DLN: 93493316018829 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization LIGNITE ENERGY COUNCIL D Employer identification number **B** Check if applicable □ Address change 45-0321174 ☐ Name change Doing business as  $\square$  Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (701) 258-7117 City or town, state or province, country, and ZIP or foreign postal code BISMARCK, ND 58502 G Gross receipts \$ 3,966,617 Name and address of principal officer **H(a)** Is this a group return for 1ASON BOHRER ☐Yes ☑No subordinates? 1016 E OWENS AVE H(b) Are all subordinates BISMARCK, ND 58503 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄** (Insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW LIGNITE COM L Year of formation 1974 M State of legal domicile **K** Form of organization  $\square$  Corporation  $\square$  Trust  $\square$  Association  $\square$  Other  $\triangleright$ Summary 1 Briefly describe the organization's mission or most significant activities PROMOTE THE USE AND ENHANCE THE DEVELOPMENT OF OUR REGION'S ABUNDANT LIGNITE RESOURCES. THE COUNCIL AND ITS MEMBERS SEEK THE SAFE USE OF LOW-COST, RELIABLE AND ENVIRONMENTALLY-RESPONSIBLE ENERGY TO PROMOTE ECONCOMIC Activities & Governance GROWTH IN THIS REGION Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 10 5 0 **6** Total number of volunteers (estimate if necessary) . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 3,709,687 3,848,358 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 42,477 67,307 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 111,449 50,952 3,966,617 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,863,613 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,409,316 1,529,779 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 2,277,796 2,496,987 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,687,112 4,026,766 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 176,501 -60,149 Assets or d Balances End of Year **Beginning of Current Year** 6,977,785 5,063,441 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . . . . . 563,725 2,414,090 Net assets or fund balances Subtract line 21 from line 20 4,563,695 4,499,716 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-02 Signature of officer Date Sign Here JASON BOHRER PRESIDENT & CEO Type or print name and title Preparer's signature Date 2019-10-02 Print/Type preparer's name Check  $\square$  if P00149579 Paid self-employed Firm's name BRADY MARTZ & ASSOCIATES PC Firm's EIN ► 45-0310328 Preparer Use Only Firm's address ▶ PO BOX 1297 Phone no (701) 223-1717 BISMARCK, ND 585021297 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)				Page <b>2</b>					
Pa	rt III Statement	t of Program Service Ac	complishments							
	Check if Scho	edule O contains a response o	note to any line in this Part III		🗆					
1		organization's mission	·							
THE	LIGNITE ENERGY COL	JNCIL SHALL PROTECT, MAINT	AIN, AND ENHANCE DEVELOPME	ENT OF OUR REGION'S ABUNDANT	LIGNITE RESOURCE					
2	Did the organization	n undertake any significant pro	gram services during the year w	hich 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									
4	services?	🗌 Yes 🗹 No								
	If "Yes," describe th	ese changes on Schedule O								
4	Section 501(c)(3) a		required to report the amount of	largest program services, as measing grants and allocations to others,						
4a	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)					
	See Additional Data									
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	See Additional Data									
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	See Additional Data									
4d	Other program serv	rices (Describe in Schedule O )								
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)					
4e	Total program ser	rvice expenses ▶								
					Form <b>990</b> (2018)					

Form	990 (2018)			Page <b>3</b>
Pa	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
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 2	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛂	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
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 2	11b		No
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? If "Yes," complete Schedule D, Part VIII 2	11c		No
ı a	Did the organization report an amount for other assets in Part X. line 15 that is 5% or more of its total assets reported			

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 Yes 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Nο 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 14b Nο 15

Νo

Nο

Nο

Nο

Νo

Nο

Νo

20b

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 19

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Form **990** (2018)

Form	990 (2018)			Page <b>4</b>
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filess are required to complete Schedule O	38	Yes	

Yes

Yes | Form **990** (2018)

18

0

**1**c

1a

1b

No

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  $\,$  .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

13b

13c

14a

14b

15

No

Nο

Form **990** (2018)

Form 990 (2018) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . . . . . . Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 21 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 in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 21 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 No Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο 6 Nο

Did the organization have members or stockholders? . . . . . . . . . 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b 

