

EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2018

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: PIONEER ELECTRIC COOPERATIVE INC D Employer identification number: 48-0493444 E Telephone number: 620-356-4111 G Gross receipts \$: 84,192,018 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: 501(c)(3) J Website: WWW.PIONEERELECTRIC.COOP K Form of organization: Corporation L Year of formation: 1944 M State of legal domicile: KS

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes a table for Net Assets or Fund Balances (lines 20-22) comparing Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: STEPHEN J. EPPERSON, CEO. Preparer: EMINA O. CRESSWELL, CPA. Firm: MOSS ADAMS LLP, 601 W. RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SALE OF ELECTRICITY TO MEMBERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
DISTRIBUTED ELECTRICITY TO APPROXIMATELY 17,000 RETAIL ELECTRIC METERS OF PIONEER ELECTRIC COOPERATIVE AND APPROXIMATELY 17,000 RETAIL ELECTRIC METERS WHO ARE SERVED THROUGH SOUTHERN PIONEER ELECTRIC COMPANY, A WHOLLY OWNED SUBSIDIARY.

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

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

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

4e Total program service expenses **▶**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CHANTRY C SCOTT - 620-356-4111 1850 W OKLAHOMA, ULYSSES, KS 67880

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELVIN WINGER PRESIDENT	1.00 0.50	X		X				27,330.	0.	0.
(2) ALFRED ALEXANDER VICE PRESIDENT	2.00 0.70	X		X				23,743.	0.	0.
(3) PERRY RUBART SECRETARY/TREASURER	3.00 0.50	X		X				31,350.	0.	0.
(4) JOHN JURY ASSISTANT SECRETARY/TREASURER	2.00 0.70	X		X				23,059.	0.	0.
(5) CHARLES MILBURN TRUSTEE	2.00 0.90	X						23,654.	0.	0.
(6) FRED CLAASSEN TRUSTEE	5.00 2.00	X						34,918.	0.	0.
(7) JAMES BELL TRUSTEE	7.00 3.00	X						40,748.	0.	0.
(8) MARTIE FLOYD TRUSTEE	2.00 0.70	X						23,759.	0.	0.
(9) MIKE BREWER TRUSTEE	5.00 2.00	X						32,838.	0.	0.
(10) STEPHEN EPPERSON CEO	24.20 17.20			X				430,697.	0.	222,430.
(11) CHANTRY SCOTT CFO	19.60 21.50			X				196,345.	0.	96,332.
(12) ANITA WENDT VP OF ENERGY SERVICES	31.70 10.80				X			157,473.	0.	78,198.
(13) GEORGE BUSHNELL VP OF OPERATIONS & ENGINEERING	21.00 20.40				X			196,386.	0.	99,651.
(14) LINDSAY CAMPBELL EXECUTIVE VP & GENERAL COUNSEL	27.70 18.40				X			239,677.	0.	82,948.
(15) RANDALL MAGNISON EXECUTIVE VP & ASSISTANT CEO	21.70 24.10				X			275,356.	0.	156,625.
(16) CLINTON MEIER OPERATIONS & ENGINEERING MANAGER	10.60 39.10					X		142,189.	0.	80,804.
(17) MICHAEL HANEY OPERATIONS & ENGINEERING MANAGER	41.80 0.60					X		171,809.	0.	48,688.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROSS RILEY OPERATIONS SUPERVISOR	45.10 0.00					X		145,249.	0.	100,752.
(19) SHERRY EASTON ACCOUNTING MANAGER	24.00 21.40					X		150,479.	0.	65,501.
(20) NEAL MANGELS APPARATUS METERING COORDINATOR	38.10 7.60					X		126,579.	0.	59,809.
1b Sub-total								2,493,638.	0.	1091738.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,493,638.	0.	1091738.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 24

