code				
gy	2	а	SALE OF POWER			221000	86,929,729.	86,929,729.		
Program Service Revenue		b							-	
Se		С			•					
E a		d								-
P. B.		е				:	_			
ġ.		f	All other program service r	ever	nue					
		g	Total. Add lines 2a-2f		*******		86,929,729.	***		
	3		Investment income (includ					-		-
İ			other similar amounts)				336,419.			336,419.
	4					roceeds 🕨	·			
	5		Royalties							
					(i) Real	(ii) Personal				
	6		Gross rents	6a						
			Less: rental expenses	6b						
			` ' '	6c		L				
			Net rental income or (loss)		63.0					
	7	a	Gross amount from sales of		(i) Securities	(ii) Other				
		_	assets other than inventory	7a		86,528.				
4		b	Less: cost or other basis			444 500	·			
ň				7b		114,788.				
ther Revenue				7c		-28,260.	40.050			
ř.	_		Net gain or (loss)				-28,260.			-28,260.
	8	а	Gross income from fundraisin							
0			including \$							
			contributions reported on I		•					
,		L	Part IV, line 18			<u> </u>	•			
ĺ			Net income or (loss) from fi				· ·			
			Gross income from gaming				-			
	9		Part IV, line 19		į.					
		h			9b			•		
			Net income or (loss) from g							
			Gross sales of inventory, le							
			and allowances			490,853.				
		b			10b					
			Net income or (loss) from s			>	-470,797.	-470,797.		
(A						Business Code				
ğ a	11	а	CAPITAL CREDITS			900099	3,652,554.	3,652,554.		
ane		b	CORSON DEVELOPMENT			900003	-1,330		-1,330.	
₩ E		C			<u> </u>					
Miscellaneous Revenue			All other revenue							
\perp		е	Total, Add lines 11a-11d			<u> </u>	3,651,224.]
	12		Total revenue. See instruction	ns .		<u></u>	90,418,315.	90,111,486.	-1,330.	308,159.
032009	12-	23-2	20							Form 990 (2020)

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 **(D)** Fundraising (A) Total expenses (B) Program service (C) Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 6,189,338. Compensation of current officers, directors, trustees, and key employees 754,680. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (nonemployees): a Management b Legal Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 5,799,082. 20 Payments to affiliates 21 6,755,915 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COST OF POWER 55,554,310 DIST EXP - OPERATIONS 4,999,196. ADMIN & GENERAL EXPENSE 3,730,325. DIST EXP - MAINTENANCE 2,767,357. 3,869,687 e All other expenses 90,419,890. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

032010 12-23-20

Form 990 (2020)

Form 990 (2020)
Part X | Balance Sheet

COOPERATIVE, INC.

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,828,853.	1	2,278,008.		
	2	Savings and temporary cash investments		4,647,939.	2	4,346,118.	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	7,694,931.	4	9,926,968.		
	5	Loans and other receivables from any current of			:		
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
Ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6,237,222.	8	6,965,971.
ď	9	Donatile Life by			682,564.	_9	730,651.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	255,912,930.			
	b	Less: accumulated depreciation	10b	53,627,376.	195,632,678.	10c	202,285,554.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	172,303.	12	0.		
	13	Investments - program-related. See Part IV, line	51,062,769.	13	52,740,297.		
	14	Intangible assets	1,236.	14	1,236.		
	15	Other assets. See Part IV, line 11	316,588.	15	427,596.		
	16	Total assets. Add lines 1 through 15 (must equ			269,277,083.	16	279,702,399.
	17	Accounts payable and accrued expenses	9,672,972.	17	10,160,343.		
	18	Grants payable		18			
	19	Deferred revenue			2,985,545.	19	3,017,080.
	20	Tax-exempt bond liabilities			.	20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
<u>a</u>		controlled entity or family member of any of the			162 062 044	22	160 001 806
_	23	Secured mortgages and notes payable to unrel			163,063,244.	23	168,801,726.
	24	Unsecured notes and loans payable to unrelate		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line	3 17-24). Complete Part X	661 000		701 060
	00	of Schedule D			661,902.	25	701,069.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			176,383,663.	26	182,680,218.
တ္တ		and complete lines 27, 28, 32, and 33.	eck ner	e 🕨 🗀			
Š	27					27	
ala	28	Net assets without donor restrictions				28	
Ď	20	Organizations that do not follow FASB ASC 9				20	
Ē		and complete lines 29 through 33.	, Cit	SCR Here P [11]			
ō	29	Capital stock or trust principal, or current funds			0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or ea			0.	30	0.
Ass	31	Retained earnings, endowment, accumulated in			92,893,420.	31	97,022,181.
Net Assets or Fund Balances	32	Total net assets or fund balances			92,893,420.	32	97,022,181.
Z	33	Total liabilities and net assets/fund balances			269,277,083.	33	279,702,399.
	~~	. O.G Aprillion and frot absolution baid 1005					21311021033.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,41			
2	Total expenses (must equal Part IX, column (A), line 25)	2	90	,41			
3	Revenue less expenses. Subtract line 2 from line 1	3				75 <u>.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92	,89	<u>3,4</u>	20.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4	,13	0,3	36.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	97	,02	2,1	81.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	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						
þ	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X 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 on Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing						
	Act and OMB Circular A-133?			3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi	t				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	1	
				Form		(2020)	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SIOUX VALLEY SOUTHWESTERN ELECTRIC COOPERATIVE, INC.

