EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form **991**

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2021 calendar year, or tax year beginning and e	ending	-	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Г	Addres	DELTA MONTROSE ELECTRIC ASSOCIATION			
	Name change			84-01856	58
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) PO BOX 910	r 9-4572		
	termin- ated			(970) 24 G Gross receipts \$	81,767,371.
Σ	Amend			H(a) Is this a group re	
	Application	F Name and address of principal officer: B KENT BLACKWELL		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		mpt status: 501(c)(3) X 501(c) (12) (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions
		e: ▶ WWW.DMEA.COM		H(c) Group exemptio	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1938 N	A State of legal domicile: CO
P		Summary			
Governance	1 (Briefly describe the organization's mission or most significant activities: $\overline{ t WE}$	NERGIZ	E AND SERVE	OUR
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
ove.	1	Number of voting members of the governing body (Part VI, line 1a)		I 1	9
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			9
SS SS		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			118
ij		Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			6,886,487.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8 (Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9 1	Program service revenue (Part VIII, line 2g)		66,928,966.	71,968,766.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		878,195.	738,172.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,291,889.	9,057,081.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		73,099,050.	81,764,019.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,670.	22,986.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,748,166.	4,170,529.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot\cdot}$		9,822,027.	10,198,783.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·····	12,574,937.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,161,800.	
		Revenue less expenses. Subtract line 18 from line 12		54,062,750.	7,260,976.
Net Assets or			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		18,270,006.	233,268,073.
HA P	21	Total liabilities (Part X, line 26)		70,834,706.	177,606,559.
		Net assets or fund balances. Subtract line 21 from line 20		47,435,300.	55,661,514.
_	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	icn preparer	nas any knowledge.	
٠.		Signature of officer		I Date	
Sig	I	,		Date	
He	re	B KENT BLACKWELL, CEO Type or print name and title			
			11	Date Check	X PTIN
Pai		Print/Type preparer's name WILLIAM M. MILLER WILLIAM M. MILLE		.0/03/22	<u> </u>
	- +	Firm's name BOLINGER, SEGARS, GILBERT AND MC	OSS LL	P Firm's EIN	75-0882037
		Firm's address 8215 NASHVILLE AVENUE	,,,,	I IIIII S EIIV	,5 0002031
030	, only	LUBBOCK, TX 79423		Phone no (A	06)747-3806
Ma	v the IF	S discuss this return with the preparer shown above? See instructions		Tr none no. (O	X Yes No

Other program services (Describe on Schedule O.)

including grants of \$) (Revenue \$

Total program service expenses ▶

Form 990 (2021) DELTA MONTROSE ELECTRIC ASSOCIATION Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	N/	Δ
-	during the tax year? If "Yes," complete Schedule C, Part II	4	11/	_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	77
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 "Ves." complete Schedule F. Parts Land IV.	14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	, TU		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٠
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$^{\perp}$

Form 990 (2021) DELTA MONTROSE ELE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	N/	A
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	N/	A
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
·	"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		
30	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	- 51		
32	Calcadula N. Davill	32		х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- ^ `
34		34	Х	
35.0	51 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	งงล	-23	
D		2Eh	Х	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	- 22	
30		26	N/	Δ
07	If "Yes," complete Schedule R, Part V, line 2	36	14/	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Effect the Humber of Forms W 2d included of fine 1a. Effect of it not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c		

DELTA MONTROSE ELECTRIC ASSOCIATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			3,7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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			l 🕶
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١.,		
_	were not tax deductible? Organizations that may receive deductible contributions under section 170(c). N/A	6b		
7		,		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor's			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?		N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	<u>.</u>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	•		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand	4.4		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust any disqualified person, or mine operator organs in any			
17	Section 501(c)(21) organizations. 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? N/A	17		
	If "Yes." complete Form 6069.	- ''		
	n roo, complete i dini dodo.			

Form 990 (2021)

84-0185658

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			
	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.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b			
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			
3		3		Х
4	of officers, directors, trustees, or key employees to a management company or other person?	4	Х	-25
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	-25	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	21
6	Did the organization have members or stockholders?	-6	21	
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		Х	
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		Х	
_	persons other than the governing body?	7b	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
a	The governing body?	8a		Х
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the consequentian have been been been been been as officiated.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		- 21
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha	21	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
С		100	Х	
40	on Schedule O how this was done Did the organization have a written whistleblower policy?	12c	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
14		14	21	
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Λ	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
D	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	401-		
500	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			
17		۱۵ ۱۰	۱ ۵۰۰۰- ۱۰	ab!a
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	is only) avall	abie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	.1.0		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ia finar	ıcıal	
00	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 GAYLE GOUKER, CFO - (970) 249-4572			
	PO BOX 910. MONTROSE. CO 81402			

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

X

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, 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.

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

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

(A)	(B)	l	111126		C)	прсі	isat	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than	ono	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	id a d	irecto	r/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	100011120)	and related
	below	idual	Institutional trustee	<u></u>	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) JASEN BRONEC	50.00									
CHIEF EXECUTIVE OFFICER (JAN-MAY)	10.00			Х				342,038.	19,423.	167,196.
(2) VIRGINIA HARMAN	47.00									
CHIEF OPERATIONS OFFICER (JAN-SEPT)	10.00			Х				213,025.	13,846.	70,835.
(3) JAMES HENEGHAN	50.00									
CHIEF POWER SUPPLY OFFICER				Х				183,398.	0.	99,380.
(4) B KENT BLACKWELL	50.00									
CHIEF TECHNOLOGY OFFICER	10.00			Х				188,407.	30,000.	48,973.
(5) ROBERT T. HALL	41.00								_	
OPERATIONS MANAGER						Х		152,052.	0.	101,701.
(6) ROBERT I. THAUTE	40.00								_	
NETWORK AND SECURITY						Х		154,168.	0.	67,425.
(7) CHAD STICKLER	40.00									
SAFETY						Х		134,818.	0.	79,249.
(8) WADE PYNES	50.00									
CHIEF FINANCIAL OFFICER (JAN-SEPT)	10.00			Х				152,138.	17,789.	38,190.
(9) NATHAN PUDERBAUGH	43.00									
LINEMAN/SERVICE TRUCK						Х		133,925.	0.	64,962.
(10) KATHY MCKIE	45.00									
HR DIRECTOR					Х			162,558.	0.	24,611.
(11) MATEUSZ PENA	40.00									
ENGINEERING MANAGER						Х		152,655.	0.	22,595.
(12) ALYSSA CLEMSEN ROBERTS	50.00									
CHIEF EXECUTIVE OFFICER (AUG-DEC)				Х				128,074.	0.	24,035.
(13) STACIA CANNON	8.50							4.0.00		
VICE PRESIDENT		Х		Х				18,000.	0.	0.
(14) DAMON L.LOCKHART	8.00							4		
DIRECTOR	1.00	Х						17,755.	0.	0.
(15) KYLE MARTINEZ	7.30							4- 400		
PRESIDENT	1.00	X		Х				17,400.	0.	0.
(16) WILLIAM PATTERSON	8.10	<u>-</u> _						45 00-	_	•
DIRECTOR	1.00	X						17,225.	0.	0.
(17) ENNO HEUSCHER	4.20							15 005	_	•
ASST. SECRETARY/TREASURER	1.00	X		Х				15,205.	0.	0.

