990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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

A	For the	2024 calend	dar year, or tax year beginning , 2024, and endir	ng		, 20	
В	Check if	applicable:	C Name of organization Midwest Energy, Inc.		D Emplo	yer identification number	
	Address	change	Doing business as		48-0163970		
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number	
	Initial ret	urn	P.O. Box 898		(800)	222-3121	
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amende		Hays, KS 67601		G Gross	receipts \$206,354,862.	
	Applicati	on pending	F Name and address of principal officer:	H(a) Is this a gr	oup return fo	r subordinates? Yes X No	
			Thomas S. Meis, P.O. Box 898, Hays, KS 67601	H(b) Are all s	ubordinate	es included? Yes No	
ī	Tax-exer	npt status:	☐ 501(c)(3) 🗶 501(c) (12) (insert no.) ☐ 4947(a)(1) or ☐ 527	If "No," a	attach a lis	st. See instructions.	
J	Website	mwene	rgy.com	H(c) Group e	xemption	number	
K	Form of o	organization: X		ation: 1978	M State	of legal domicile: KS	
Р	art l	Summa	ry				
	1	Briefly des	cribe the organization's mission or most significant activities:				
•		-	Energy's mission is to:				
ű			e safe, reliable and efficient energy services	 5			
rra			r innovative, affordable and environmentally s		tions		
ove	2		box if the organization discontinued its operations or disposed of			s net assets.	
Ğ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	9	
S	4	Number of	independent voting members of the governing body (Part VI, line 1b)	4	9	
Ìţį	5	Total numb	per of individuals employed in calendar year 2024 (Part V, line 2a)		5	315	
Activities & Governance	6	Total numb	per of volunteers (estimate if necessary)		6	0	
۹	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.	
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0.	
			Prior Yea	r	Current Year		
Φ	8	Contributio					
ž	9	Program se	ervice revenue (Part VIII, line 2g)	215,008,	854.	206,127,230.	
Revenue	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)	199,	472.	227,632.	
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	215,208,	326.	206,354,862.	
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1-3)	227	971.	202,915.	
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)	13,551,	614.	12,479,133.	
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)	27,187,	771.	29,147,052.	
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)				
хbе	b	Total fundr	aising expenses (Part IX, column (D), line 25)				
Ш	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	174,771,	218.	164,980,363.	
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	215,738,	574.	206,809,463.	
	19	Revenue le	ess expenses. Subtract line 18 from line 12	-530,	248.	-454,601.	
Net Assets or Fund Balances				Beginning of Curr	ent Year	End of Year	
sets	20	Total asset	ts (Part X, line 16)	661,004,	887.	706,684,714.	
t As	21	Total liabili	ties (Part X, line 26)	374,928,	784.	413,498,739.	
<u> 원</u> 급	22	Net assets	or fund balances. Subtract line 21 from line 20	286,076	103.	293,185,975.	
Pa	art II	Signatu	re Block				
			, I declare that I have examined this return, including accompanying schedules and star			my knowledge and belief, it is	
tru	e, correct	, and complete	e. Declaration of preparer (other than officer) is based on all information of which prepar	er nas any knowied	ige.		
٥.					/24/2	025	
Si	-	Signature	of officer	Dat	е		
He	ere		mas S Meis, VP Finance, CFO				
		<u> </u>	int name and title				
Pa	id	Preparer's		Date	Check 2		
	epare	r Todd G	Gabel Todd Gabel	,	self-emp	P01324241	
	se Onl			Firm's			
		Firm's add		Phone	e no. (78	85)639-1412	
Ma	y the IF	RS discuss t	this return with the preparer shown above? See instructions			. ☐ Yes 🗵 No	

Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. L</u>
1	Briefly describe the organization's mission:	
	Midwest Energy's mission is to:	
	-provide safe, reliable and efficient energy services	
	-deliver innovative, affordable and environmentally sound solutions	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Z N.
		∆ 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?	
		<u>≺</u> 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 measu	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to continuous co	others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Serve approximately 50,000 electric and 42,000 natural gas	
	customers in Central and Western Kansas.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	

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

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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			
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	23	×	
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
С	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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	×	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. 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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 315							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×					
3a	5							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b						
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
h	b If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
_	and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	70						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:	-						
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a		12a						
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-						
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	100						
b	Enter the amount of reserves the organization is required to maintain by the states in which							
С	the organization is licensed to issue qualified health plans							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×				
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		- •				
15	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?	15		×				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×				
. -	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?							
		17						
	If "Yes," complete Form 6069.							

Form 990 (2024)

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: × Each committee with authority to act on behalf of the governing body? 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 × Did the organization have a written document retention and destruction policy? 14 14 × 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a × 15b × If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. Thomas S. Meis, 1330 Canterbury, Hays, KS 67601 (785)625-1416

Form 990 (2024) Page **7**

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, box 6 of 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.