Employer identification number 46-0189704

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	conferring
Da	impermissible private benefit?		Yes No
Pai	an occupant	The second secon	Part IV, line 7.
1_	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	The state of the s	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	3276/43/00
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b			
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		Yes No
Ü	tail and volunteer rours devoted to monitoring, inspecting,	manding of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing consequate	ion occomente during the year
5)	S	ining of violations, and emorcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/b	NAVRVI)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	therance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items	3.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	30 7	
а	Revenue included on Form 990, Part VIII, line 1		> \$
			> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

	dule D (Form 990) 2020 COOPERAT	ALLEY SOUTH	IWESTERN	ELECTR.	46-0	<u>189</u> 704 _{Page} 2
Pai	rt III Organizations Maintaining Co	ollections of Art	, Historical ⁻	Freasures, or (Other Similar Asse	ts (continued)
3	Using the organization's acquisition, accessio	n, and other records	s, check any of t	he following that m	nake significant use of its	1
	collection items (check all that apply):					
а	Public exhibition	d	Loan or	exchange program	Ì	
b	Scholarly research	е	Other_			
C	Preservation for future generations					
4	Provide a description of the organization's col	lections and explain	how they furthe	r the organization'	s exempt purpose in Par	t XIII.
5	During the year, did the organization solicit or					
	to be sold to raise funds rather than to be mai	intained as part of th	e organization's	collection?		Yes No
Par	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organiz	ation answered "Yo	es" on Form 990, Part IV	, line 9, or
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contribut	ions or other asset	s not included	
	on Form 990, Part X?	11				X Yes No
b	If "Yes," explain the arrangement in Part XIII a					
						Amount
С	Beginning balance				1c	83,710.
d	Additions during the year				1d	140,324.
е	Distributions during the year					113,800.
f	Ending balance					110,234.
2a	Did the organization include an amount on For					Yes X No
b	If "Yes," explain the arrangement in Part XIII. (Check here if the exp	olanation has be	en provided on Pa	rt XIII	
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" or	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					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column	ı (a)) held as:		
а	Board designated or quasi-endowment		_%			
þ	Permanent endowment >	%				
С	Term endowment >%	6				
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.				
За	Are there endowment funds not in the possess	sion of the organizat	tion that are held	and administered	l for the organization	
	by:					Yes No
	(i) Unrelated organizations	***************************************				3a(i)
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organizati	ions listed as require	ed on Schedule I	R?		3b
4	Describe in Part XIII the intended uses of the o					
Par	t VI Land, Buildings, and Equipme	ent.				
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a	a. See Form 990, P	art X, line 10.	
	Description of property	(a) Cost or ot		ost or other	(c) Accumulated	(d) Book value
		basis (investm		sis (other)	depreciation	<u></u>
4.	Land			356 317		956 317

► 202,285,554. Schedule D (Form 990) 2020

4,054,355.

6,821,306.

14,895,141.

b Buildings
c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.

5,372,424.

8,073,835.

230,634,693. 40,181,117.190,453,576.

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		· ·	
Part VIII Investments - Program Related.			·
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) G&T PATRONAGE CAPITAL	47,529,516.	COST	
(2) NRUCFC PATRONAGE CAPITAL	2,040,787.	COST	
(3) PATRONAGE CAPITAL - OTHER	1,206,512.	COST	
(4) NRUCFC CAPITAL TERM CERTS	1,697,094.	COST	
(5) VALUE ADDED AG LOANS	17,526.	COST	
(6) ERC LOANS	154,540.	COST	
(7) OTHER PROGRAM RELATED	94,322.	COST	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	52,740,297.		
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			• "
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CONSUMER DEPOSITS			667,685
(3) PATRONAGE CAPITAL PAYABLE			33,384
(4)		·	
(5)			····
(6)			
(7)	· 		
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line			701,069