Form **990** (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D) (E)			(F)		
Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable		Estimate	ed	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount	of	
	week	\vdash	cer ar	ia a a	recto	or/trus	ree)	from	from related		other		
	(list any	ecto						the	organizations		mpensa		
	hours for related	or di	æ			ated		organization	(W-2/1099-MISC		from th		
	organizations	ustee	trust		ap.	suadı		(W-2/1099-MISC/	1099-NEC)		rganizat		
	below	ual tr	ional		ploye	tcom	١.	1099-NEC)			and relat rganizat		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				garnzat	10113	
(18) JOHN FLEMING	3.10												
SECRETARY/TREASURER	1.00	Х		Х				14,165.		0.		0.	
(19) KENNETH WATSON	3.10												
DIRECTOR	1.00	Х						13,850.		0.		0.	
(20) LESLIE CHRISTIAN HAUCK	6.00												
DIRECTOR (JAN-JULY)	1.00	Х						9,850.		0.		0.	
(21) BRADLEY R HARDING	4.30												
DIRECTOR (JAN-AUG)	1.00	Х						9,055.		0.		0.	
(22) GAYLE L. GOUKER	40.00												
CHIEF FINANCIAL OFFICER (DEC)				Х				7,751.		0.		0.	
(23) JACOB GRAY	3.10												
DIRECTOR (NOV-DEC)	1.00	Х						2,000.		0.		0.	
(24) KEVIN WILLIAMS	4.70											_	
DIRECTOR (NOV-DEC)	1.00	Х				-		1,960.		0.		0.	
							Ļ	2 241 472	01 05	0 0	00 1	<u> </u>	
1b Subtotal								2,241,472.	81,05	<u>0.</u>	09,1		
c Total from continuation sheets to Part VI								2,241,472.	81,05		09,1	0.	
d Total (add lines 1b and 1c)							<u> </u>			0 • 0	09,1	.54.	
Total number of individuals (including but n compensation from the organization	ot limited to tr	ose	liste	ed al	DOV	e) wi	no r	received more than \$100	0,000 of reportable			47	
our perioation from the organization											Yes	No	
3 Did the organization list any former officer,	director, trust	ee. I	kev e	ame	love	e. o	r hic	hest compensated emp	olovee on				
line 1a? If "Yes," complete Schedule J for s								y		3		Х	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										4	х		
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	=				-					5		Х	
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensatio	n from		
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthii I		year.		<u>(0)</u>		
(A) Name and business	address							(B) Description of s	services	Com	(C) pensatio	on	
LIGHTWORKS FIBER & CONSU	LTING LI	ГC											

(A) Name and business address	De	(B) escription of services	(C) Compensation
LIGHTWORKS FIBER & CONSULTING LLC			
P.O. BOX 193, HOTCHKISS, CO 81419	FIBER	CONSTRUCTION	5,927,218.
WASATCH ELECTRIC			
P.O. BOX 26588, SALT LAKE, UT 84126	FIBER	CONSTRUCTION	917,465.
IRELAND STAPLETON PRYOR & PASCOE PC			
717 17TH ST, STE 2800, DENVER, CO 80202	LEGAL	SERVICES	520,297.
RECHT KORNFELD PC			
1600 STOUT ST, SUITE 1400, DENVER, CO 80202	LEGAL	SERVICES	295,924.
COHICK EXCAVATION, LLC			
20891 IRIS RD, AUSTIN, CO 81410	FIBER	CONSTRUCTION	242,296.
2 Total number of independent contractors (including but not limited to those liste	d above) wh	no received more than	
\$100,000 of compensation from the organization • 6			

Form 990 (2021) DELTA Moreover Part VIII Statement of Revenue

		Check if Schedule O	contain	s a response	or note to any lin	e in this Part VIII			X
						(A)	(B)	(C)	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
							, and the state of		sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
3ra Ioui	b	Membership dues		1b					
ts, (С	Fundraising events		1c					
la E	d	Related organizations		1d					
ini,	е	Government grants (cont	ribution	s) 1e					
i Si	f	All other contributions, gifts,	grants, a	and					
ig H		similar amounts not included	above	1f					
dat	g	Noncash contributions included in	ilines 1a-	1 f 1g \$					
<u>8</u> 0	h	Total. Add lines 1a-1f							
	 				Business Code				
ce	2 a	SALES OF ELECTRICIT	Y		221000	69,307,619.	69,307,619.		
Program Service Revenue	b	SERVICE FEES			221000	1,492,875.	1,492,875.		
n Si	С	PATRONAGE DIVIDENDS			221000	807,889.	807,889.		
ran ev	d	RENEWABLE ENERGY CR	EDITS		221000	281,672.	281,672.		
og	е	ELECTRIC WHEELING			221000	22,348.			
۵ ا	f	All other program service	revenue	e	221000	56,363.	56,363.		
	g	Total. Add lines 2a-2f				71,968,766.			
	3	Investment income (include	ding div	idends, intere	est, and				
		other similar amounts)			▶	693,774.		574,596.	119,178.
	4	Income from investment	of tax-ex	kempt bond p	oroceeds >				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss							
	7 a	Gross amount from sales of		i) Securities	(ii) Other				
		assets other than inventory	7a	47,750.					
	b	Less: cost or other basis							
une		and sales expenses		3,352.					
ther Revenue	С	Gain or (loss)	7c	44,398.					
ığ		Net gain or (loss)			>	44,398.			44,398.
the	8 a	Gross income from fundraisi	ng event	s (not					
ō		including \$		of					
		contributions reported on		I					
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from							
	9 a	Gross income from gamin	-						
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from			▶				
	10 a	Gross sales of inventory,							
		and allowances							
		Less: cost of goods sold							
\rightarrow	С	Net income or (loss) from	sales o	t inventory					
sn		DIDWAMD DIDDD 15-2-	. ~		Business Code	2 260 061		2 260 061	
ee ne		ELEVATE FIBER LEASE		-TIN.T.	517000	3,360,261.		3,360,261.	
Miscellaneous Revenue	-	ELEVATE FIBER LEASE PPP LOAN FORGIVENES			517000	2,626,602.		2,626,602.	2 447 500
Sce	_				221000 517000	2,447,500. 622,718.		325,028.	2,447,500. 297,690.
Ξ		All other revenue				9,057,081.		323,028.	231,030.
		Total. Add lines 11a-11d				81,764,019.		6,886,487.	2,908,766.
	12	Total revenue. See instruction	פווע		🖊 📗	01,/04,019.	1 , 1, 300, 100.	0,000,40/.	۵,300,700.

Form 990 (2021) DELTA MONTROSI Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)	(4) organizations must con	nolete all columns. All other	organizations must com	plete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations		·		·			
	and domestic governments. See Part IV, line 21	22,986.						
2	Grants and other assistance to domestic	,						
_	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members	4,170,529.						
5	Compensation of current officers, directors,							
	trustees, and key employees	1,987,074.						
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	5,805,472.						
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	564,819.						
9	Other employee benefits	1,306,730.						
10	Payroll taxes	534,688.						
11	Fees for services (nonemployees):							
а	Management							
b	Legal							
С.	Accounting							
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17							
f g	Investment management fees							
y	column (A), amount, list line 11g expenses on Sch 0.)							
12	Advertising and promotion							
13	Office expenses							
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	4,973,772.						
21	Payments to affiliates	0 702 626						
22	Depreciation, depletion, and amortization	8,793,636.						
23	Insurance							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A),							
а	amount, list line 24e expenses on Schedule 0.) PURCHASED POWER	38,936,797.						
a b	ADMIN & GENERAL EXPENSE	3,092,024.						
C	DISTRIBUTION EXPENSE	2,063,097.						
d	TAXES	733,746.						
e	All other expenses	1,517,673.						
25	Total functional expenses. Add lines 1 through 24e	74,503,043.						
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)				1			

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,047,284.	1	22,402,629.
	2	Savings and temporary cash investments	7,750,000.	2	1,664,116.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,425,144.	4	13,023,517.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net	17,519,708.	7	14,304,098.
Assets	8	Inventories for sale or use	3,674,129.	8	4,714,530.
⋖	9	Prepaid expenses and deferred charges	3,595,156.	9	3,911,031.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 268, 546, 374.			
	b	Less: accumulated depreciation 10b 101,378,812.	162,566,073.	10c	167,167,562.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	-5,072,809.	12	-4,859,357.
	13	Investments - program-related. See Part IV, line 11	4,412,075.	13	4,802,608.
	14	Intangible assets	6 252 246	14	6 4 3 5 3 3 3
	15	Other assets. See Part IV, line 11	6,353,246.	15	6,137,339.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	218,270,006.	16	233,268,073.
	17	Accounts payable and accrued expenses	8,046,589.	17	8,756,849.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	1,299,092.	20	1,194,779.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,499,094.	21	1,194,779.
Liabilities	22	Loans and other payables to any current or former officer, director,			
ΞĘ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons	138,875,737.	22	143,777,805.
	23	Secured mortgages and notes payable to unrelated third parties	2,447,500.	23	143,777,003.
	24	Unsecured notes and loans payable to unrelated third parties	2,447,300.	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Cohodula D	20,165,788.	25	23,877,126.
	26	Total liabilities. Add lines 17 through 25	170,834,706.	26	177,606,559.
	20	Organizations that follow FASB ASC 958, check here	270700177000	20	27770007000
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
ш		Organizations that do not follow FASB ASC 958, check here 🕨 🗓			
Ē		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds	0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
As	31	Retained earnings, endowment, accumulated income, or other funds	47,435,300.	31	55,661,514.
Net Assets or Fund Balances	32	Total net assets or fund balances	47,435,300.	32	55,661,514.
_	33	Total liabilities and net assets/fund balances	218,270,006.	33	233,268,073.