01 1 11 1 16 111 11				
Check this box it neither the	organization nor any rela	ated organization compensated	l any current officer.	director, or trustee.

		(C)								
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average		(do not check mo					Reportable	Reportable	Estimated amount
(Column D): Midwest Energy Directors do not receive salaries or beneÿts; they receive a daily per diem of \$550 for each day they spend attending Board meetings, as well as approved industry meetings and training (including travel days). In some instances, Directors receive \$200 for committee meetings, and \$275 for teleconference meetings.	em of (list any hours for related organizations					or/tru Highest compensated	ee)	compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	of other compensation from the organization and related organizations
(1) Louise Berning	9.00									
Director		×						8,800.	0.	0.
(2) John Blackwell	20.00									
Director		×						22,550.	0.	0.
(3) Lon Frahm	7.00									
Director		×						6,800.	0.	0.
(4) Keith Miller	2.00									
Director		×						5,700.	0.	0.
(5) Chuck Moore	6.50									
Director		×						10,650.	0.	0.
(6) Judy Thurman	2.50								_	_
Director		×						3,850.	0.	0.
(7) Ed Pratt	8.00							10.500		
Director		×						18,600.	0.	0.
(8) Juanita Stecklein	0.00	×					×	16 150		_
Director	0 00						^	16,150.	0.	0.
(9) Dale Unruh	8.00	×						16 600	_	0
Director	7.00	_						16,600.	0.	0.
(10) Emily Campbell Director	7.00	×						15,600.	0.	0.
(11) Thomas S. Meis	40.00							15,600.	0.	0.
VP Finance, CFO	40.00			×				257,880.	0.	77,274.
(12) William Dowling	7.00							237,000.	0.	77,274.
VP Engineering & Energy Supply (Ret)	7.00				×		×	274,991.	0.	38,720.
(13) Fredrick Taylor	40.00									
VP Operations					×			253,303.	0.	91,557.
(14) Patrick Parke	50.00									
CEO				×				465,161.	0.	57,176.
										F 000 (222.4)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) (B) (D) (E) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from the from related compensation per week Individual trustee Key employee Former Institutional trustee employee Highest compensated organization (W-2/ organizations (W-2/ (list any from the (Column F): For employees, this may include 1099-MISC/ 1099-MISC/ organization and hours for actuarial increases in deÿned beneÿt related 1099-NEC) 1099-NEC) related organizations retirement plans, (NOT actual compensation raanizations in the current year), and non-taxable health below and welfare beneÿt plans. dotted line) (15) Timothy Flax 55.00 × VP Information Technology 251,141. 0. 41,527. (16) Nathan McNeil 50.00 × Director of Engineering 208,856. 0. 36,758. (17) Randy VanAllen 50.00 X Manager of Protection Systems 184,161. 0. 36,530. (18) Justin MacDonald 50.00 × VP Customer Service 203,978. 0. 36,671. (19) Mike Morley 45.00 × 0. Director, Corporate Communications 161,219. 35,228. (20) Schamra Detherage 50.00 × Asst. Sec & VP HR 198,076. 0. 34,393. 42.00 (21) Aaron Rome Director of Energy Supply × 189,033. 0. 55,131. (22) John Horesky 50.00 × Operations Manager 160,306. 0. 33,544. (23) Brett Albert 50.00 × 0. Operations Manager 152,360. 62,332. (24) Brenton Miles 50.00 × Operations Manager 150,967. 0. 85,773. 45.00 (25) Brian McKinney Operations Manager 147,428. 0. 0. 3,384,160. 0. 722,614. c Total from continuation sheets to Part VII, Section A 556,660. 0. 0. 3,940,820. 0. 722,614. Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 × 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 X 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 × **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	(B) Description of services	(C) Compensation
Ward Electric, 3690 Stagecoach, Longmont, CO 80504	Line construction	11,337,335.
Schweitzer Engineering, 2350 NE Hopkings Ct., Pullman, WA 99163	Engineering	2,059,423.
Capital Electric Line Builders, 7050 Ensign Dr, Parkville, MO 64152	Line Construction	2,146,078.
North American Energy Services, 1180 NW Maple St., Suite 200, Issaquah, WA 98027	Power Plant Management & Staffing	1,940,786.
M&D of Hays, Inc., 1116 E 8th, Hays, KS 67601	Construction	1,547,812.
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	30	