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
J AND J POWERLINE CONTRACTOR INC PO BOX 861, DODGE CITY, KS 67801	CONTRACT LINE LABOR	629,161.
NISC PO BOX 1147, MANDAN, ND 58554	CONTRACT COMPUTER & SOFTWARE SUPPORT	379,645.
RUGGED ROOFING & CONSTRUCTION INC, 8701 NORTH CLASSEN BLVD., SUITE E, OKLAHOMA	CONTRACT ROOFERS	202,754.
OSMOSE UTILITIES SERVICES INC PO BOX 117284, ATLANTA, GA 30368	CONTRACT POLE TESTING	192,752.
GBS ENTERPRISES LLC 6926 E SUMMERSIDE CT, BEL AIRE, KS 67226	CONTRACT BUILDING CONSTRUCTION	107,233.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a SALES OF ELETRICITY	Business Code 221000	76,627,472.	76,627,472.		
	b CAPITAL CREDITS	900099	3,206,496.	3,206,496.		
	c SERVICE REVENUE	900099	43,665.	43,665.		
	d POLE RENTAL INCOME	900099	29,876.			29,876.
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		79,907,509.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		895,690.		9,451.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other	23,630.			
		b Less: cost or other basis and sales expenses		1,544.		
		c Gain or (loss)		22,086.		
d Net gain or (loss)			22,086.			22,086.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
		b Less: direct expenses	b			
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	47,038.				
	b Less: cost of goods sold	b	47,892.			
	c Net income or (loss) from sales of inventory		-854.			-854.
Miscellaneous Revenue		Business Code				
11 a MANAGEMENT FEES		900099	3,168,130.		3,168,130.	
	b					
	c					
	d All other revenue	900099	150,021.			150,021.
	e Total. Add lines 11a-11d		3,318,151.			
12 Total revenue. See instructions		84,142,582.	79,877,633.	3,177,581.	1,087,368.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	32,162.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	47,247.			
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	9,527,910.			
5 Compensation of current officers, directors, trustees, and key employees	1,365,468.			
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	4,090,527.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,303,746.			
9 Other employee benefits	1,313,853.			
10 Payroll taxes	413,101.			
11 Fees for services (non-employees):				
a Management				
b Legal	34,648.			
c Accounting	46,782.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	67,156.			
13 Office expenses	221,808.			
14 Information technology	90,523.			
15 Royalties				
16 Occupancy	344,706.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	43,511.			
20 Interest	4,002,171.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,148,360.			
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PURCHASED POWER</u>	54,179,536.			
b <u>ADMIN & GENERAL EXPENSE</u>	1,867,867.			
c <u>POLITICAL CONTRIBUTIONS</u>	1,500.			
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	84,142,582.			
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)

Part 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	
Assets	1 Cash - non-interest-bearing	1,339,519.	1	2,008,249.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	7,739,846.	4	7,159,959.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	14,893.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	0.	7	4,912,147.	
	8 Inventories for sale or use	1,052,438.	8	1,868,364.	
	9 Prepaid expenses and deferred charges	5,776,026.	9	5,247,686.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	161,938,014.			
	b Less: accumulated depreciation	40,260,127.			
	11 Investments - publicly traded securities	125,018,825.	10c	121,677,887.	
	12 Investments - other securities. See Part IV, line 11		11		
	13 Investments - program-related. See Part IV, line 11	112,081,726.	12	116,473,649.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	253,008,380.	15	259,362,834.		
Liabilities	17 Accounts payable and accrued expenses	15,868,717.	16	7,460,234.	
	18 Grants payable		17		
	19 Deferred revenue		18		
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties	70,589,223.	22	76,308,078.	
	24 Unsecured notes and loans payable to unrelated third parties		23		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	24	908,332.	
	26 Total liabilities. Add lines 17 through 25	86,457,940.	25	84,676,644.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		26		
	28 Temporarily restricted net assets		27		
	29 Permanently restricted net assets		28		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds	0.	29	0.	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.	
	32 Retained earnings, endowment, accumulated income, or other funds	166,550,440.	31	174,686,190.	
33 Total net assets or fund balances	166,550,440.	32	174,686,190.		
34 Total liabilities and net assets/fund balances	253,008,380.	33	259,362,834.		