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Nο Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes Яh Each committee with authority to act on behalf of the governing body? . . . Yes 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 . . . . . . . No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Nο b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Nο Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12h Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes Did the organization have a written whistleblower policy? . . . . . . . . . . . . 13 No 14 Did the organization have a written document retention and destruction policy? . . . . Yes 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? The organization's CEO, Executive Director, or top management official . 15a Yes Other officers or key employees of the organization . . . . . . Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Nο

10a Did the organization have local chapters, branches, or affiliates? . 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . 13 14 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16h Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 🗹 Upon request 🔲 Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records

►MARIE HOERNER PO BOX 2277 BISMARCK, ND 58501 (701) 258-7117

orm 990 (	2018)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's <b>current</b> of ation Enter -0- in columns (D), (	ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (	or organizations), re	gardless of amount	-
	of the organization's <b>current</b> key		•								
ho receive	organization's five <b>current</b> high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
(A) Name and Title		(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	( <b>D</b> ) 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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	related organizations			
See Addition	al Data Table						Ŀ				
					l	1		l			

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wdirector/trustee) organizations (Wany hours from the 2/1099-MISC) for related 2/1099-MISC) organization and Highest compensatemples ee Former Individual trustee Office organizations Ē related Institutional Trustee director below dotted organizations employee line) See Additional Data Table

٠ c Total from continuation sheets to Part VII, Section A . • 842.535 d Total (add lines 1b and 1c) . 2 of reportable compensation from the organization > 4

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 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? If "Yes," complete Schedule J for such individual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . . . . . . . .

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

5 Section B. Independent Contractors 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

compensation from the organization ▶ 2

ONE MINNESOTA GOVERNMENT AFFAIRS LLC 2046 DAYTON AVE ST PAUL, MN 55104 JACKSON WALKER LLP

2323 ROSS AVE SUITE 600 DALLAS, TX 75201

3

4

199,753

No

Nο

Νo

150,000

119,269

(C)

Compensation

Form 990 (2018)

Yes

Yes

3

4

5

(B)

Description of services

PUBLIC AFFAIRS

PUBLIC AFFAIRS

Part	VIII S	tatement of	f Revenue									9
		heck if Schedu	le O contains a	respons	se or note to any	line in t	hıs Part VIII					🗆
						Total (	A) revenue	e fu	(B) elated or exempt unction evenue	(C Unrela busin rever	ated ness	(D) Revenue excluded from ax under sections 512 - 514
	1a Fed	erated campaig	ıns	1a				1.3	evenue			312 314
ints Inte	<b>b</b> Men	nbership dues		1b								
Sra not	c Fun	draising events		1c								
.ς ≱.′	<b>d</b> Rela	ated organizatio		1d								
<u>a</u> . ≘.	e Gove	ernment grants (c		1e								
ıs,	f All o	ther contributions		1								
tion S	and	sımılar amounts n		1f								
Contributions, Gifts, Grants and Other Similar Amounts	g Non ın lıı	cash contribution	ons included									
چ چ	h Tota	al. Add lines 1a	-1f		•							
					Business	Code						
T.E	2a MEMB	ERSHIP DUES				561499	2,0	46,869	2,046	,869		
۲۸۶	<b>b</b> PUBLI	C AFFAIRS PROGR	RAM			561499	6	71,124	671	.,124		
a. R	c ENHAI	NCE, PRESERVE, A	AND			561499	3	80,000	380	,000		
rvic	d R&D A	DMIN CONTRACT	•			561499	3	32,835	332	2,835		
3,5	e MEETI	NGS AND CONFE	RENC			561499	3	23,330	323	3,330		
Program Service Revenue						301499		94,200	94	,200		
γo	<b>f</b> All ot	her program se	rvice revenue		3.8	48,358				<u> </u>		
	g Total.	Add lines 2a–2	2f	. •		10,330						
					erest, and other	]	67,30	7				67,307
	similar amounts)				d proceeds 🕨						+	<u> </u>
	<b>5</b> Royalties											
			(ı) Real		(II) Personal							
	<b>6a</b> Gross	rents		15.066								
	<b>b</b> Less	rental expenses		15,866		-						
	_	·										
	c Renta (loss)	al income or )		15,866								
	<b>d</b> Net	rental income o	or (loss)	<u> </u>		1	15,866	5				15,866
			(ı) Securit		(II) Other							
	7a Gross	amount sales of				1						
	assets	other nventory										
						-						
		basis and										
	C Gain	expenses or (loss)				1						
	<b>d</b> Net	gain or (loss)			<b>&gt;</b>	1						
		income from f										
ıne		including \$ ibutions reporte		of								
Ver	See F	Part IV, line 18		a								
Re		direct expense		b								
Other Revenue		ncome or (loss)		_	ts <b>&gt;</b>							
Of	See F	s income from o Part IV, line 19	gaming activiti	es								
				a [_								
		direct expense		ь								
		ncome or (loss)		activities	• • •	1						
		s sales of invent ns and allowand										
				a								
	<b>b</b> Less	cost of goods	sold	b								
	C Net in	ncome or (loss)		inventor								
	112416	Miscellaneous	Revenue		Business Code 561499		35,086	5				35,086
	¤MIS(	REVENUE			201499		33,000					33,000
	ь											
	ט											
	С											
	ن المالم	hau v										
		her revenue     . I. Add lines 11a			•	<u> </u>						
					•		35,086	5				
	12 Total	<b>I revenue.</b> See	Instructions	• •			3,966,617	7	3,848,358		0	118,259
												Form <b>990</b> (2018)

Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraisingexpense
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,042,288			
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	269,543			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	51,286			
9 Other employee benefits	91,262			
<b>0</b> Payroll taxes	75,400			
1 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	17,425			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
2 Advertising and promotion				
3 Office expenses	177,316			
4 Information technology				
<b>5</b> Royalties				
<b>6</b> Occupancy	29,002			
7 Travel	115,885			
8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	257,246			
<b>0</b> Interest	·			
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	36,040			
3 Insurance	25/2.12			
4 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 PUBLIC AFFAIRS PROGRAM	934,000			
b REGIONAL CHALLENGES	280,063			
c PROJECT/STUDY PAYMENTS	157,500			
d EDUCATION & PUBLIC PROG	145,154			
e All other expenses	347,356			
25 Total functional expenses. Add lines 1 through 24e	4,026,766			
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)				

Forn	1 990	(2018)					Page <b>11</b>
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,887,416	1	2,442,357
	2	Savings and temporary cash investments .		[	2,157,439	2	1,708,609
	3	Pledges and grants receivable, net			2,212,250	3	167,281
	4	Accounts receivable, net		[	300	4	0
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali	ated en	nployees Complete		5	
ssets	_	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	ations o (see in	of section 501(c)(9) structions) Complete		6	
	7	Notes and loans receivable, net		_		7	
As	8	Inventories for sale or use		•	25.604	8	44.005
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	798,250	25,664	9	14,285
	,	Less accumulated depreciation	10b	426,545	375.415	10c	371.705
	11	Investments—publicly traded securities •	105	120,010	010,110	11	311,100
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line		<u> </u>		13	
	14	Intangible assets		<b>⊢</b>		14	
	15	Other assets See Part IV, line 11		<u> </u>	319,301	15	359,204
	16	Total assets.Add lines 1 through 15 (must equ	<u> </u>	6,977,785	16	5,063,441	
	17	Accounts payable and accrued expenses	·	192,540	17	209,425	
	18	Grants payable	•	· · ·	102,010	18	200,120
	19	Deferred revenue		2,221,550	19	354,300	
	20	Tax-exempt bond liabilities		2,221,000	20		
	21	Escrow or custodial account liability Complete F		21	<del>                                     </del>		
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	officer	rs, directors, trustees,		21	
ä		persons Complete Part II of Schedule L	,	1		22	
Ξ	23	Secured mortgages and notes payable to unrela	ated the	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		· · ·		24	
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables	' <u>-</u>		25	
	26	Total liabilities. Add lines 17 through 25			2,414,090	26	563,725
es		Organizations that follow SFAS 117 (ASC 9	<b>58),</b> cl				
Fund Balances	27	complete lines 27 through 29, and lines 33 Unrestricted net assets	and 3	4.	3,926,981	27	3,985,340
ä	28	Temporarily restricted net assets			636,714	28	514,376
Ē	29	Permanently restricted net assets			29		
		Organizations that do not follow SFAS 117					
ō	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds		30			
ets	31	Paid-in or capital surplus, or land, building or ed		<u> </u>		31	
Assets or	32	Retained earnings, endowment, accumulated in				32	<del>                                     </del>
	33	Total net assets or fund balances	come,	or other fullus	4,563,695	33	4,499,716
Net	33	Table believes and not a sate (6 and 1.1.			4,303,093	33	4,499,710