Form **990** (2021)

Theck if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 Total expenses of fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 47, 435, 300. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 9 965, 238. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2 Column (B) 2 Check if Schedule O contains a response or note to any line in this Part XII 3 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. 2 Were the organization is financial statements compiled or reviewed by an independent accountant? 4 Yes No 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. 2 Were the organization is financial statements compiled or reviewed by an independent accountant? 3 Fyes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 5 Were the organization's financial statements and selection process during the tax year, explain on Schedule O. 3 As a result of a federal award, was the organization required to undergo an audit or audits averagina on Schedule O. 3 As a result of a federal award, was the organization required to under	Pai	Heconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 3 T, 260, 976. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 965, 238. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 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 X 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? 1 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? 2b X 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," to heck a tox below to indicate whether the financial statements for the year were audited on a separate basis. c If "Yes," to line 2 a 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization r		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 3 T, 260, 976. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 965, 238. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 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 X 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? 1 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? 2b X 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," to heck a tox below to indicate whether the financial statements for the year were audited on a separate basis. c If "Yes," to line 2 a 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization r						
3	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 S5, 661, 514. 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, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis S Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis S Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis S Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis S Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis S Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis S Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis S Consolidated basis Both consolidated and separate basis S Consolidated ba	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 965,238. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 8 Tiannoial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 or both: Separate basis Consolidated basi	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 965, 238 9 965, 238 9 9 9 9 9 9 9 9 9	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,43	35,3	00.
6 Donated services and use of facilities 6 7 Investment expenses 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 965, 238 9 965, 238 9 9 9 9 9 9 9 9 9	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 9 965,238. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 965,238. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 55,661,514. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	6		6			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 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 on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Debth consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis Column (B) 5 yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form	7		7			
9 9 965,238. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) To Statements and Reporting Tenancial Statements and Reporting	8		8			
Column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 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 X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis or 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 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	9		9	9 (55,2	38.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No 1	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Yes No Yes No Yes No 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. Consolidated 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 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		column (B))	10	55,66	51,5	14.
Yes No 1 Accounting method used to prepare the Form 990:	Pai	rt XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				X
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? 2a X 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 X 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? 2b X If the organization changed either its oversight process or selection process during the tax year, explain on 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					Yes	No
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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 on 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
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Separate basis X 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 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		consolidated basis, or both:				
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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				2c	X	
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		If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
		Act and OMB Circular A-133?		3a		X
or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

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

DELTA MONTROSE ELECTRIC ASSOCIATION

Employer identification number 84-0185658

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		•
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			_	Yes No
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea		a historically	important land area
	Protection of natural habitat	Preservation of		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre	
	listed in the National Register		I	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170((h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that des	scribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections o		ther Simi	ar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance	sheet works
	of art, historical treasures, or other similar assets held for pul			public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	is.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and t	palance shee	et works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of p	ublic 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 tre	easures, or other similar assets for financial	l gain, provid	le
	the following amounts required to be reported under FASB A	5		
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part Y		_	\$

Pai	rt III Organizations Maintaining C	collections of A	rt, His	torical Ir	easures,	or Othe	r Simila	r Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🗆	Loan or exc	hange progr	am					
b	Scholarly research	е	, 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizat	ion's exen	npt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	ner similar	assets				
	to be sold to raise funds rather than to be ma								Yes		lo
Pai	rt IV Escrow and Custodial Arran		ete if th	e organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, o	r	
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	ssets not i	included	_	_		
	on Form 990, Part X?							L	Yes	XN	0
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amoun	t	
С	• • • • • • • • • • • • • • • • • • • •										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance								-		
	3						ty?	LX	Yes		lo
	If "Yes," explain the arrangement in Part XIII.									X	
Pai	rt V Endowment Funds. Complete i							ara baak	I I-V Fou	r vooro boo	<u></u>
		(a) Current year	(d)	Prior year	(c) Two yea	irs back (a) Tillee ye	ars Dack	(e) F0u	r years bac	K
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	'										
е	Other expenditures for facilities										
	and programs										
f	'										
g	End of year balance				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						_
2	Provide the estimated percentage of the curr	rent year end baland	•	1g, column (a	a)) neid as:						
a	Board designated or quasi-endowment	0/	_%								
b	Permanent endowment	%									
С		%									
0-	The percentages on lines 2a, 2b, and 2c sho	· ·	-4:	- la		al & Ala					
Sa	Are there endowment funds not in the posse	ession of the organiz	auon in	at are rielu a	na aaministi	ered for th	e organiza	ation		Yes N	_
	by:								20(i)	103 10	_
	(i) Unrelated organizations								3a(i)		—
h	(ii) Related organizations										—
4	Describe in Part XIII the intended uses of the								. 30		
_	rt VI Land, Buildings, and Equipm		JWITIETT	iulius.							
	Complete if the organization answere		0. Part I	V. line 11a. S	See Form 99	0. Part X. I	line 10.				
	Description of property	(a) Cost or o			or other		cumulated	4	(d) Boo	k value	_
	2000 April of Property	basis (investr		1 ' '	(other)		reciation	_	(4)	value	
	Land	- · · · · · · · · · · · · · · · · · ·	,		3,882.	256			4,09	3,882	
	Buildings				$\frac{5,392}{5,393}$	2.1	81,64	2.		$\frac{3,751}{3,751}$	
C	Leasehold improvements			,	,	- , -	,		,	,	_
d				238,34	6,708.	99,1	97,17	0.13	9,14	9,538	
	Other				0,391.	<u> </u>	•		-	0,391	
	I. Add lines 1a through 1e. (Column (d) must e		X, colu							7,562	
	. , , , , , , , , , , , , , , , , , , ,	,		. ,,	,						

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D 1 //III	Lancas advantages	$\overline{}$

Part VIII Investments - Other Secui		urities.								
	_			1 113 / 11	_	000 D . N / II	441 0	_	000 D 11/ "	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1) Financial derivatives								
(2) Closely held equity interests								
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CUSTOMER ENERGY PREPAYMENTS	239,750.
(3)	ACCUMULATED PROVISION FOR	
(4)	RETIREMENT SICK LEAVE	179,649.
(5)	ACCRUED OPERATING TAXES	1,009,173.
(6)	DEFERRED CREDITS - REGULATORY	
(7)	LIABILITY	12,750,000.
(8)	DEFERRED CREDITS	8,898,554.
(9)	CUSTOMER DEPOSIT - GUZMAN ENERGY	800,000.
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,877,126.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII..

scne	edule D (Form 990) 2021 DEDIA MONIKOSE EDECIKIO	ADDOCTATION	04-0103030	Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	011 (5 11 1 5 1 1 111)	41		
	Other (Describe in Part XIII.)	4b		

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

PART IV, LINE 2B:

PURSUANT TO THE BYLAWS OF THE COOPERATIVE, A PATRON IS DEEMED TO HAVE CONTRIBUTED HIS/HER/ITS PATRONAGE CAPITAL RETIREMENT IF THE RESPECTIVE CHECK OR OTHER FORM OF PAYMENT HAS BEEN UNCLAIMED FOR A PERIOD OF THREE YEARS, AND FOR WHICH PROPER NOTIFICATION TO THE PATRON HAS BEEN MADE. SUCH UNCLAIMED PATRONAGE CAPITAL RETIREMENTS ARE USED TO ESTABLISH A FUND FOR EDUCATIONAL, CHARITABLE, ALTERNATIVE OR ENERGY PURPOSES AND FOR OTHER ACTIVITIES APPROVED BY THE BOARD OF DIRECTORS THAT WILL BENEFIT THE COOPERATIVE'S SERVICE TERRITORY. THE APPLICABLE BOARD POLICY PROVIDES SPECIFIC GUIDANCE REGARDING THE ELIGIBLE GRANTS AND SCHOLARSHIPS.

84-0185658 Page 5 DELTA MONTROSE ELECTRIC ASSOCIATION Schedule D (Form 990) 2021 Part XIII | Supplemental Information (continued) THE ASSOCIATION HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE PRIMARY TAX POSITION OF THE ASSOCIATION IS ITS FILING STATUS AS A TAX EXEMPT ENTITY. THE ASSOCIATION DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR APPLICABLE STATE TAXING AUTHORITY AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES. PART IX: THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B. CONSEQUENTLY, IN ACCORDANCE WITH IRS INSTRUCTIONS, SCHEDULE D, PART IX HAS BEEN LEFT BLANK.