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	84,142,582.
2 Total expenses (must equal Part IX, column (A), line 25)	2	84,142,582.
3 Revenue less expenses. Subtract line 2 from line 1	3	0.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	166,550,440.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	8,135,750.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	174,686,190.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2018)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PIONEER ELECTRIC COOPERATIVE INC
Employer identification number 48-0493444

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$ 1,500.
3 Volunteer hours for political campaign activities 0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 1,500.
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 0.
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 1,500.
4 Did the filing organization file Form 1120-POL for this year? Yes X No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Row 1: JOE SEIWERT, PRETTY PRAIRIE, KS 67570, 80-0200828, 500., 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

LHA SEE PART IV FOR CONTINUATION

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

PIONEER MADE DONATIONS TO TWO POLITICAL CAMPAIGNS.

PART I-C CONTINUATION:

JOE SEIWERT

1111 E BOUNDARY RD PRETTY PRAIRIE, KS 67570

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

2018 Open to Public Inspection

Name of the organization PIONEER ELECTRIC COOPERATIVE INC Employer identification number 48-0493444

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions 3-9 regarding modified easements, monitoring, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain reporting.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		849,744.		849,744.
b Buildings		10,493,195.	3,299,120.	7,194,075.
c Leasehold improvements				
d Equipment		150,593,855.	36,960,322.	113,633,533.
e Other		1,220.	685.	535.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				121,677,887.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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) INVEST IN ASSOC		
(2) ORGS-NONGENERAL FUNDS	963,831.	COST
(3) INVEST IN ASSOC		
(4) ORGS-OTHER GENERAL FUNDS	1,676,400.	COST
(5) INVEST IN ASSOC		
(6) ORGS-PATRONAGE CAP	77,783,843.	COST
(7) INVEST IN ECON DEV		
(8) PROJECTS	733,082.	COST
(9) INVESTMENT IN SUBSIDIARY	22,726,419.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	116,473,649.	

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 DEPOSITS	908,332.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	908,332.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE COOPERATIVE IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(12). THE STATE OF KANSAS RECOGNIZES THIS EXEMPTION FOR STATE INCOME TAX PURPOSES.

TAX POSITIONS ARE RECOGNIZED IF IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE TAX POSITION WILL BE REALIZED OR SUSTAINED UPON EXAMINATION. THE TERM MORE LIKELY THAN NOT MEANS A LIKELIHOOD OF MORE THAN 50%; THE TERMS EXAMINED AND UPON EXAMINATION ALSO INCLUDE RESOLUTION OF THE RELATED APPEALS OR LITIGATION PROCESSES, IF ANY. A TAX POSITION THAT MEETS THE MORE LIKELY-THAN NOT RECOGNITION THRESHOLD IS INITIALLY AND SUBSEQUENTLY MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT HAS A

Part XIII Supplemental Information *(continued)*

GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE DETERMINATION OF WHETHER OR NOT A TAX POSITION HAS MET THE MORE-LIKELY THAN-NOT RECOGNITION THRESHOLD CONSIDERS THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE REPORTING DATE AND IS SUBJECT TO MANAGEMENT'S JUDGMENT.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **PIONEER ELECTRIC COOPERATIVE INC** Employer identification number **48-0493444**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	20	20,000.	0.		
YOUTH TOURS	4	10,048.	0.		
COUNTY FAIRS - DONATIONS TO LIVESTOCK SALES	18	12,877.	0.		
SENIOR MEALS	500	2,758.	0.		
YOUTH DONATIONS	4	1,564.	0.		

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

PART I, LINE 2:

SCHOLARSHIPS ARE PROVIDED FOR THE FIRST SEMESTER ONLY AND ARE PAID DIRECTLY TO THE STUDENTS' CHOICE OF COLLEGE OR SECONDARY EDUCATION. THERE ARE NO ADDITIONAL DOLLARS PROVIDED. YOUTH TOUR DOLLARS ARE PAID DIRECTLY TO THE YOUTH TOUR PROGRAM, NOT TO THE INDIVIDUAL. OTHER ASSISTANCE IS TYPICALLY A ONE-TIME OCCURRENCE AND OF A MINIMAL DOLLAR AMOUNT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.**

Name of the organization PIONEER ELECTRIC COOPERATIVE INC	Employer identification number 48-0493444
---	---