34

5,063,441 Form **990** (2018)

6,977,785

34

Total liabilities and net assets/fund balances

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation 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			966,617
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,	,026,766
3	Revenue less expenses Subtract line 2 from line 1	3			-60,149
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,	563,695
5	Net unrealized gains (losses) on investments	5			-3,830
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,	499,716
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<b>✓</b>
				Yes	No
1	Accounting method used to prepare the Form 990				
	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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			_
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle	32		No

3b

Form **990** (2018)

**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

## **Additional Data**

Software ID:

Software Version:

**EIN:** 45-0321174

Name: LIGNITE ENERGY COUNCIL

Form 990 (2018)

rm 990 (2018)

FORM 990, Part III, Line 4a:

EDUCATION & PUBLIC RELATIONS PROGRAM TO KEEP THE PUBLIC AWARE OF AND EDUCATED 4:

EDUCATION & PUBLIC RELATIONS PROGRAM TO KEEP THE PUBLIC AWARE OF AND EDUCATED AS TO THE RECLAMATION, MINING, AND ENERGY CONVERSION PROCESS OF LIGNITE RESOURCES. INCLUDING TEACHERS' SEMINARS AND COLLEGE PROFESSORS SEMINARS

#### Form 990, Part III, Line 4b: RESEARCH AND DEVELOPMENT PROGRAM THAT PROMOTES ECONOMIC. EFFICIENT, AND CLEAN USES OF LIGNITE AND LIGNITE BY-PRODUCTS. ENTERED INTO A CONTRACT WITH ENERGY & ENVIRONMENTAL RESEARCH CENTER AT THE UNIVERSITY OF NORTH DAKOTA TO PROVIDE A RESEARCH STUDY ON SUPER CRITICAL CO.2.

### Form 990, Part III, Line 4c: MEETING AND REGISTRATIONS FOR SPECIAL MEETINGS RELATED TO LIGNITE INDUSTRY, INCLUDING SEMINARS AND CONFERENCES

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
AL RUDECK DIRECTOR	0 50	×						0	0	0	
ROBERT MCLENNAN DIRECTOR	0 50	x						0	0	0	
PAUL SUKUT PAST CHAIRMAN	0 50	X		х				0	0	0	

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DIRECTOR
ROBERT MCLENNAN
DIRECTOR
PAUL SUKUT
PAST CHAIRMAN
DAVID SAGGAU
DIRECTOR

WADE BOESHANS

BRYAN WALTHER

BRENDEN BRINKMAN

CHAIRMAN

DIRECTOR

JAY KOST . . . . . . . . . . . . . . . . . . .

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

CHRIS FRIEZ

DAVID SAUER

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dır	recto	r/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
BRIAN DAVEY DIRECTOR	0 50	×						0	0	0	
NICOLE KIVISTO CHAIRMAN ELECT	0 50	x		×				0	0	0	
TIM ROGELSTAD DIRECTOR	0 50	x						0	0	0	
STEVEN SAUTER DIRECTOR	0 50	x						0	0	0	
	0.50				$\overline{}$						

0

0

0

0

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STEVEN SAUTER	
DIRECTOR	••
JOHN LEE	
DIRECTOR	••
	_

JEFF HAMMES

DIRECTOR

PAM LINK

DIRECTOR

DIRECTOR

BRIAN BJELLA

PERRIE SCHAFER

SECRETARY/TREASURER

DAN BUTLER

...... DIRECTOR

and Independent Contractors

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation compensation amount of other hours per person is both an officer from the from related week (list compensation and a director/trustee) organization from the

organizations

84,345

251,967

102.882

122,289

61,322

25,638

64,151

38,617

10,025

ol

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR OF FINANCE & BENE

VICE PRESIDENT OF COMMUNICATIONS

DIRECTOR OF GOVERNMENT RELATIONS

MICHAEL J HOLMES

STEVE VAN KYKE

JONATHAN FORTNER

VP OF R&D

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
KAI XIA	0 50	×						n	0	0
DIRECTOR		^							9	Ĭ
JASON BOHRER	40 00			×				281.052	0	61.322

any hours

				-			
KAI XIA	0 50	V				0	
DIRECTOR		_ ^			٥	0	
JASON BOHRER	40 00		v		281,052	0	
PRESIDENT/CEO			^		201,032		,
MARIE HOERNER	40 00						