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

DELTA MONTROSE ELECTRIC ASSOCIATION

Employer identification number 84-0185658

Pa	art 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	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		
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		
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			
4	During the very did any payors listed on Form 000 Part VIII Coation A line to with respect to the filling			
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:			
•		4a		Х
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	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.	70		
	The totally of lines fals, list the persons and provide the applicable affective for each term in a citi.			
	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		
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		1

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JASEN BRONEC	(i)	106,725.	0.	235,313.	146,446.	20,750.	509,234.	175,805.
CHIEF EXECUTIVE OFFICER (JAN-MAY)	(ii)	19,423.	0.	0.	0.	0.	19,423.	0.
(2) VIRGINIA HARMAN	(i)	128,037.	0.	84,988.	47,703.	23,132.	283,860.	0.
CHIEF OPERATIONS OFFICER (JAN-SEPT)	(ii)	13,846.	0.	0.	0.	0.	13,846.	0.
(3) JAMES HENEGHAN	(i)	171,508.	0.	11,890.	81,161.	18,219.	282,778.	0.
CHIEF POWER SUPPLY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) B KENT BLACKWELL	(i)	180,139.	0.	8,268.	22,475.	26,498.	237,380.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	30,000.	0.	0.	0.	0.	30,000.	0.
(5) ROBERT T. HALL	(i)	139,914.	4,500.	7,638.	75,764.	25,937.	253,753.	0.
OPERATIONS MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT I. THAUTE	(i)	124,638.	0.	29,530.	36,058.	31,367.	221,593.	0.
NETWORK AND SECURITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHAD STICKLER	(i)	121,104.	7,850.	5,864.	66,254.	12,995.	214,067.	0.
SAFETY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) WADE PYNES	(i)	121,913.	0.	30,225.	15,559.	22,631.	190,328.	0.
CHIEF FINANCIAL OFFICER (JAN-SEPT)	(ii)	17,789.	0.	0.	0.	0.	17,789.	0.
(9) NATHAN PUDERBAUGH	(i)	122,792.	500.	10,633.	44,669.	20,293.	198,887.	0.
LINEMAN/SERVICE TRUCK	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHY MCKIE	(i)	160,555.	0.	2,003.	19,058.	5,553.	187,169.	0.
HR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MATEUSZ PENA	(i)	147,785.	4,500.	370.	18,079.	4,516.	175,250.	0.
ENGINEERING MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ALYSSA CLEMSEN ROBERTS	(i)	100,933.	26,628.	513.	12,548.	11,487.	152,109.	0.
CHIEF EXECUTIVE OFFICER (AUG-DEC)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART II, COLUMN C:

INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS

PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN. THE CONTRIBUTION RATE

FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE

SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN. THE CHANGE IN

ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE, YEARS

OF SERVICE AND THE CURRENT INTEREST RATE ENVIRONMENT. IN OTHER WORDS,

THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT

INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEING EQUAL.

BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTIONS TO

THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE

JASEN BRONEC:

TOTAL REPORTED IN COLUMN C	\$ 146,446
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(146,446)
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN	26,463
EXPENSE TO THE COOPERATIVE	\$ 26,463

Schedule 3 (Form 990) 2021 DEBTA MONTROBE EBECTRIC ADDOCT	111011	04 0103030	Page
Part III Supplemental Information			
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5	a, 5b, 6a, 6b, 7, and 8, and for Part II. Also co	mplete this part for any additional informat	ion.
VIRGINIA HARMAN:			
TOTAL REPORTED IN COLUMN C	\$ 47,703		
TOTAL KILOKIED IN COLOMI C	Ų 41,103		
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(47,703)		
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN	25,985		
THE CONTRIBUTED TO BELLINED BENGETT THEM	23,303		
EXPENSE TO THE COOPERATIVE	\$ 25,985		
JAMES HENEGHAN:			
TOTAL REPORTED IN COLUMN C	\$ 81,161		
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(81,161)		
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN	30,113		
EXPENSE TO THE COOPERATIVE	\$ 30,113		
ROBERT T. HALL:			
ROBERT 1. HADD:			
TOTAL REPORTED IN COLUMN C	\$ 75,764		
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(75,764)		
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN	25,687		
EXPENSE TO THE COOPERATIVE	\$ 25,687		

BRYAN KENT BLACKWELL:

Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5	5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any addition	nal information.
TOTAL REPORTED IN COLUMN C	\$ 22,475	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(0)	
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN	0	
EXPENSE TO THE COOPERATIVE	\$ 22,475	
ROBERT THAUTE:		
TOTAL REPORTED IN COLUMN C	\$ 36,058	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(36,058)	
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN	20,770	
EXPENSE TO THE COOPERATIVE	\$ 20,770	
CHAD STICKLER:		
TOTAL REPORTED IN COLUMN C	\$ 66,254	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(66,254)	
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN	22,102	
EXPENSE TO THE COOPERATIVE	\$ 22,102	
NATHAN PUDERBAUGH:		
TOTAL REPORTED IN COLUMN C	\$ 44,669	hedule J (Form 990) 2021
	301	100010 0 (1 01111 990) 202 1

Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5	5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(44,669)	
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN	17,845	
EXPENSE TO THE COOPERATIVE	\$ 17,845	
WADE PYNES:		
TOTAL REPORTED IN COLUMN C	\$ 15,559	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(0)	
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN	0	
EXPENSE TO THE COOPERATIVE	\$ 15,559	
KATHY MCKIE:		
TOTAL REPORTED IN COLUMN C	\$ 19,058	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(0)	
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN	0	
EXPENSE TO THE COOPERATIVE	\$ 19,058	
MATEUSZ PENA:		
TOTAL REPORTED IN COLUMN C	\$ 18,079	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(0)	
	Schedule J (Form 990)	2021

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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 I	I. Also complete this part for any additional information.
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN 0	
EXPENSE TO THE COOPERATIVE \$ 18,079	
ALYSSA CLEMSEN ROBERTS:	
TOTAL REPORTED IN COLUMN C \$ 12,548	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (0)	
ADD: CASH CONTRIBUTED TO DEFINED BENEFIT PLAN 0	
EXPENSE TO THE COOPERATIVE \$ 12,548	
PART II, COLUMN F:	
THE \$172,805 REPORTED IN COLUMN F WAS A PAYOUT OF A 457(B) DEFERRED	
COMPENSATION PLAN FOR JASEN BRONEC. ANNUAL DEFERRALS UNDER THE PLAN	ARE
EXCLUDED FROM BOX 1 W-2 WAGES BUT REPORTED IN BOX 5 W-2 WAGES, WHICH	Н
WAS THE BASIS FOR FORM 990, PART VII AND SCHEDULE J, PART II REPORT:	ING
IN PRIOR YEARS. HOWEVER, BECAUSE A PAYOUT OCCURRED DURING 2021, TH	E
AMOUNTS PREVIOUSLY DEFERRED WERE REPORTED IN BOX 1 W-2 WAGES. THIS	
MADE THE BOX 1 W-2 WAGES GREATER THAN THE BOX 5 W-2 WAGES. BECAUSE	THE
INSTRUCTIONS FOR FORM 990, PART VII AND SCHEDULE J, PART II REQUIRE	THE
COOPERATIVE TO REPORT THE GREATER OF BOX 1 OR BOX 5 W-2 WAGES, BOX 1	1

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.
WAS USED, WHICH RESULTS IN THE SAME DEFERRED COMPENSATION BENEFITS
BEING REPORTED TWICE - ONCE WHEN INCLUDED IN BOX 5 W-2 WAGES AND AGAIN
WHEN INCLUDED IN BOX 1.

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DELTA MONTROSE ELECTRIC ASSOCIATION

Employer identification number 84-0185658

FORM 990, LINE B - AMENDED RETURN

ON AUGUST 24, 2021, THE BOARD OF DIRECTORS AMENDED THE BYLAWS AFTER A

COMPREHENSIVE REVIEW. A SUMMARY OF THESE AMENDMENTS IS INCLUDED IN THE

SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINE 4.

WHEN THE 2021 FORM 990 WAS ORIGINALLY FILED, THE SUMMARY OF BYLAW

AMENDMENTS INCORRECTLY SUMMARIZED THE IMPACT OF CHANGES MADE TO SECTION

2.1 AND INADVERTENTLY INCLUDED A NEW SECTION 2.8 ON BINDING

ARBITRATION THAT WAS ULTIMATELY NOT ADOPTED BY THE BOARD.