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel
<input checked="" type="checkbox"/> Travel for companions
<input type="checkbox"/> Tax indemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Personal services (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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee
<input type="checkbox"/> Independent compensation consultant
<input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Approval by the board or compensation committee |
|---|---|

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2018

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEPHEN EPPERSON CEO	(i)	414,166.	2,200.	14,331.	197,002.	25,428.	653,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHANTRY SCOTT CFO	(i)	189,737.	200.	6,408.	72,114.	24,218.	292,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANITA WENDT VP OF ENERGY SERVICES	(i)	154,858.	200.	2,415.	60,799.	17,399.	235,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GEORGE BUSHNELL VP OF OPERATIONS & ENGINEERING	(i)	184,654.	200.	11,532.	81,867.	17,784.	296,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LINDSAY CAMPBELL EXECUTIVE VP & GENERAL COUNSEL	(i)	232,894.	200.	6,583.	74,897.	8,051.	322,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RANDALL MAGNISON EXECUTIVE VP & ASSISTANT CEO	(i)	249,390.	8,700.	17,266.	139,787.	16,838.	431,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CLINTON MEIER OPERATIONS & ENGINEERING MANAGER	(i)	139,035.	200.	2,954.	58,026.	22,778.	222,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL HANEY OPERATIONS & ENGINEERING MANAGER	(i)	164,880.	200.	6,729.	24,710.	23,978.	220,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROSS RILEY OPERATIONS SUPERVISOR	(i)	139,655.	200.	5,394.	75,574.	25,178.	246,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHERRY EASTON ACCOUNTING MANAGER	(i)	145,159.	200.	5,120.	40,083.	25,418.	215,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NEAL MANGELS APPARATUS METERING COORDINATOR	(i)	125,969.	200.	410.	37,031.	22,778.	186,388.	0.
	(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 I, LINE 1A:

COMPANION TRAVEL EXPENSES ARE PAID FOR ALL OFFICERS, TRUSTEES, AND KEY EMPLOYEES. THESE EXPENSES ARE ALL TREATED AS TAXABLE TO THE OFFICERS, TRUSTEES AND/OR KEY EMPLOYEES.

PART I, LINE 4B:

IN 2018, S. EPPERSON AND L. CAMPBELL PARTICIPATED IN 457(F) PLANS AND ACCRUED AMOUNTS OF \$42,950 AND \$23,885, RESPECTIVELY. NO AMOUNTS WERE PAID TO THE EMPLOYEES IN 2018.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **PIONEER ELECTRIC COOPERATIVE INC** Employer identification number **48-0493444**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
STEVE EPPERSON	OFFICER	COMPUTER		X	3,057.	1,847.		X	X		X	
STEVE EPPERSON	OFFICER	COMPUTER		X	1,644.	34.		X	X		X	
STEVE EPPERSON	OFFICER	COMPUTER		X	3,656.	3,656.		X	X		X	
RANDALL MAGNISO	KEY EMPL	COMPUTER		X	1,126.	46.		X	X		X	
RANDALL MAGNISO	KEY EMPL	PAYROLL		X	6,250.	6,250.		X	X		X	
CHANTRY SCOTT	OFFICER	PAYROLL		X	3,000.	3,000.		X	X		X	
ANITA WENDT	KEY EMPL	FITNESS		X	486.	60.		X	X		X	
Total						\$ 14,893.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: STEVE EPPERSON

(C) PURPOSE OF LOAN: COMPUTER PURCHASE

(A) NAME OF PERSON: STEVE EPPERSON

(C) PURPOSE OF LOAN: COMPUTER PURCHASE

(A) NAME OF PERSON: STEVE EPPERSON

(C) PURPOSE OF LOAN: COMPUTER PURCHASE

(A) NAME OF PERSON: RANDALL MAGNISON

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: COMPUTER PURCHASE

(A) NAME OF PERSON: RANDALL MAGNISON

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: PAYROLL LAG TRANSITION LOAN

(A) NAME OF PERSON: CHANTRY SCOTT

(C) PURPOSE OF LOAN: PAYROLL LAG TRANSITION LOAN

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: ANITA WENDT

(B) RELATIONSHIP WITH ORGANIZATION: KEY EMPLOYEE

(C) PURPOSE OF LOAN: FITNESS TRACKER PURCHASE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

PIONEER ELECTRIC COOPERATIVE INC

Employer identification number

48-0493444

FORM 990, PART VI, SECTION A, LINE 1:

