

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Touchstone Energy Cooperative, Inc.

EIN or SSN

54-1978503

Name and title of officer or person subject to tax

Digna Louis Asst Secretary/Treasurer

Part I Type of Return and Return Information

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize NATIONAL RURAL ELECTRIC COOPRATIVE to enter my PIN [ ] Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date

Part III Certification and Authentication

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

545394

Do not enter all zeros

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

ERO's signature Date

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

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

Form 8879-TE (2021)

# Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

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

**A** For the **2021** calendar year, or tax year beginning and ending

|  |  |   |
|--|--|---|
| <p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>  | <p><b>C</b> Name of organization<br/><b>Touchstone Energy Cooperative, Inc.</b></p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br/><b>4301 Wilson Blvd.</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/><b>Arlington, VA 22203-1860</b></p> <p><b>F</b> Name and address of principal officer: <b>Jana Adams</b><br/><b>4301 Wilson Blvd, Arlington, VA 22203</b></p> | <p><b>D</b> Employer identification number<br/><b>54-1978503</b></p> <p><b>E</b> Telephone number<br/><b>703-907-6354</b></p> <p><b>G</b> Gross receipts \$ <b>9,798,586.</b></p> <p><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If "No," attach a list. See instructions</p> <p><b>H(c)</b> Group exemption number ▶</p> |
| <p><b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>J</b> Website: ▶ <b><a href="https://touchstoneenergy.com">https://touchstoneenergy.com</a></b></p> <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p> <p><b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>VA</b></p> |  |   |

**Part I Summary**

|  |  |  |
|--|--|--|
|  | <p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>Touchstone Energy Cooperative, Inc. helps its members strengthen their relationships with their</b></p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> |  |
| Activities & Governance  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....   | <b>3</b> 13  |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....   | <b>4</b> 13  |
|  | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....  | <b>5</b> 0   |
|  | <b>6</b> Total number of volunteers (estimate if necessary) .....  | <b>6</b> 70  |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....   | <b>7a</b> 26,221.  |
|  | <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....   | <b>7b</b> 0.   |
|  | Revenue  | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                     |
| <b>9</b> Program service revenue (Part VIII, line 2g) .....  |  | <b>9</b> 722,395. <b>351,177.</b>  |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                      |  | <b>10</b> 116,285. <b>54,198.</b>  |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....           |  | <b>11</b> 0. <b>32,009.</b>  |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... |  | <b>12</b> 10,240,209. <b>9,798,586.</b>  |
| Expenses   |  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....  | <b>14</b> 0. <b>0.</b>   |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | <b>15</b> 0. <b>0.</b>   |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....   | <b>16a</b> 0. <b>0.</b>  |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.  | <b>b</b> 0. <b>0.</b>  |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....   | <b>17</b> 8,800,313. <b>9,473,583.</b>   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....          | <b>18</b> 8,800,313. <b>9,473,583.</b>   |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                               | <b>19</b> 1,439,896. <b>325,003.</b>   |  |
| Net Assets or Fund Balances  | <b>20</b> Total assets (Part X, line 16) .....   | <b>20</b> 9,757,132. <b>11,702,200.</b>  |
|  | <b>21</b> Total liabilities (Part X, line 26) .....  | <b>21</b> 1,976,471. <b>3,596,536.</b>   |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....   | <b>22</b> 7,780,661. <b>8,105,664.</b>   |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |   |
|-------------------------------|---|---|
| <b>Sign Here</b>              | <p>Signature of officer</p> <p><b>Digna Louis, Asst Secretary/Treasurer</b></p> <p>Type or print name and title</p> | <p>Date</p>   |
| <b>Paid Preparer Use Only</b> | <p>Print/Type preparer's name</p> <p>Firm's name ▶</p> <p>Firm's address ▶</p>                                      | <p>Preparer's signature</p> <p>Date</p> <p>Check if self-employed <input type="checkbox"/></p> <p>PTIN</p> <p>Firm's EIN ▶</p> <p>Phone no.</p> |

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: Touchstone Energy is a national network of electric cooperatives that provides programs and resources that help its members strengthen relationships with their member/owners.