FIRST, THE SUMMARY FOR SECTION 2.1 ON QUALIFICATIONS AND OBLIGATIONS

IMPLIES THAT IT WAS MODIFIED FOR ONLY LEGAL ENTITY PERSONS. HOWEVER,

THE MEMBERSHIP QUALIFICATIONS AND OBLIGATIONS WERE MODIFIED FOR ALL

PERSONS ELIGIBLE FOR MEMBERSHIP. THE DEFINITION OF THE TERM "PERSON"

DID NOT CHANGE AND CONTINUES TO BE DEFINED AS ANY PERSON, FIRM,

ASSOCIATION, CORPORATION, COOPERATIVE OR BODY POLITIC OR SUBDIVISION

THEREOF OR ANY OTHER LEGAL ENTITY. ACCORDINGLY, THE SCHEDULE O

DISCLOSURE FOR FORM 990, PART VI, LINE 4 HAS BEEN MODIFIED SO THAT THE

TERM "LEGAL ENTITY" WAS REPLACED WITH THE DEFINED TERM "PERSON" SO THAT

IT IS CLEAR THAT THE AMENDMENT APPLIES TO ALL QUALIFYING PERSONS AND

NOT JUST LEGAL ENTITIES.

SECONDLY, THE SUMMARY OF BYLAW CHANGES INADVERTENTLY INCLUDED THE

CONTENTS OF A NEW SECTION 2.8 ON BINDING ARBITRATION; THE PURPOSE OF

WHICH WAS TO PROVIDE THE FRAMEWORK AND CONTROLLING LAW FOR DISPUTE

RESOLUTION BETWEEN THE COOPERATIVE AND ITS MEMBERS. ALTHOUGH SECTION

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2.8 BINDING ARBITRATION WAS CONSIDERED BY THE BOARD IN AN EARLY REDLINE

DRAFT OF THE PROPOSED AMENDMENTS, SECTION 2.8 WAS EXCLUDED FROM THE

FINAL VERSION THAT THE BOARD APPROVED ON AUGUST 24,2021 AND IS NOT PART

OF THE BYLAWS CURRENTLY IN EFFECT FOR THE COOPERATIVE AND ITS MEMBERS.

THEREFORE, THE COOPERATIVE HAS AMENDED THE 2021 FORM 990 IN ORDER TO

REMOVE SECTION 2.8 BINDING ARBITRATION FROM THE SCHEDULE O DISCLOSURE

FOR FORM 990, PART VI, LINE 4.

FORM 990, PART I, LINE 5:

THE NUMBER OF EMPLOYEES REPORTED ON LINE 5 REPRESENTS THE NUMBER OF

W-2'S ISSUED BY THE COOPERATIVE AND NOT NECESSARILY THE NUMBER OF

EMPLOYEES NORMALLY EMPLOYED BY THE COOPERATIVE AND REPORTED TO RUS.

FORM 990, PART VI, SECTION A, LINE 4:

DURING THE YEAR THE COOPERATIVE'S BYLAWS WERE AMENDED. THE FOLLOWING IS A SUMMARY OF THE CHANGES MADE:

ARTICLE 2 - MEMBERSHIP, SECTION 2.1 QUALIFICATIONS AND OBLIGATIONS WAS

AMENDED TO PROVIDE THAT ANY PERSON WILL BECOME A MEMBER WHEN THAT PERSON

HAS COMPLETED A WRITTEN MEMBERSHIP APPLICATION; AGREES TO RECEIVE, PURCHASE

OR OTHERWISE USE ELECTRIC ENERGY PROVIDED BY THE COOPERATIVE; GRANTS TO THE

COOPERATIVE A WRITTEN EASEMENT FOR USE OF THE MEMBER'S PROPERTY FOR BOTH

ELECTRIC AND COMMERICAL TELECOMMUNICATIONS PURPOSES; AND AGREES TO COMPLY

WITH THE COOPERATIVE'S GOVERNING DOCUMENTS. ALSO ADDED THE MEMBER WILL BE

BOUND BY THE COOPERATIVE'S RATE, FEE, DEPOSIT, OR PRICE SCHEDULES.

NOTHWITHSTANDING ANYTHING TO THE CONTRARY IN THE BYLAWS, A PERSON WHO ONLY

HAS AN IDLE SERVICE WITH THE COOPERATIVE IS NOT A MEMBER. THE DEFINITION

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OF PERSON DID NOT CHANGE.

SECTION 2.2 JOINT MEMBERSHIP WAS CHANGED TO CLARIFY THAT QUALIFIED PERSONS BECOME JOINT MEMBERS IN THE SAME MANNER AS MEMBERS BECOME MEMBERS. SECTION 2.2 (G) WAS AMENDED TO SAY THAT UPON DEATH OR TERMINATION OF ONE PERSON WHO IS A PARTY TO A JOINT MEMBERSHIP, SUCH JOINT MEMBERSHIP SHALL BE HELD SOLELY BY THE REMAINING JOINT MEMBER(S) AND ANY PATRONAGE CAPITAL WILL REMAIN WITH THE MEMBERSHIP. ONE OR MORE JOINT MEMBERS MAY REQUEST THE TERMINATION OF SUCH JOINT MEMBERSHIP AND ANY PERSON MAY APPLY FOR A NEW MEMBERSHIP AS PROVIDED BY THE BYLAWS. SUCH TERMINATION DOES NOT RELEASE ANY PERSON FROM ANY DEBTS OR LIABILITIES DUE THE COOPERATIVE.

SECTION 2.4 EVIDENCE OF MEMBERSHIP WAS REVISED TO DELETE THE PROVISION THAT

THE COOPERATIVE WOULD MAINTAIN A WRITTEN OR ELECTRONIC RECORD OF CURRENT

MEMBERS THAT INDICATED WHETHER OR NOT THE MEMBER WAS ENTITLED TO VOTE.

SECTION 2.5 PURCHASE OF ELECTRIC SERVICE WAS AMENDED TO ADD "THE

COOPERATIVE WILL USE REASONABLE EFFORTS TO FURNISH DEPENDABLE ELECTRIC

SERVICE BUT CANNOT GUARANTEE THAT ANY SERVICES WILL BE CONTINUOUS AND

UNINTERRUPTED."

SECTION 2.7 SUSPENSION OF MEMBERSHIP SECTION WAS DELETED.

SECTION 2.8 TERMINATION OF MEMBERSHIP BECAME SECTION 2.7 AND (D) PARAGRAPH
WAS ADDED TO READ "A MEMBER IS TERMINATED UPON THE COOPERATIVE DETERMINING,
IN ITS DISCRETION, THAT THE MEMBER HAS PERMANENTLY CEASED PURCHASING
ELECTRIC SERVICES FROM THE COOPERATIVE."

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ARTICLE 3 - MEETINGS OF MEMBERS, SECTION 3.1 ANNUAL MEMBER MEETINGS WAS

AMENDED TO SAY THAT AT THE ANNUAL MEETING THE PRESIDENT AND THE CEO MAY

PROVIDE OR HAVE PROVIDED WRITTEN OR ORAL REPORTS REGARDING THE ACTIVITIES

AND FINANCIAL CONDITION OF THE COOPERATIVE AND DELETED THE SENTENCE THAT

ASSIGNED THAT DUTY TO THE TREASURER.

SECTION 3.2 SPECIAL MEETINGS WAS REVISED TO GIVE THE BOARD THE OPTION TO HOLD MEMBER MEETINGS ELECTRONCIALLY.

SECTION 3.3 NOTICE OF MEMBERS' MEETINGS WAS AMENDED TO ALLOW THE

COOPERATIVE TO DELIVER NOTICE OF A MEMBER MEETING BY ELECTRONIC

COMMUNICATION, IN ADDITION TO BY MAIL OR PERSONALLY. THE NOTICE MUST BE

DELIVERED AT LEAST TEN DAYS BEFORE THE MEETING. THE DEADLINE TO RETURN

BALLOTS SHALL BE POSTED ON THE COOPERATIVE WEBSITE AT LEAST 2 MONTHS BEFORE

THE DEADLINE. AN ELECTRONIC NOTICE OF A MEMBER MEETING IS DEEMED DELIVERED

ON THE DATE SENT BY FACSIMILE OR EMAIL.

SECTION 3.5 QUORUM WAS AMENDED TO INCLUDE MEMBERS VOTING BY MAIL BALLOT OR ELECTRONIC BALLOT COUNTED TOWARD THE MEMBER QUORUM. A MEMBER PARTICIPATING ELECTRONICALLY IN ANY MEMBER MEETING OF THE COOPERATIVE SHALL BE CONSIDERED PRESENT FOR SUCH MEMBER MEETING.