ALL TRUSTEES RECEIVE TOTAL COMPENSATION EXCEEDING \$10,000 DURING THE TAX YEAR. ALL TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE INVOLVED IN TRANSACTIONS WITH A RELATED ORGANIZATION, DUE TO THEIR POSITION AS A DIRECTOR FOR SOUTHERN PIONEER COMPANY, A RELATED ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 2:

ALL TRUSTEES, OFFICERS, AND KEY EMPLOYEES HAVE A BUSINESS RELATIONSHIP WITH OTHER TRUSTEES, OFFICERS AND KEY EMPLOYEES DUE TO THEIR POSITION EITHER AS A DIRECTOR, OFFICER OR KEY EMPLOYEE FOR SOUTHERN PIONEER COMPANY, A RELATED ORGANIZATION.

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

PIONEER ELECTRIC COOPERATIVE, INC. IS A MEMBER OWNED COOPERATIVE. THE PRESIDENT OF THE BOARD OF TRUSTEES APPOINTS A NOMINATING COMMITTEE FORMED FROM PIONEER ELECTRIC'S MEMBER OWNERS. THE NOMINATING COMMITTEE PRESENTS THEIR NOMINATIONS FOR TRUSTEE POSITIONS TO THE MEMBER OWNERS AT THE ANNUAL MEETING. THE MEMBER OWNERS CAST THEIR BALLOTS TO ELECT THE BOARD OF TRUSTEES FOR A THREE YEAR TERM AT THE ANNUAL MEMBERSHIP MEETING.

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

PIONEER ELECTRIC COOPERATIVE, INC. IS A MEMBER OWNED COOPERATIVE. THE PRESIDENT OF THE BOARD OF RUSTEES APPOINTS A NOMINATING COMMITTEE FORMED FROM PIONEER ELECTRIC'S MEMBER OWNERS. THE NOMINATING COMMITTEE PRESENTS THEIR NOMINATIONS FOR TRUSTEE POSITIONS TO THE MEMBER OWNERS AT THE ANNUAL MEETING. THE MEMBER OWNERS CAST THEIR BALLOTS TO ELECT THE BOARD OF

Name of the organization PIONEER ELECTRIC COOPERATIVE INC	Employer identification number 48-0493444
--	--

TRUSTEES FOR A THREE YEAR TERM AT THE ANNUAL MEMBERSHIP MEETING. IF THERE IS A VACANCY DURING A BOARD MEMBER'S TERM, THE REMAINING BOARD WILL ELECT A REPLACEMENT TRUSTEE FROM THE VACANT DISTRICT. THIS TRUSTEE WILL HOLD THE POSITION UNTIL THE NEXT ANNUAL MEETING. THE TRUSTEE WILL BE NOMINATED FOR ELECTION TO SERVE THE REMAINDER OF THE TERM.

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

THE FOLLOWING DECISIONS MUST BE APPROVED BY THE MEMBERS:

- 1) CHANGES TO THE BYLAWS
- 2) SALE OF A SIGNIFICANT PORTION OF ASSETS AND/OR LIQUIDATION
- 3) CHANGES TO THE ARTICLES OF INCORPORATION

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

MANAGER OF ACCOUNTING REVIEWS THE 990 ALONG WITH MEMBERS OF MANAGEMENT. THEN THE FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES FOR ANY DISCUSSION OR COMMENT.