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 [X] 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 [X] 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 \$ ) Conducted Research and Delivered Education Programs for Membership - In 2021, TSEC provided the membership with best practice research documents, programs to assess member satisfaction, and educational events to help improve member satisfaction and engagement.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) Provided Valuable Members Benefits - In 2021, The TSEC Co-op Web Builder program focused on improving the quality and security of the content management system. Member websites were converted to an updated CMS version and additional security measures were put in place.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) Strengthened Brand Awareness Among Consumers - In 2021, TSEC promoted electric cooperative members as the trusted and consistent source for energy and information through national, regional and local communication and education campaigns. Video, radio, print, digital and other methods were used to improve the visibility and awareness of the cooperative difference.

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

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

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 benefits, and controlled entities.

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 response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated 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 on 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**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | 1a   |     | 13 |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     | 13 |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  | X   |    |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   | X   |    |
| <b>7a</b> | 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?   | X   |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

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

**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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 **Dustin Young c/o NRECA - 703-907-6554**  
**4301 Wilson Blvd, Arlington, VA 22203-1860**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                              | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) Jack Bragg<br>Director                         | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (2) Deborah Mirasola<br>Director/President         | 2.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (3) Jennifer Goss<br>Director/Vice President       | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (4) Veneicia Lockhart<br>Asst. Secretary-Treasurer | 0.10  |   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) Kevin Bernson<br>Director                      | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (6) Jim Gossett<br>Director                        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (7) Lou Green<br>Director                          | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) Marty Haught<br>Director                       | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) Jeremy Richert<br>Director                     | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) Dick Johnson<br>Director                      | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) Tim McCarthy<br>Asst. Secretary-Treasurer     | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) Marty Lasure<br>Director                      | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) Geoff Oldfather<br>Director                   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) Jana Adams<br>Executive Director              | 40.00   |   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (15) Doug Tracy<br>Director                        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) Jeffrey Connor<br>Interim Executive Director  | 0.50  |   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 0.     | 0.  | 0.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.     | 0.  | 0.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 0.     | 0.  | 0.   |   |

**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 **0**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address   | (B)<br>Description of services   | (C)<br>Compensation |
|--|----------------------------------|---------------------|
| Assembly, One World Trade Center Floor 67, New York, NY 10007            | Ad Agency                        | 1,882,937.          |
| LinkedIn Corporation, 62228 Collections Center Dr, Chicago, IL 60693     | Professional development content | 617,100.            |
| Harvest Creative Services<br>1011 N Washington Ave., Lansing, MI 48906   | Produce Advertising spots        | 423,977.            |
| ACSI LLC<br>3916 Ranchero Drive, Ann Arbor, MI 48108                     | Consumer Satisfaction Surveys    | 302,750.            |
| Appnovation USA Inc., 200 Madison Avenue, Suite 2100, New York, NY 10016 | Computer Services                | 212,126.            |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