SECTION 3.8 WAS RENAMED "VOTING OPTIONS" AND STATES THAT AT THE OPTION OF
THE BOARD, A MEMBER MAY VOTE ELECTRONCIALLY ON ANY MATTER IN CONJUNCTION
WITH A MEMBER MEETING BY THE COOPERATIVE PROVIDING ACCESS TO A BALLOT
THROUGH A SECURE AND VERIFIABLE ELECTRONIC TRANSMISSION SYSTEM ("ELECTRONIC
BALLOT"). EXCEPT AS MAY BE PROVIDED BY THE BOARD, A MEMBER MAY NOT REVOKE
A COMPLETED MAIL BALLOT OR ELECTRONIC BALLOT RECEIVED BY THE COOPERATIVE.

Name of the organization

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Employer identification number 84-0185658

A MEMBER'S FAILURE TO RECEIVE A MAIL BALLOT OR ELECTRONIC BALLOT DOES NOT AFFECT A VOTE OR ACTION TAKEN BY MAIL BALLOT OR ELECTRONIC BALLOT.

ARTICLE 4 - DIRECTORS, SECTION 4.1 GENERAL POWERS ADDED (D) "APPOINT A DIRECTOR TO SERVE AS A REPRESENTATIVE OF THE COOPERATIVE ON THE BOARDS OF THE COLORADO RURAL ELECTRIC ASSOCIATION ("CREA"), WESTERN UNITED ELECTRIC SUPPLY CORPORATION ("WESTERN UNITED") AND ANY OTHER SIMILAR ENTITY AS DETERMINED BY THE BOARD.

SECTION 4.3 QUALIFICATIONS WAS AMENDED TO DELETE "APPOINTMENT OF A DIRECTOR TO SERVICE AS A REPRESENTATIVE OF THE COOPERATIVE ON THE BOARDS OF COLORADO RURAL ELECTRIC ASSOCIATION ("CREA"), TRI STATE GENERATION AND TRANSMISSION ASSOCIATEON ("TRI STATE"), COBANK OR OTHER SUCH ENTITY SHALL NOT DISQUALIFY A PERSON FROM SERVING ON THE BOARD."

SECTION 4.5 DISTRICTS, NOMINATIONS AND ELECTIONS, (D) PETITIONS FOR

CANDIDACY WAS CHANGED TO STATE THAT A CANDIDATE MUST BE A MEMBER OF THE

COOPERATIVE FOR 60 DAYS INSTEAD OF 45 DAYS BEFORE THE DATE OF THE ANNUAL

MEETING AND THE CANDIDATE MUST SUBMIT A WRITTEN PETITION OF CANDIDACY NOT

LESS THAN 60 DAYS PRIOR TO ANNUAL MEMBER MEETING, INSTEAD OF 45 DAYS. "AND

NOT MORE THAN SEVENTY FIVE DAYS" WAS DELETED.

(F) ELECTION PROCESS WAS REVISED TO INCLUDE ELECTRONIC BALLOT VOTING AT THE OPTION OF THE BOARD. A MEMBER WHO HAS VOTED BY MAIL OR BY ELECTRONIC MEANS IS NOT ENTITLED TO VOTE AT THE ANNUAL MEMBER MEETING. THE REQUIREMENT THAT A MAIL BALLOT BE "PLACED IN A SPECIAL ENVELOPE PROVIDED FOR THE PURPOSE SO AS TO CONCEAL THE MARKING ON THE BALLOT" WAS DELETED. "FOR THE MAIL BALLOT OF A JOINT MEMBERSHIP, THE ENVELOPE OF THE MAIL BALLOT MUST INCLUDE THE

Name of the organization

DELTA MONTROSE ELECTRIC ASSOCIATION

Employees 8

Employer identification number 84-0185658

NAME OF EACH ELIGIBLE VOTER OF THE JOINT MEMBERSHIP. ANY ONE OF THE JOINT MEMBERS MAY CAST THE MAIL BALLOT. THE JOINT MEMBER WHO CASTS THE MAIL BALLOT MUST SIGN THE RETURN ENVELOPE." WAS ADDED.

(G) ELECTION COUNT WAS AMENDED TO SAY THAT EXCEPT WHEN ALL DIRECTOR

DISTRICTS AND REGIONS ARE UNCONTESTED ELECTIONS, THE BOARD SHALL ARRANGE

FOR AN INDEPENDENT THIRD PARTY TO OVERSEE THE COUNTING OF THE BALLOTS.

"CANDIDATES FOR THE BOARD SHALL BE GIVEN THE OPPORTUNITY TO BE PRESENT TO

OBSERVE THE COUNTING OF THE BALLOTS EXCEPT THAT, IF THE COOPERATIVE HAS

CONTRACTED WITH AN INDEPENDENT THIRD PARTY TO COLLECT AND COUNT BALLOTS"

WAS DELETED.

SECTION 4.8 REMOVAL DIRECTORS (D) PROVIDES THAT A DIRECTOR MAY BE REMOVED UPON AN AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS INCLUDING VOTES IN PERSON, BY MAIL, OR AT THE OPTION OF THE BOARD BY ELECTRONIC BALLOT.

ARTICLE 5 - MEETINGS OF DIRECTORS, SECTION 5.4 QUORUM AND VOTING WAS

AMENDED TO ALLOW A DIRECTOR TO PARTICIPATE AND VOTE IN ANY BOARD MEETING BY

ANY MEANS OF COMMUNICATION , INCLUDING BY ELECTRONIC MEANS.

ARTICLE 6 - OFFICERS OF THE BOARD AND COOPERATIVE, SECTION 6.1 NUMBER WAS

AMENDED TO ALLOW ADDITIONAL BOARD OFFICERS AS DETERMINED BY THE BOARD TO

INCLUDE BUT NOT LIMITED TO ASSISTANT TREASURERS AND/OR ASSISTANT

SECRETARIES. ANY SUCH ADDITIONAL OFFICERS SHALL PERFORM ALL THE DUTIES AS

MAY BE ASSIGNED FROM TIME TO TIME BY THE BOARD, THE OFFICER(S) AUTHORIZED

BY THE BOARD, OR THE PRESIDENT.

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ELECTIONS FOR THE OFFICERS AND THE REPRESENTATIVES OF THE CREA BOARD OF
DIRECTORS, THE WESTERN UNITED BOARD OF DIRECTORS, AND ANY OTHER ENTITY TO
WHICH THE COOPERATIVE APPOINTS A REPRESENTATIVE SHALL BE BY SECRET BALLOT."

ARTICLE 8 - NONPROFIT OPERATION, SECTION 8.2 PATRONAGE CAPITAL IN CONNECTION WITH FURNISHING ELECTRIC SERVICE, AMENDED THE DEFINITION OF A "PATRON" TO STATE THEY ARE "A MEMBER -OR IF AUTHORIZED BY THE BOARD - A NON-MEMBER - RECEIVING ELECTRIC SERVICE FROM THE COOPERATIVE." PART (A) CAPITAL CREDIT ALLOCATION, WAS AMENDED TO STATE THAT "ALL OPERATING INCOME AND REVENUE IN EXCESS OF OPERATING COSTS AND EXPENSES ("PATRONAGE MARGINS") ARE RECEIVED FROM THE PATRONS AS PATRONAGE CAPITAL. THE COOPERATIVE IS OBLIGATED TO ALLOCATE BY CREDITS TO A CAPITAL ACCOUNT FOR EACH PATRON ALL PATRONAGE MARGINS (A "CAPITAL CREDIT"). THE BOARD MAY, BY WRITTEN RESOLUTION, OBLIGATE THE COOPERATIVE TO ALLOCATE ON A PATRONAGE BASIS ANY ITEM OR CATEGORY OF NON-OPERATING MARGINS, WHICH AMOUNTS WILL BECOME PATRONAGE MARGINS." THE BOARD RETAINS THE AUTHORITY TO DETERMINE THE MANNER, METHOD AND TIMING OF ALLOCATING CAPITAL CREDIT IN A WRITTEN POLICY BUT THE PHRASE "THE ALLOCATION OF CAPITAL CREDITS IS IN THE DISCRETION OF THE BOARD" WAS DELETED. THE AUTHORITY TO PAY CAPITAL CREDITS AT A DISCOUNT RATE WAS MOVED TO SECTION 8.2(B).