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Part XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, li		eturn.	
		1	90,419,645.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		460	
a Net unrealized gains (losses) on investments	2a	150000	
b Donated services and use of facilities			-
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	90,419,645.
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			
b Other (Describe in Part XIII.)	4b -1,330.		
c Add lines 4a and 4b		4c	-1,330.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Part XII Reconciliation of Expenses per Audited Financial St	atements With Expenses per l	5 Retur	90,418,315. n.
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
Total expenses and losses per audited financial statements		1	84,230,552.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			_
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	84,230,552.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		-	
b Other (Describe in Part XIII.)			6 100 220
c Add lines 4a and 4b		4c	6,189,338.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 Part XIII Supplemental Information.	18.)	5	90,419,890.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		1; Part	X, line 2; Part XI,
PART IV, LINE 1B:			
CUSTOMERS HAVE THE OPTION OF PARTICIPATIN	G IN OPERATION ROUND	-UP	•
PARTICIPATING CUSTOMERS ROUND THEIR BILLS	UP TO THE NEAREST D	OLL	AR AND THE
DIFFERENCE IS CONTRIBUTED TO THE SIOUX VA	LLEY ENERGY CUSTOMER	s'	TRUST,
			X
WITH THE FUNDS BEING UTILIZED FOR CHARITA	BLE GIVING.		
PART X, LINE 2:			
THE COOPERATIVE HAS BEEN GRANTED TAX EXEM			
501(C)(12) OF THE INTERNAL REVENUE CODE.			
JOI (C) (12) OI IIII INIIMAN KEVENOE CODE.			
THE COOPERATIVE EVALUATED ITS TAX POSITION			
UNCERTAIN TAX POSITIONS AS OF DECEMBER 31	, 2020 AND 2019.		

Schedule D (Form 990) 2020

032054 12-01-20

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. SIOUX VALLEY SOUTHWESTERN ELECTRIC

COOPERATIVE, INC.

46-0189704

Employer identification number

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.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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	1b	Х	Table And Co.
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	2000000000
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	ppro-arby the board of companion 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:			
а	Receive a severance payment or change-of-control payment?	4a	2 CONTROLLER	Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	, , , , , , , , , , , , , , , , , , , ,			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
а	The organization?	5a		
b	Any related organization?	5b		
	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:			
а	The organization?	6a		
b	Any related organization?	6b		
	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 on lines 5 and 6? If "Yes," describe in Part III	7		V.
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	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990	/Eorn	2000)	2020

46-0189704

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	F
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benetits	(O)-(i)(S)	in column (B) reported as deferred on prior Form 990
(1) TIM MCCARTHY	ε	256,972.	0.	0	85,610.	22,362.	364,944.	0
GENERAL MANAGER/CEO	Ξ	0.	0.	0.		1 1		0
(2) BETTY VANDERWERFF	(0)	151,009.	• 0	0 •	99,273.	27,188.	277,470.	
DIRECTOR OF FIN & ACCTG	€	0	0	0.				0
(3) DEBRA BIEVER	6	162,274.	0.	0.	64,121.	15,200.	241,595.	0
DIRECTOR OF CUSTOMER & EMP	(ii)	0	0.	0.	• 0	[*0	• 0	0
(4) THEODORE SMITH	(i)	164,609.	0	0 •	50,904.	17,878.	233,391.	0
DIRECTOR OF ENG & OPS		• 0	0	0	0	0	0	0
(5) CARRIE VUGTEVEEN	(i)	142,236.	0	0	30,996.	17,747.	190,979.	0
DIRECTOR OF COM. /GOVT. REL	(E)	0.	• 0	0.	• 0	• 0	• 0	
(6) CHAD WILLIAMS	Θ	124,312.	0 • 1	0.	46,462.	19,760.	190,534.	
OPERATIONS MANAGER	(iii)	• 0	0	0	0	0	0.	
(7) JUSTIN MOOSE	(1)	134,973.	0	0	36,556.	16,368.	187,897.	ľ
MANAGER OF IT	⊞	0	* 0	0	• 0	0	0	0
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Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part III | Supplemental Information

Schedule J (Form 990) 2020 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. ORGANIZATIONS WHEN THIS IS MORE COST EFFECTIVE AND EXPEDIENT THAN ARRANGING ITS THE COOPERATIVE OCCASIONALLY PROVIDES CHARTER TRAVEL FOR GROUPS OF DIRECTORS, OFFICERS, AND EMPLOYEES TO ATTEND MEETINGS OF OTHER FOR OTHER COMMERCIALLY AVAILABLE TRAVEL METHODS. PART I, LINE 1A:

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SIOUX VALLEY SOUTHWESTERN ELECTRIC COOPERATIVE, INC.