Х

40 00

40 00

40 00

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

DLN: 93493316018829

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

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 the organization **Employer identification number** LIGNITE ENERGY COUNCIL 45-0321174 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 Was a correction made? 4a ☐ No ☐ Yes If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

fund or a political action committe	ee (PAC) If additional space is needed, p	c) EIN	n in Part TV  (d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule C (	Form 990 or 990-F7) 2018

organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

Grassroots ceiling amount (150% of line 2d, column (e))

Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures

Grassroots nontaxable amount

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018

activity

Volunteers?

Media advertisements?

Other activities?

Total Add lines 1c through 1i

501(c)(6).

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

If "Yes," enter the amount of any tax incurred under section 4912

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

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

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

1

b

2a

1

2

1

2

С Total

Part IV

3

Part III-A

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

(b)

Amount

## (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying Yes

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

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

Explanation

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

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

No

Yes

1

2

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2018

No

No

No

No

2,046,869

190,910

191.691

184,218

7,473

781

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**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.

DLN: 93493316018829 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

2

5

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** LIGNITE ENERGY COUNCIL 45-0321174 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2018

Par	t III	Organizations Mainta	aining Col	lections of Art,	, Histor	ical T	reası	ures, or Othe	r Similar As	sets (	'contınuea	)
3		the organization's acquisition (check all that apply)	on, accessior	n, and other record	ds, check	any of	the fo	ollowing that are	a significant i	ıse of ıt	s collectio	n
а		Public exhibition			d		Loan	or exchange pro	grams			
b		Scholarly research			e		Othe	er				
С		Preservation for future gen	erations									
4	Provide Part	de a description of the orgar	nızatıon's coll	ections and explai	ın how th	ey furtl	her th	e organization's	exempt purpo	se in		
5	Durin	of the year, did the organiza is to be sold to raise funds ra							mılar	□ <b>Y</b> ¢	as	No
Pa	rt IV	Escrow and Custodia Complete of the organiz X, line 21.			orm 990	), Part	IV, I	ine 9, or report	ted an amou			
1a		e organization an agent, trus ded on Form 990, Part X?	stee, custodia	an or other interm	ediary fo	r contri	butior	ns or other assets	s not	□ <b>Y</b>	es 🗌	No
ь	If "Y∈	es," explain the arrangement	t ın Part XIII	and complete the	following	table :			A	mount		
С	Begin	nning balance		·				1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year						1e				
f	Endın	ng balance						1f				
<b>2</b> a	Did th	he organization include an ai	mount on Fo	rm 990, Part X, lır	ne 21, for	escrov	v or cu	ustodial account l	ıabılıty?	☐ Y	es 🗆	No
b	If "Ye	es," explain the arrangement	t ın Part XIII	Check here if the	explanat	on has	s been	provided in Part	XIII			
Pa	art V	Endowment Funds.	Complete ıf	the organization	n answe	red "Y	es" o	n Form 990, Pa	art IV, line 1	0.		
				(a)Current year	(b)	Prior yea	ır	(c)Two years back	(d)Three yea	ars back	(e)Four y	ears back
1a	Beginn	ing of year balance										
b	Contrib	outions										
С	Net inv	estment earnings, gains, ar	nd losses									
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2 a		de the estimated percentage d designated or quasi-endow		ent year end balan	ce (line 1	g, colu	mn (a	)) held as				
b	Perm	anent endowment 🕨										
С	Temp	orarily restricted endowmer	nt 🕨									
	The p	percentages on lines 2a, 2b,	and 2c shou	ld equal 100%								
За		here endowment funds not naice. Dization by	n the posses	sion of the organiz	zation tha	it are h	eld ar	nd administered f	or the		Ye	s No
	(i) ur	nrelated organizations .								<u> </u>	a(i)	
		elated organizations								<b>⊢</b>	a(ii)	
ь 4		es" on 3a(II), are the related ribe in Part XIII the intended	-	•						L	3b	
_					JOWINEIIC	Tullus						
FG	rt VI	Land, Buildings, and Complete if the organiz			orm 990	). Part	IV.	ine 11a. See Fo	orm 990. Pa	rt X. lı	ne 10.	
	Descri		(a) Cost or oth (investme	er basis (b) Co	ost or othe						(d) Book va	alue
1a	Land											
b	Buildin	gs				4	62,547		124,563			337,984
		nold improvements										
		nent				3:	35,703		301,982			33,721
	Other											
		lines 1a through 1e <i>(Columr</i>	n (d) must ed	gual Form 990, Pa	rt X, colu	mn (B)	, line	10(c))	<b>&gt;</b>			371,705