PART (B) RETIREMENT OF CAPITAL CREDITS, WAS ALSO AMENDED TO STATE THAT "THE BOARD HAS THE AUTHORITY TO PAY CAPITAL CREDITS AT A DISCOUNTED RATE UNDER TERMS SET BY THE BOARD. FOR ANY SUCH DISCOUNTING PROGRAM, THE BOARD IS AUTHORIZED, BUT NOT REQUIRED, TO CREATE EQUITY ACCOUNTS TO RECEIVE THE DISCOUNTS, INCLUDING PERMANENT EQUITY ACCOUNTS DESIGNATED FOR INDIVIDUAL PATRONS WITH RIGHTS DETERMINED BY THE BOARD."

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A COMPLETE COPY OF THE BYLAWS CAN BE FOUND ON THE COOPERATIVE'S WEBSITE:

HTTPS://WWW.DMEA.COM/BYLAWS.

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

THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS.

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

THE MEMBERS OF THE COOPERATIVE VOTE TO ELECT THE BOARD OF DIRECTORS.

ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS.

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

THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE:

- 1. DISSOLUTION/LIQUIDATION OF THE COOPERATIVE
- 2. MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION
- 3. DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS
- 4. AMENDMENT TO THE ARTICLES OF INCORPORATION

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

THE COOPERATIVE HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THEREFORE, AND PURSUANT TO FORM 990 INSTRUCTIONS, THE QUESTION HAS BEEN ANSWERED "NO".

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

MANAGEMENT AND PAID PREPARER REVIEW DRAFTS OF FORM 990 PRIOR TO E-FILING.
BOARD REVIEWS ANNUAL FILINGS AT MONTHLY MEETINGS.

Name of the organization

DELTA MONTROSE ELECTRIC ASSOCIATION

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

THE BOARD OF DIRECTORS CONDUCT AN ANNUAL REVIEW OF THE CONFLICT OF INTEREST POLICY, AND OBTAINS THE SIGNATURE OF EACH BOARD MEMBER ACKNOWLEDGING THE REVIEW OF THE POLICY.

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

THE BOARD OF DIRECTORS USE A COMPENSATION SURVEY WHEN DETERMINING THE

COMPENSATION OF THE CEO. THE SURVEY SHOWS COMPARATIVE SALARIES FOR CEOS

FROM COOPERATIVES LOCATED IN COLORADO AND THE NATION. THE MANAGEMENT

COMPENSATION PLAN IS APPROVED BY THE BOARD OF DIRECTORS.

THE BOARD AND THE CEO USE A COMPENSATION SURVEY WHEN DETERMINING THE

COMPENSATION OF THE ORGANIZATION'S OTHER OFFICERS. THE SURVEY INCLUDES

SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT COLORADO AND THE NATION.

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

THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS TO ANY MEMBER

WHO REQUESTS A COPY OF ANY SUCH DOCUMENT. THIS IS DONE IN COMPLIANCE WITH

BOARD POLICY 10, SECTIONS 1-4. ANNUALLY THE COOPERATIVE PROVIDES A

SUMMARIZED COPY OF THE FINANCIAL STATEMENTS TO THE MEMBERS OF THE

COOPERATIVE WITH THE ANNUAL REPORT. FINALLY, THE COOPERATIVE'S BYLAWS AND

FINANCIAL STATEMENTS CAN BE FOUND ON THEIR WEBSITE, WWW.DMEA.COM.

FORM 990, PARTS VI & VII:

THE COOPERATIVE ANNUALLY PROVIDES EACH DIRECTOR WHO SERVED ON THE BOARD DURING THE YEAR A QUESTIONNAIRE AND TIME LOG. THE COMPLETED

DELTA MONTROSE ELECTRIC ASSOCIATION

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QUESTIONS ON THE FORM 990 PERTAINING TO BUSINESS RELATIONSHIPS AMONG

DIRECTORS, OFFICERS, AND KEY EMPLOYEES, AS WELL AS TO DETERMINE IF

THERE ARE ANY TRANSACTIONS WHICH MUST BE REPORTED IN DETAIL ON SCHEDULE

L - "TRANSACTIONS WITH INTERESTED PERSONS". IF THE COOPERATIVE WAS

UNABLE TO OBTAIN A COMPLETED QUESTIONNAIRE AND/OR TIME LOG, THE

COOPERATIVE RELIED UPON THE COMPLETED INFORMATION FOR THE PRIOR YEAR.

DURING 2021, DIRECTOR HAUCK PASSED AWAY; THEREFORE, THE PRIOR YEAR

QUESTIONNAIRE WAS RELIED UPON WHILE PREPARING THE 2021 RETURN.

FORM 990, PART VII, COLUMN F:

IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE

COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION

401(K) OF THE INTERNAL REVENUE CODE. EMPLOYER CONTRIBUTIONS TO THE PLAN

ARE MADE PURSUANT TO THE PLAN DOCUMENT. ADDITIONALLY, THE COOPERATIVE

PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN. CONTRIBUTIONS TO

THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN.

EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING

EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, MEETING

THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS.

THE COOPERATIVE ALSO PROVIDES HEALTH AND LIFE INSURANCE TO ALL

EMPLOYEES, INCLUDING OFFICERS, THROUGH A QUALIFIED PLAN. THE AMOUNTS

REPORTED ON PART VII, COLUMN (F) IS COMPRISED OF THE ACTUARIAL INCREASE

IN THE DEFINED BENEFIT PLAN AND THE INSURANCE PREMIUMS PAID FOR THE

BENEFIT OF THE OFFICERS AND HIGHLY COMPENSATED EMPLOYEES.

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FORM 990, PART VIII, LINE 2B:

PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A

GENERATION & TRANSMISSION COOPERATIVE. PATRONAGE DIVIDENDS ALSO RESULT

FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF

SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS. THE

EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH

COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE

ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS.

FORM 990, PART VIII, LINE 11A:

THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT)

ESTABLISHED THE PAYCHECK PROTECTION PROGRAM (PPP) TO PROVIDE LOANS TO

SMALL BUSINESSES AS A DIRECT INCENTIVE TO KEEP THEIR WORKERS ON THE

PAYROLL. THE LOANS ARE FORGIVEN IF ALL EMPLOYEE RETENTION CRITERIA ARE

MET AND THE FUNDS ARE USED FOR ELIGIBLE EXPENSES.

DURING 2020, THE COOPERATIVE APPLIED FOR AND RECEIVED A LOAN OF
\$2,447,500. AFTER FULFILLING THE REQUIREMENTS OF THE PROGRAM, THE
COOPERATIVE RECORDED THE ANTICIPATED LOAN FORGIVENESS AS INCOME,
BECAUSE THE NATURE OF THE PROGRAM IS COMPRISED OF A BONA FIDE LOAN
FOLLOWED BY LOAN FORGIVENESS. ALTHOUGH THE INSTRUCTIONS TO FORM 990
STATE THAT THE AMOUNT OF PPP LOANS THAT ARE FORGIVEN MAY BE REPORTED ON
LINE 1E AS CONTRIBUTIONS FROM A GOVERNMENTAL UNIT, THE COOPERATIVE HAS
CHOSEN TO REPORT THE PPP LOAN FORGIVENESS AS OTHER INCOME ON LINE 11A.

Schedule O (Form 990) 2021		Page 2
Name of the organization DELTA MONTROSE ELECTRIC ASSOCIATION		er identification number -0185658
FORM 990, PART VIII, LINE 11D:		
OTHER REVENUE IS COMPRISED OF THE FOLLOWING:		
PROCEEDS FROM POLE DAMAGE CLAIMS	\$	53,393
POLE ATTACHEMENT INCOME		244,297
DISPATCHING INCOME		325,028
TOTAL OTHER REVENUE PER FORM 990, LINE 11D	\$	622,718
FORM 990, PART IX:		
THE ACCOUNTING RECORDS OF THE ASSOCIATION ARE MAINTAINED	IN AC	CORDANCE
WITH THE RURAL UTILITIES SERVICE (RUS) UNIFORM SYSTEM OF	ACCOU	NTS
(USOA) PRESCRIBED FOR RUS ELECTRIC BORROWERS. THE USOA D	OES NO	T RECORD
EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON P	ART IX	LINES
1-23. THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WA	GES, E	MPLOYEE
BENEFITS, AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORD	ANCE W	THEIR
ACCOUNTING SYSTEM, BUT OTHER EXPENSES DESCRIBED IN LINES	1-23	ARE
REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRE	D BY T	HE USOA.
FORM 990, PART IX, LINE 1:		
ALL GRANTS, SPONSORSHIPS, AND/OR DONATIONS ARE MADE TO N	ON-PRC	FIT AND
CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'	S SERV	ICE AREA,
AND ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR	MEMBE	RS
RESIDE. EACH GRANT, SPONSORSHIP, AND/OR DONATION MADE DU	RING T	HE YEAR
WAS BELOW THE REPORTING THRESHOLD OF SCHEDULE I, PART II	•	

Name of the organization

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FORM 990, PART IX, LINE 4:

PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE

DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS "PATRONS")

SHOULD BE REPORTED ON PART IX, LINE 4. THE PHRASE "PATRONAGE DIVIDENDS

PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE

COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT

COST WITH ITS PATRONS.