Employer identification number 46-0189704

FORM 990, PART VI, SECTION A, LINE 6:

EACH ELECTRIC ACCOUNT IS A MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

COOPERATIVE IS BROKEN INTO 10 DISTRICTS. 9 DISTRICTS HAVE ONE DIRECTOR. DISTRICT HAS TWO DIRECTORS. MEMBERS CAN VOTE FOR THE DIRECTOR FROM THE

FORM 990, PART VI, SECTION A, LINE 7B:

DISTRICT IN WHICH THE MEMBER IS LOCATED.

CHANGES TO THE COOPERATIVE BY-LAWS ARE VOTED ON AT THE ANNUAL MEETING IN WHICH EACH MEMBER HAS THE RIGHT TO VOTE.

SECTION A, LINE 8B: FORM 990, PART VI,

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WILL BE PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AT A MEETING PRIOR TO THE FILING. EACH BOARD MEMBER WILL HAVE THE OPPORTUNITY TO REVIEW THE RETURN AT THAT TIME. THE RETURN WILL ALSO BE REVIEWED BY THE CFO PRIOR TO FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES, DIRECTORS, THE GENERAL MANAGER/CEO, THE MANAGEMENT STAFF, AND THE ATTORNEY MUST BE FAMILIAR WITH THE CONFLICT OF INTEREST POLICY.

EACH IS REQUIRED TO EXECUTE A CONFLICT OF INTERST STATEMENT THAT THEY ARE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

Employer identification number 46-0189704

IN COMPLIANCE WITH THE POLICY. ANNUALLY THE DIRECTORS, GENERAL

MANAGER/CEO, ATTORNEY AND MANAGEMENT STAFF EXECUTE A NEW STATEMENT.

EMPLOYEES EXECUTE ONE AT A TIME OF EMPLOYMENT AND UPDATE WHEN A CONFLICT

ARISES. IF A CONFLICT OF INTEREST EXISTS, THEN THE EMPLOYEE AND SUPERVISOR

IN COORDINATION WITH MANAGEMENT SHALL COLLECTIVELY DETERMINE WHAT ACTION

SHOULD BE TAKEN. IF A DIRECTOR HAS A CONFLICT OF INTEREST HE/SHE SHALL

DISQUALIFY THEMSELVES FROM DECISIONS THAT POSE THE CONFLICT OR THE

APPEARANCE OF A CONFLICT OF INTEREST. THE DIRECTOR MAY REQUEST AN OPINION

OF THE COOPERATIVE ATTORNEY BEFORE SUCH ACTION IS TAKEN.

FORM 990, PART VI, SECTION B, LINE 15:

SIOUX VALLEY ENERGY USES A NATIONAL COMPENSATION SURVEY PROVIDED TO US BY

OUR NATIONAL ASSOCIATION, NRECA. THE NATIONAL AVERAGE PAY IS USED AS A

GUIDANCE FOR ESTABLISHING INITIAL SALARIES AND YEARLY SALARY CHANGES.

YEARS OF EXPERIENCE IN A POSITION ARE ALSO FACTORED IN. USING THE SURVEY

DATA HELPS TO ESURE SALARIES REMAIN COMPETITIVE WITH THOSE OFFERED AT OTHER

RURAL ELECTRIC COOPERATIVES AND THAT THE DATA REMAINS CONSISTENT FROM YEAR

TO YEAR. THIS PROCESS IS USED FOR ALL POSITIONS AT SIOUX VALLEY ENERGY ON

AN ANNUAL BASIS. THE LAST YEAR THIS PROCESS WAS UNDERTAKEN WAS 2020. ALL

DECISIONS ARE DOCUMENTED WITHIN THE EMPLOYEE PERSONNEL FILE.

FORM 990, PART VI, SECTION C, LINE 19:

THE COOPERATIVE MAKES ITS GOVERNING DOCUMMENTS AND FINACIAL STATEMENTS AVAILABLE TO THE COOPERATIVE MEMBERS UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CORSON DEVELOPMENT ASSOCIATION, LLP K-1

1,330.

RETIREMENT OF CAPITAL CREDITS

-2,060,332.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name SIOUX VALLEY SOUTHWESTERN ELECTRIC COOPERATIVE, INC.	Employer Identification	on Number O 4
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - CORSON DEVEL	OPMENT AS	7,499.
FEDERAL PRE-2018 NET OPERATING LOSS		69,121.
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