<b>Part VII Investments—Other Securities.</b> Complete if the organ See Form 990, Part X, line 12.	nization ans	wered "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value	(c) Meth Cost or end-c	nod of valuation of-year market value
(1) Financial derivatives	-		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form 990	0, Part IV, l	ıne 11c. See Form 990	, Part X, line 13.
(a) Description of investment (b	) Book value		nod of valuation of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. Complete if the organization answered 'Yes' on  (a) Description	Form 990, Pa	art IV, line 11d See Form	990, Part X, line 15 (b) Book value
(1) FUTURE SEVERANCE BENEFITS (2) INTEREST RECEIVABLE			266,396 9,149
(3) DUE FROM OTHER NET ASSETS (4) WEBSITE DEVELOPMENT COSTS			41,543 42,116
(5)			12,113
(6)			
(7)			
(8)			
(9)			
			<b>&gt;</b> 359,204
<b>Other Liabilities.</b> Complete if the organization answered See Form 990, Part X, line 25.			lle or 11f.
(a) Description of liability     (1) Federal income taxes	(b) E	Book value	
(2) reactal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text of the foot	note to the o		
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Che	ck here if the	text of the footnote has I	been provided in Part XIII

Schedule D (Form 990) 2018

Page 4

	complete it the organi	zacion anomorea 100 en 101111 220, 1 an	· - · / ·			
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII ) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c					4c	
5		c. (This must equal Form 990, Part I, line 18	) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			t V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software Version:

**EIN:** 45-0321174

Name: LIGNITE ENERGY COUNCIL

Supplemental Information

Return Reference	Explanation
·	IT IS THE OPINION OF MANAGEMENT THAT THE COUNCIL HAS NO SIGNIFICANT UNCERTAIN TAX POSITION S THAT WOULD BE SUBJECT TO CHANGE UPON EXAMINATION THE FEDERAL INCOME TAX RETURNS OF THE COUNCIL ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE F ILED