THE COOPERATIVE'S TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS

PATRONS AND TO DO SO ON A COOPERATIVE BASIS. TAX LAW DEFINES "OPERATING

ON A COOPERATIVE BASIS" AS SUBORDINATION OF CAPITAL, DEMOCRATIC

CONTROL, AND OPERATION AT COST. THE COOPERATIVE OPERATES AT COST

THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS

ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS. PATRONAGE DIVIDENDS

ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A

PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE

TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE

MANNER ON THE BASIS OF PATRONAGE (I.E. PURCHASES). ADDITIONALLY, THE

ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE

TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER

31. EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS

PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE BYLAWS.

THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF

PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE

PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE

COOPERATIVE FOR THE 2021 CALENDAR YEAR. BECAUSE PATRONAGE DIVIDENDS ARE

THE PROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS

Name of the organization DELTA MONTROSE ELECTRIC ASSOCIATION	Employer identification number 84-0185658
AND THEREBY A KEY COMPONENT TO ACCOMPLISHING ITS EXEMPT P	URPOSE, THE
COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR F	ORM 990
REPORTING. PATRONAGE DIVIDENDS ARE NOT AN EXPENSE FOR FIN	IANCIAL
STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED	ACCOUNTING
PRINCIPLES, HOWEVER.	
FORM 990, PART IX, LINES 5-7:	
SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND	
ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE.	THE FOLLOWING
SCHEDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO TOTAL	L WAGES
ACCRUED AND/OR PAID:	
TOTAL PER LINES 5-7	\$ 7,792,546
LESS: DIRECTOR FEES REPORTED ON FORMS 1099-NEC	(136,465)
LESS: EMPLOYEE OFFICER & KEY EMPLOYEE BENEFITS REPORTED	
ON LINE 5	(473,220)
PLUS: SALARIES & WAGES ALLOCATED TO NONOPERATING MARGINS	72,078
PLUS: SALARIES & WAGES CAPITALIZED DIRECTLY TO PLANT	1,662,541
PLUS: SALARIES & WAGES ALLOCATED TO ELEVATE SUBSIDIARY	805,684
PLUS: SALARIES & WAGES CAPITALIZED/EXPENSED INDIRECTLY	
THROUGH CLEARING & OTHER ACCOUNTS	1,198,382
TOTAL WAGES ACCRUED AND/OR PAID	\$10,921,546
FORM 990, PART IX, LINE 24:	
ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FO	LLOWING:

Schedule O (Form 990) 2021	Page 2
Name of the organization DELTA MONTROSE ELECTRIC ASSOCIATION	Employer identification number 84-0185658
ADMINISTRATIVE & GENERAL SALARIES, BENEFITS, & OTHER	\$ 2,479,593
OFFICE SUPPLIES	1,890,837
OUTSIDE SERVICES	818,336
INSURANCES & DAMAGES	141,896
DIRECTORS	166,464
ADVERTISING	47,023
PENSION & BENEFITS	414,019
MAINTENANCE OF GENERAL PLANT	491,078
INFORMATION TECHNOLOGY	571,026
DUPLICATE CHARGES (CREDIT)	(110,418)
TOTAL ADMIN & GENERAL EXP PER FINANCIAL STATEMENTS	\$ 6,909,854
LESS: RECLASS OF DIRECTOR FEES TO PART IX, LINE 5	(136,465)
LESS: RECLASS OF LABOR TO PART IX, LINES 5 & 7	(2,627,896)
LESS: RECLASS OF BENEFITS TO PART IX, LINES 8-10	(1,053,469)
TOTAL ADMIN & GENERAL EXPENSE PER FORM 990, PART IX	\$ 3,092,024
FORM 990, PART IX, LINE 24E:	
OTHER EXPENSES IS COMPRISED OF THE FOLLOWING: DISPATCHING	\$ 331,676
ABONDONMENT LOSS	121,630
ECONOMIC DEVELOPMENT	10,000
GEOTHERMAL & HYDRO	123,093
SALES	43,338
CONSUMER	721,856
TRANSMISSION	12,878
OTHER DEDUCTIONS	153,202
TOTAL OTHER EXPENSES PER FORM 990, LINE 24E	\$ 1,517,673
199910 11 11 91	Schedule O (Form 990) 202:

Name of the organization DELTA MONTROSE ELECTRIC ASSOCIATION	Employer identification number 84-0185658
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED	4,170,529.
PATRONAGE CAPITAL RETIRED - TOTAL	-102,665.
PATRONAGE CAPITAL RETIRED - DISCOUNT	44,184.
EQUITY METHOD INCOME (LOSS)	213,451.
ELEVATE FIBER LEASE - UBI TAX BASIS CONSTRUCTION GRANT	
INCOME	-3,360,261.
TOTAL TO FORM 990, PART XI, LINE 9	965,238.
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT	COMMITTEE TO
OVERSEE THE ANNUAL AUDIT AND HELP SELECT THE CPA FIRM WH	O WILL PERFORM
THE AUDIT. PROCEDURAL CHANGES DID NOT OCCUR DURING THE Y	EAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

DELTA MONTROSE ELECTRIC ASSOCIATION

Employer identification number 84-0185658

Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	me End-of-year		(f) Direct controlling entity		9	
		-								
Part II	Identification of Related Tax-Exempt Organiza	ntions. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34,	because it had one	e or more i	related tax-exe	empt		
Part II	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		(f) Direct controlling entity		(g) Section 512(b)(13) controlled entity?	
					501(c)(3))			Yes	No	

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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. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of	(h) Disproportionate		(i) Code V-UBI	(j Gene		(k) Percentage
of related organization		(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownersnip

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l	b)(13) rolled tity?
		country)						Yes	No
DMEA UTILITIES SERVICES, LLC - 84-1556992	ALTERNATIVE ENERGY		DELTA MONTROSE						
P.O. BOX 910	AND BROADBAND		ELECTRIC						
MONTROSE, CO 81402	INVESTMENTS	CO	ASSOCIATION	C CORP	10,159,806.	17,773,243.	100.00%	X	
	1								
	1								
	1								

Schedule R (Form 990) 2021

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with	one or more re	lated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х	
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1 g		X
h	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s)				1i		X
	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organizatio	on(s)			11		X
	n Performance of services or membership or fundraising solicitations by related organization				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete th	is line, including covered r	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DMEA UTILITIES SERVICES, LLC	A	3,201,198.	NOTE & FIBER LEASE AGREEMENTS
(2) DMEA UTILITIES SERVICES, LLC	0	1,137,768.	DIRECT LABOR & BENEFIT SPREAD
(3) DMEA UTILITIES SERVICES, LLC	Q	359,386.	INVOICES & INVENTORY CHARGE TCKTS
(4) DMEA UTILITIES SERVICES, LLC	R	425,513.	INVOICES & WORKORDERS
(5) DMEA UTILITIES SERVICES, LLC	s	2,802,728.	PRINCIPAL - LOAN SCHEDULES
(6)			

Schedule R (Form 990) 2021

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentaç
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersni
		Country)	Sections 5 (2-5 (4)	Yes N	lo Income	833613	Yes	No	(F01111 1065)	Yes I	10
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IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2021, or fiscal year beginning . 2021, and ending

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

DELTA	MONTROSE	ELECTRIC	ASSOCIATION	84-018565
21 000	747 4 10700 0			

Name and title of officer or person subject to tax B KENT BLACKWELL

Part I	Type of	Return ar	nd Return	Information
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Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b8 <u>1,764,019</u> .
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here >	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here >	b	Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here >	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here >	b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure	Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that 🛛	l ar	m an officer of the above entity or 🔲 I am a person subject to tax with res	pect to (name

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

, (EIN)

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of entity)

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to enter my PIN

81402

and that I have examined a copy of the

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

gnature of officer or person subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date > 10/03/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2021)