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

PIONEER ELECTRIC COOPERATIVE, INC. REQUESTS THAT EACH TRUSTEE, OFFICER, KEY EMPLOYEE, AND THE 5 HIGHEST COMPENSATED EMPLOYEES COMPLETE A FORM 990 QUESTIONNAIRE ANNUALLY. CONFLICTS OF INTEREST CAN BE IDENTIFIED AS PART OF THIS QUESTIONNAIRE REVIEW. IF A CONFLICT ARISES, THE CONFLICT IS REPORTED TO THE CEO OR THE ETHICS OFFICER. THE POLICY ALLOWS THE ETHICS OFFICER TO DESIGNATE ANOTHER PERSON TO ANNUALLY REVIEW THE CONFLICT OF INTEREST DISCLOSURE FORMS. WHEN THERE IS A CONFLICT THE PERSON IS EXCUSED FROM THE MEETING. IF THERE IS A BIGGER VIOLATION THEN THEY MAY BE REMOVED FROM THE BOARD. CONFLICTS OF INTEREST ARE REPORTED TO THE BOARD PRESIDENT OR GENERAL COUNCIL IF THE PERSON IS THE BOARD PRESIDENT.

Name of the organization PIONEER ELECTRIC COOPERATIVE INC	Employer identification number 48-0493444
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FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES, IN ITS ENTIRETY, APPROVES THE CEO (OFFICER), EXECUTIVE VP-ASSISTANT CEO (KEY EMPLOYEE), AND EXECUTIVE VP / GENERAL COUNSEL'S (KEY EMPLOYEE) SALARY. THE NRECA COMPENSATION SURVEY IS USED TO PROVIDE COMPARABLE DATA. THE BOARD DISCUSSES THE SALARIES, AS PROPOSED, WITHOUT THE EMPLOYEES PRESENT. THE BOARD'S APPROVAL OF THE EMPLOYEE'S COMPENSATION IS RECORDED IN THE MINUTES OF THE MEETING. THE WAGES OF ALL OTHER EMPLOYEES, INCLUDING THE CFO, IS BASED UPON A REVIEW OF THE NRECA COMPENSATION SURVEY WITH APPROVAL BY THE CEO. THE BOARD OF TRUSTEES APPROVES THE OVERALL WAGE INCREASE.

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

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS OF PIONEER ELECTRIC COOPERATIVE, INC. ARE AVAILABLE UPON REQUEST AT THE COMPANY HEADQUARTERS AT 1850 WEST OKLAHOMA, ULYSSES, KANSAS, 67880, DURING NORMAL BUSINESS HOURS.

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

CAPITAL CREDIT RETIREMENT	-4,009,801.
INCOME IN EQUITY INVESTMENTS FROM SPEC	5,310,700.
REFUNDS TO ESTATES	-522,069.
OCI - CHANGE IN DEFINED PENSION PLAN	23,078.
GAIN ON RETIREMENT	419,171.
UNCLAIMED PATRONAGE	554,891.
INTERCOMPANY MANAGEMENT FEES	-3,168,130.

AMOUNT OF BENEFITS PAID TO MEMBERS PER 990 INSTRUCTIONS, INTERPRETED TO EQUAL NET MARGINS AS THAT IS THE EQUIVALENT OF THE BENEFITS MEMBERS RECEIVE IN THE CURRENT YEAR 9,527,910.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization PIONEER ELECTRIC COOPERATIVE INC	Employer identification number 48-0493444
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PIONEER ELECTRIC AREA ROUNDUP INC - 20-0157161, 1850 W OKLAHOMA AVE, ULYSSES, KS 67880	BETTERING THE QUALITY OF LIFE OF AREA CITIZENS	KANSAS	501(C)(3)	LINE 7	PEC	X	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SOUTHERN PIONEER ELECTRIC COMPANY	A	9,451.	FMV
(2) SOUTHERN PIONEER ELECTRIC COMPANY	D	104,217,170.	FMV
(3) SOUTHERN PIONEER ELECTRIC COMPANY	N	95,170.	FMV
(4) SOUTHERN PIONEER ELECTRIC COMPANY	O	2,521,522.	FMV
(5) SOUTHERN PIONEER ELECTRIC COMPANY	P	220,462.	FMV
(6) SOUTHERN PIONEER ELECTRIC COMPANY	Q	964,330.	FMV

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PIONEER ELECTRIC AREA ROUNDUP INC

EIN: 20-0157161

1850 W OKLAHOMA AVE

ULYSSES, KS 67880

PRIMARY ACTIVITY: BETTERING THE QUALITY OF LIFE OF AREA CITIZENS

DIRECT CONTROLLING ENTITY: PEC