**Software ID:** 

efil	e GRA	PHIC pr	int - DO NOT PROCESS As Filed Da	ata	-	DLN: 934	49331	6018	829
	edul	e J	Compensa	ıti	on Information	10	ИВ No	1545-0	0047
(Form 990)			For certain Officers, Directors, Compen Complete if the organization ans	ne 23.	2018 Open to Public				
•		he Treasurv ie Service	Go to <u>www.irs.gov/Form990</u> to	ог	nstructions and the latest informa	tion.		ectio	
		e organiza			E	mployer identificat			
LIGI	NITE ENE	RGY COUNG	-IL		49	5-0321174			
Pa	rt I	Questic	ons Regarding Compensation						
								Yes	No
1a	Check 990, P	the appro art VII, S	ppiate box(es) if the organization provided any ection A, line 1a Complete Part III to provide a	of any	the following to or for a person listed or relevant information regarding these	on Form Items			
	_		or charter travel	]	Housing allowance or residence for pe	rsonal use			
			companions	]	Payments for business use of personal				
			nification and gross-up payments	]	Health or social club dues or initiation				
	Ш	Discretion	ary spending account	1	Personal services (e g , maid, chauffet	ur, chef)			
b			kes in line 1a are checked, did the organization ill of the expenses described above? If "No," co			nt or reimbursement	1b		
2			ation require substantiation prior to reimbursing			_	2		
	directo	ors, truste	es, officers, including the CEO/Executive Direct	tor	, regarding the items checked in line 1	a?			
3	organı	zation's C	if any, of the following the filing organization u EO/Executive Director Check all that apply Do d organization to establish compensation of the	o n	ot check any boxes for methods				
	✓	Compensa	ation committee	7	Written employment contract				
		•	ent compensation consultant	-	Compensation survey or study				
		•	of other organizations	7	Approval by the board or compensatio	n committee			
4		the year, d organiza	, did any person listed on Form 990, Part VII, S tion	Sec	tion A, line 1a, with respect to the filin	ig organization or a			
а	Receiv	e a sever	ance payment or change-of-control payment?				4a		No
ь			r receive payment from, a supplemental nonqu	ıalıt	ied retirement plan?		4b		No
c		-	r receive payment from, an equity-based comp		·		4c		No
	If "Yes	s" to any c	of lines 4a-c, list the persons and provide the a	ppl	icable amounts for each item in Part II	II			
	Only !	501(c)(3	), 501(c)(4), and 501(c)(29) organization	ı sı	nust complete lines 5-9.				
5			ed on Form 990, Part VII, Section A, line 1a, di ontingent on the revenues of	d t	ne organization pay or accrue any				
а	The or	ganızatıor	۹۲				5a		
b		elated orga					5b		
		•	5a or 5b, describe in Part III						
6			ed on Form 990, Part VII, Section A, line 1a, di contingent on the net earnings of	d t	ne organization pay or accrue any				
а	The or	ganızatıor	٦٦				6a		
b		elated orga					6b		
_		•	6a or 6b, describe in Part III						
7			ed on Form 990, Part VII, Section A, line 1a, di escribed in lines 5 and 6? If "Yes," describe in f				7		
8		t to the in	nts reported on Form 990, Part VII, paid or acc litial contract exception described in Regulation			cribe	8		
9		s" on line 8 58-6(c)?	3, did the organization also follow the rebuttab	le į	presumption procedure described in Re	egulations section	9		
For F	Paperw	ork Redu	ction Act Notice, see the Instructions for	Fo	rm 990. Cat No 500	D53T Schedule J	(Form	990)	2018

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

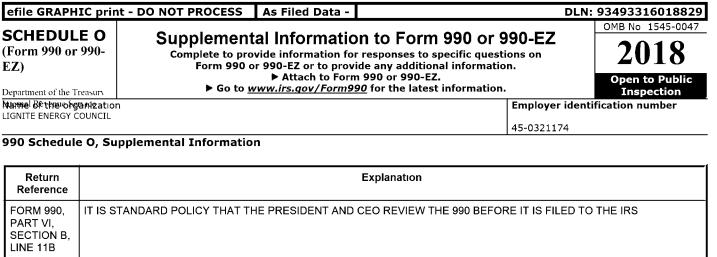
instructions, on row (ii)	Do n	ot list any individuals that	ted on Schedule J, report are not listed on Form 99 dividual must equal the to	90. Part VII				t individual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & incentive (iii) Other compensation reportable compensation			(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
1 JASON BOHRER PRESIDENT/CEO	(i)	281,052	0	0	42,188	19,134	342,374	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL J HOLMES VP OF R&D	(i)	251,967	0	0	42,958	21,193	316,118	0
	(ii)	0	0	0	0	0	0	0
		•					Schedule	J (Form 990) 2018

Schedule 3 (Form 990) 2016	Page <b>3</b>			
Part III Supplemental Inform	nation			
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information				
Return Reference	Explanation			
PART I, LINE 3	THE COMPENSATION COMMITTEE DETERMINES THE COMPENSATION OF THE PRESIDENT & CEO OF THE ORGANIZATION AND REVIEWS THE COMPENSATION OF			

Schodula 1 (Form 000) 2019

OTHER KEY EMPLOYEES

2018 Schedule



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE ORGANIZATION HOLDS PERIODIC STAFF MEETINGS TO REVIEW AND DIRECT THE ACTIVITIES OF ALL
PART VI,	EMPLOYEES ALL BOARD MEMBERS AND KEY EMPLOYEES MUST SIGN THE CODE OF CONDUCT POLICY WHICH
SECTION B,	ADDRESSES CONFLICT OF INTEREST STANDARDS AND REMEDIES ANNUALLY IF ANY CONFLICTS ARISE, TH
LINE 12C	SEE ARE ADDRESSED AS NECESSARY TO ELIMINATE THE CONFLICT