**Part VIII Statement of Revenue**

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

|  |  |  | (A)               | (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                | 9,361,202.                         |                            |  |         |
|  | 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                                  | 1g                | \$                                 |                            |  |         |
|  | <b>h Total.</b> Add lines 1a-1f  |  |                   | <b>9,361,202.</b>                  |                            |  |         |
| Program Service Revenue                                |  |  | Business Code     |                                    |                            |  |         |
|  | 2 a  | Website Design   | 541511            | 162,125.                           | 162,125.                   |  |         |
|  | b  | Professional Developme   | 611430            | 158,659.                           | 158,659.                   |  |         |
|  | c  | Co-op Connections Prog   | 541990            | 26,221.                            |                            | 26,221.  |         |
|  | d  | Other Professional Ser   | 541990            | 4,172.                             | 4,172.                     |  |         |
|  | e  |  |                   |                                    |                            |  |         |
|  | f  | All other program service revenue  |                   |                                    |                            |  |         |
| <b>g Total.</b> Add lines 2a-2f                        |  |  | <b>351,177.</b>   |                                    |                            |  |         |
| Other Revenue  | 3  | Investment income (including dividends, interest, and other similar amounts)   |                   | 54,198.                            | 54,198.                    |  |         |
|  | 4  | Income from investment of tax-exempt bond proceeds                             |                   |                                    |                            |  |         |
|  | 5  | Royalties  |                   | 32,009.                            |                            |  | 32,009. |
|  | 6 a  | Gross rents  | (i) Real          |                                    |                            |  |         |
|  |  |  | (ii) Personal     |                                    |                            |  |         |
|  |  |  |                   |                                    |                            |  |         |
|  | b  | Less: rental expenses  | 6b                |                                    |                            |  |         |
|  | c  | Rental income or (loss)  | 6c                |                                    |                            |  |         |
|  | d  | Net rental income or (loss)  |                   |                                    |                            |  |         |
|  | 7 a  | Gross amount from sales of assets other than inventory                         | (i) Securities    |                                    |                            |  |         |
|  |  |  | (ii) Other        |                                    |                            |  |         |
|  |  |  |                   |                                    |                            |  |         |
|  | b  | Less: cost or other basis and sales expenses                                   | 7b                |                                    |                            |  |         |
|  | c  | Gain or (loss)   | 7c                |                                    |                            |  |         |
| d  | Net gain or (loss)   |  |                   |                                    |                            |  |         |
| 8 a  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 |  |                   |                                    |                            |  |         |
|  |  |  |                   |                                    |                            |  |         |
|  |  |  |                   |                                    |                            |  |         |
| b  | Less: direct expenses  | 8b   |                   |                                    |                            |  |         |
| c  | Net income or (loss) from fundraising events   |  |                   |                                    |                            |  |         |
| 9 a  | Gross income from gaming activities. See Part IV, line 19  |  |                   |                                    |                            |  |         |
|  |  |  |                   |                                    |                            |  |         |
|  |  |  |                   |                                    |                            |  |         |
| b  | Less: direct expenses  | 9b   |                   |                                    |                            |  |         |
| c  | Net income or (loss) from gaming activities  |  |                   |                                    |                            |  |         |
| 10 a   | Gross sales of inventory, less returns and allowances  |  |                   |                                    |                            |  |         |
|  |  |  |                   |                                    |                            |  |         |
|  |  |  |                   |                                    |                            |  |         |
| b  | Less: cost of goods sold   | 10b  |                   |                                    |                            |  |         |
| c  | Net income or (loss) from sales of inventory   |  |                   |                                    |                            |  |         |
| Miscellaneous Revenue                                  |  |  | Business Code     |                                    |                            |  |         |
|  | 11 a   |  |                   |                                    |                            |  |         |
|  | b  |  |                   |                                    |                            |  |         |
|  | c  |  |                   |                                    |                            |  |         |
|  | d  | All other revenue  |                   |                                    |                            |  |         |
| <b>e Total.</b> Add lines 11a-11d                      |  |  |                   |                                    |                            |  |         |
| <b>12 Total revenue.</b> See instructions              |  |  | <b>9,798,586.</b> | <b>379,154.</b>                    | <b>26,221.</b>             | <b>32,009.</b>                                     |         |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....  |                       |                                 |  |                             |
| <b>10</b> Payroll taxes .....   |                       |                                 |  |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   | 4,373,187.            |                                 |  |                             |
| <b>b</b> Legal .....  | 13,911.               |                                 |  |                             |
| <b>c</b> Accounting .....   | 15,900.               |                                 |  |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 246,710.              |                                 |  |                             |
| <b>12</b> Advertising and promotion .....   | 2,480,852.            |                                 |  |                             |
| <b>13</b> Office expenses .....   | 731,841.              |                                 |  |                             |
| <b>14</b> Information technology .....  | 540,300.              |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   |                       |                                 |  |                             |
| <b>17</b> Travel .....  | 53,344.               |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 172,489.              |                                 |  |                             |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 129,823.              |                                 |  |                             |
| <b>23</b> Insurance .....   | 27,353.               |                                 |  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> <u>Research</u> .....  | 306,869.              |                                 |  |                             |
| <b>b</b> <u>Consulting Fees</u> .....   | 187,690.              |                                 |  |                             |
| <b>c</b> <u>Contracted Personnel</u> .....  | 112,846.              |                                 |  |                             |
| <b>d</b> <u>Telephone, Postage and</u> .....  | 44,017.               |                                 |  |                             |
| <b>e</b> All other expenses .....   | 36,451.               |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 9,473,583.            |                                 |  |                             |
| <b>26</b> <b>Joint costs.</b> 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)<br>Beginning of year |             | (B)<br>End of year  |
|---|--|--------------------------|-------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   |                          | <b>1</b>    |                     |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>    |                     |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>    |                     |
|   | <b>4</b> Accounts receivable, net .....  | 9,262,806.               | <b>4</b>    | 11,039,392.         |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                     |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                     |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 112,593.                 | <b>9</b>    | 387,023.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 1,139,303.    |             |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 863,518.      | 381,733.    | <b>10c</b> 275,785. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                     |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                     |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b>   |                     |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 9,757,132.   | <b>16</b>                | 11,702,200. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 129,019.                 | <b>17</b>   | 120,611.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                     |
|   | <b>19</b> Deferred revenue .....   | 1,847,452.               | <b>19</b>   | 3,475,925.          |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                     |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>   |                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1,976,471.               | <b>26</b>   | 3,596,536.          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>   |                          |             |                     |
|   | <b>27</b> Net assets without donor restrictions .....  |                          | <b>27</b>   |                     |
|   | <b>28</b> Net assets with donor restrictions .....   |                          | <b>28</b>   |                     |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>  |                          |             |                     |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   | 0.                       | <b>29</b>   | 0.                  |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   | 0.                       | <b>30</b>   | 0.                  |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   | 7,780,661.               | <b>31</b>   | 8,105,664.          |
|   | <b>32</b> Total net assets or fund balances .....  | 7,780,661.               | <b>32</b>   | 8,105,664.          |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 9,757,132.   | <b>33</b>                | 11,702,200. |                     |