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, COMPENSATION COMMITTEE DETERMINES THE COMPENSATION OF THE PRESIDENT AND CEO OF THE ORGANIZ ATION AND REVIEWS THE COMPENSATIONS OF OTHER KEY EMPLOYEES PRESIDENT AND CEO REVIEWS THE COMPENSATION OF OTHER KEY EMPLOYEES BASED ON THEIR JOB PERFORMANCE

Explanation Return Reference

FORM 990. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS. CODE OF CONDUCT POLICY WHICH ADDRESSES CON FLICT OF INTEREST, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST LINE 19

PART VI. SECTION C.

990 Schedule O, Supplemental Information

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE FINANCE COMMITTEE MEETS WITH INDEPENDENT AUDITOR TO REVIEW AND APPROVE THE AUDIT THE PART XII, INDEPENDENT AUDITOR THEN MEETS WITH FULL BOARD TO REVIEW THE AUDIT

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316018829 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** LIGNITE ENERGY COUNCIL 45-0321174 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	<b>(f)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations Corelated tax-exempt organizations during the tax year.					
(-)	/h\	(-)	<u>ا</u> ۱	/-\	/£\

-							
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>s</b> Complete if the orgai	nization answered "	Yes" on Form 990,	Part IV, line 34 be	cause it had one or r	nore	
(a)  Name, address, and EIN of related organization	<b>(b)</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	Section (13) co	g) n 512(b) ontrolled tity?
						Yes	No
1016 E OWENS AVE	SCHOLARSHIP ACTIVITIES FOR LIGNITE ENERGY COUNCIL	ND	501(C)(3)	LINE 10	LIGNITE ENERGY COUNCI	L Yes	
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.	Cat No 50135	Ϋ́	•	Schedule R (Form	990) 20	018

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)		(g) Share of end-of-year assets	(H Disprop alloca	rtionate	(1) Code V-UB amount in b 20 of Schedule K (Form 1065	Gen ox mar par	(j) eral or naging tner?	(k) Percen owner
					314)			Yes	No		Yes	No	
											+		
			1 1										
												-	
Identification of Related Organizat because it had one or more related org						zation ansv	wered "Yes	" on Fo	orm 99	90, Part I'	/, line	e 34	
Identification of Related Organizat because it had one or more related org (a)  Name, address, and EIN of related organization		c a corporation	on or trus  (c)  egal  micile  or foreign	st during th	(d) controlling Typentity (C c	(e)	vered "Yes  (f) Share of total Income	Share	(g) of end- year assets	of- Per	/, line (h) entage ership	(	ection 13) con entit
because it had one or more related org  (a)  Name, address, and EIN of	ganizations treated as	c a corporation	on or trus (c) egal micile	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Per	(h) entage	(	(i) Section : 13) con entit Yes
because it had one or more related org  (a)  Name, address, and EIN of	ganizations treated as	c a corporation	on or trus  (c)  egal  micile  or foreign	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Per	(h) entage	(	ection : 13) con entit
because it had one or more related org  (a)  Name, address, and EIN of	ganizations treated as	c a corporation	on or trus  (c)  egal  micile  or foreign	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Per	(h) entage	(	ection 13) cor entil
because it had one or more related org  (a)  Name, address, and EIN of	ganizations treated as	c a corporation	on or trus  (c)  egal  micile  or foreign	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Per	(h) entage	(	ection 13) cor entil
because it had one or more related org  (a)  Name, address, and EIN of	ganizations treated as	c a corporation	on or trus  (c)  egal  micile  or foreign	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Per	(h) entage	(	ection 13) cor enti

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g	$\overline{}$	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	<del>                                     </del>	No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	•	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	$\vdash$	No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r. Other transfer of cash or property to related organization(s)	1e	₩	No

Page **3** 

Schedule R (Form 990) 2018

	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d)  Name of related organization Transaction type (a-s)  (b) (c) (d)  Amount involved Method of determining a	ımount	ınvolve	·d

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

-												
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ig ?	(k) Percentage ownership
		 314)	Yes	No			Yes	No		Yes	No	
									Schedul	e R (Form	n 99	0) 2018