**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  | 9,798,586. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 9,473,583. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 325,003.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 7,780,661. |
| 5  | Net unrealized gains (losses) on investments   | 5  |            |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 8,105,664. |

**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 _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b  | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| 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? _____  |     | 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 on Schedule O and describe any steps taken to undergo such audits _____  |     |    |

Form 990 (2021)

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**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](http://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<br><b>Touchstone Energy Cooperative, Inc.</b> | Employer identification number<br><b>54-1978503</b> |
|--|---|

**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 ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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 ..... ▶ \$ \_\_\_\_\_
- 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 ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  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.

| (a) Name | (b) Address | (c) EIN | (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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

LHA

132041 11-03-21

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> 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.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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).

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

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures. See instructions

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.

Blank lines for providing supplemental information as required by the instructions.



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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **Touchstone Energy Cooperative, Inc.** Employer identification number **54-1978503**

**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                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 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? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 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)? .....

9 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.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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 .....

2 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021

**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 make 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 program
  - 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 Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | 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                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements | 260,390.                             |                                 | 194,131.                     | 66,259.        |
| d Equipment              | 878,913.                             |                                 | 669,387.                     | 209,526.       |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 275,785.

**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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (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 footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**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.

|   |   |    |   |            |
|---|---|----|---|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1 | 9,798,586. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |   |            |
| a | Net unrealized gains (losses) on investments                                    | 2a |   |            |
| b | Donated services and use of facilities  | 2b |   |            |
| c | Recoveries of prior year grants   | 2c |   |            |
| d | Other (Describe in Part XIII.)  | 2d |   |            |
| e | Add lines 2a through 2d   | 2e |   | 0.         |
| 3 | Subtract line 2e from line 1  |    | 3 | 9,798,586. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |   |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |   |            |
| b | Other (Describe in Part XIII.)  | 4b |   |            |
| c | Add lines 4a and 4b   | 4c |   | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5 | 9,798,586. |

**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.

|   |  |    |   |            |
|---|--|----|---|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1 | 9,473,583. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |   |            |
| a | Donated services and use of facilities   | 2a |   |            |
| b | Prior year adjustments   | 2b |   |            |
| c | Other losses   | 2c |   |            |
| d | Other (Describe in Part XIII.)   | 2d |   |            |
| e | Add lines 2a through 2d  | 2e |   | 0.         |
| 3 | Subtract line 2e from line 1   |    | 3 | 9,473,583. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |   |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |   |            |
| b | Other (Describe in Part XIII.)   | 4b |   |            |
| c | Add lines 4a and 4b  | 4c |   | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5 | 9,473,583. |

**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:**

TSEC has adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, TSEC may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition,

**Part XIII** Supplemental Information *(continued)*

classification, interest and penalties on income taxes, and accounting in interim periods. TSEC has analyzed its tax positions taken on tax returns for all open tax years and has concluded that no additional provision or benefit exists and no amounts are recorded for interest or penalties.

Horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Touchstone Energy Cooperative, Inc.

Employer identification number

54-1978503

Form 990, Part I, Line 1, Description of Organization Mission:

member-owners. It is a national network of electric cooperatives across  
45 states that provides research, communications resources, and  
employee training programs to help member cooperatives better engage  
and serve their members. As a result, Touchstone Energy members are  
positioned to achieve superior member-owner satisfaction and engagement  
to strengthen the member cooperative, the community they serve, and the  
electric cooperative community at large. Through access to targeted  
programs and a unifying, national brand, Touchstone Energy cooperatives  
stand out as a trusted source of power and information to their 30  
million member-owners every day.

Form 990, Part VI, Section A, line 1a:

The board has an executive committee made up of the president, vice  
president, secretary/treasurer, second vice president, immediate past  
president if still a director, and an at-large director elected by the  
board. The executive committee is authorized to approve non-budgeted  
expenses up to \$200,000. The Second Vice President is a non-voting member  
of the committee.

Form 990, Part VI, Section A, line 3:

TSEC has a written agreement with National Rural Electric Cooperative  
Association (NRECA), a separate non-profit organization, to provide  
administrative and management services to TSEC.

Form 990, Part VI, Section A, line 6:

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

Schedule O (Form 990) 2021

132211 11-11-21

|   |  |
|---|--|
| Name of the organization<br>Touchstone Energy Cooperative, Inc. | Employer identification number<br>54-1978503 |
|---|--|

The members of TSEC are: 1) full members, 2) regional members, and 3) any other types or classes of membership ("associate members"), with respective rights, responsibilities, and dues as the board of directors may from time to time establish in the best interest of the organization.

Form 990, Part VI, Section A, line 7a:

TSEC has 13 board members. They elect a President, Vice-President, Secretary/Treasurer, Assistant Treasurer, Second Vice-President and an Officer At-Large.

Form 990, Part VI, Section A, line 7b:

The organization is incorporated under the Virginia Cooperative Associations and Non-Stock Corporations Acts. Under the organization's articles of incorporation and bylaws, there are three classes of members; full members, regional members and associate members. Full members and regional members have voting rights. Under Non-Stock Corporation Act, the members of the organization must approve a plan of merger recommended by the board or a board proposal to dissolve the organization. Additionally, the organization's bylaws require that an amendment or repeal of any bylaw must be approved by a two-thirds majority vote of the voting members.

Form 990, Part VI, Section B, line 11b:

The Director of Corporate Accounting and Senior VP of Finance review the Form 990 and supporting work papers in detail. The Form 990 is then provided to the TSEC Board of Directors through their electronic portal and also by email for their review and comment in advance of the return being filed.

|   |  |
|---|--|
| Name of the organization<br>Touchstone Energy Cooperative, Inc. | Employer identification number<br>54-1978503 |
|---|--|

Form 990, Part VI, Section B, Line 12c:

The policy is monitored and enforced by review of the annual conflicts disclosure forms submitted by each Board member. Additionally, legal counsel reviews the requirements of the policy with the Board at least annually and is available for questions regarding potential conflicts and policy interpretation at any time. Further, regarding the policy:

--The conflict of interest policy applies to the board members

--Actual conflicts are reviewed by the Board President with the assistance of legal counsel

--Restrictions that may be imposed in the event of an actual conflict, depend on the magnitude of the conflict and include: prohibiting the board member with the conflict from participating in the deliberations and recusal from voting.

Form 990, Part VI, Section B, Line 15:

Since TSEC does not have any employees, TSEC does not have a compensation determination process. The Board of Directors does approve the annual expenses paid to its outside management company via their annual budget review and approval process.

Form 990, Part VI, Section C, Line 19:

TSEC distributes its audited financial statements and annual Form 990 tax returns to the TSEC Board of Directors. TSEC makes the Form 990 available on the member-only section of Cooperative.com. The conflict of interest policy is reviewed annually with board members.