Part VIII Statement of Revenue Check if Schedule O contain

ı are	<u> </u>	Check if Schedule O contains a respo	nse or note to ar	ny line in this Pa	art VIII		\sqcap
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c					
	d	Related organizations 1d					
, Gi	е	Government grants (contributions) 1e					
butions, ther Sim	f	All other contributions, gifts, grants,					
		and similar amounts not included above					
rib Ot	g	Noncash contributions included in					
ont	_	lines 1a–1f					
<u>o</u>	h	Total. Add lines 1a–1f					
ө	0-	Electric Berenner	Business Code 221000	160 065 040	1.60 0.65 0.40	•	•
Program Service Revenue	2a	Electric Revenues Gas Revenues	221000	160,265,848. 44,404,891.		0.	0.
	b	Joint Pole Rental	221000	217,782.		0.	217,782.
m (c d	Patronage Dividends	221000	1,178,602.	0.	0.	1,178,602.
gra Re	e		221000	1,170,002.	0.	0.	1,170,002.
ro	f	All other program service revenue		60,107.	60,107.	0.	0.
ъ.	g g	Total. Add lines 2a–2f		206,127,230.	00/10/1	0.	0.
	3	Investment income (including dividend					
		other similar amounts)		227,632.	227,632.	0.	0.
	4	Income from investment of tax-exempt b	ond proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other	-			
		sales of assets					
_		other than inventory 7a		-			
evenue	D	Less: cost or other basis and sales expenses . 7b					
ver	•	and sales expenses . 7b Gain or (loss) 7c		-			
æ		Net gain or (loss)					
Other		Gross income from fundraising	 				
₹	oa	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b		-			
		Net income or (loss) from fundraising ev	ents				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a		_			
		Less: direct expenses 9b					
		Net income or (loss) from gaming activit	ies				
	10a	Gross sales of inventory, less					
		returns and allowances 10a		-			
		Less: cost of goods sold 10th					
	С	Net income or (loss) from sales of invent	Business Code				
Miscellaneous Revenue	11a		Dusiness Code				
scellaneo Revenue	b						
əlla	C						
SCE	d	All other revenue					
Ξ		Total. Add lines 11a–11d		1			
	12	Total revenue. See instructions		206,354,862.	204,958,478.	0.	1,396,384.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	ımn (A).
	Check if Schedule O contains a response	e or note to any line	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		Схреново	general expenses	схропаса
	and domestic governments. See Part IV, line 21 .	202,915.	202,915.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	202,723	202,7201		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	12,479,133.	12,479,133.		
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	3,940,820.	3,940,820.		
7	persons described in section 4958(c)(3)(B) Other salaries and wages	16,725,636.	16,725,636.		
7 8	Other salaries and wages				
	section 401(k) and 403(b) employer contributions)	3,799,101.	3,799,101.		
9	Other employee benefits	3,171,748.	3,171,748.		
10	Payroll taxes	1,509,747.	1,509,747.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	14,838,619.	14,838,619.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	23,551,151.	23,551,151.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Purchased Power	83,500,767.	83,500,767.		
b	Purchased Gas	18,218,803.	18,218,803.		
С	Operating Expenses	15,933,510.	15,933,510.		
d	Property Taxes	8,937,513.	8,937,513.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	206,809,463.	206,809,463.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or	note :	to any line in this Pa	rt X		🔲
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			398,165.	1	1,158,693.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			32,361,282.	4	45,160,635.
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons described	in sec	ction 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			5,872,063.	7	5,686,334.
Assets	8	Inventories for sale or use			18,289,202.	8	18,908,376.
As	9				10,170,217.	9	8,537,552.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	926,846,090.			
	b	Less: accumulated depreciation	10b	323,004,074.	570,983,686.	10c	603,842,016.
	11	Investments—publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1 .	[12	
	13	Investments - program-related. See Part IV, line	11 .	[21,977,824.	13	22,404,922.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			952,448.	15	986,186.
	16	Total assets. Add lines 1 through 15 (must equa			661,004,887.	16	706,684,714.
	17	Accounts payable and accrued expenses		79,198,585.	17	70,317,013.	
	18	Grants payable	-		18		
	19	Deferred revenue			14,060,460.	19	9,259,772.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, substa					
bil		controlled entity or family member of any of these	e pers	ons		22	
Ľį	23	Secured mortgages and notes payable to unrelate	ed thi	rd parties	281,669,739.	23	333,921,954.
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	-				
		of Schedule D		· .		25	
	26	Total liabilities. Add lines 17 through 25			374,928,784.		413,498,739.
တ္		Organizations that follow FASB ASC 958, chec			3.1,220,701.		113,170,737.
ce		and complete lines 27, 28, 32, and 33.					
ılar	27	Net assets without donor restrictions				27	
B	28	Net assets with donor restrictions				28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.	8, ch	eck here 🔀			
o	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq		-		30	
SS	31	Retained earnings, endowment, accumulated inc	•	-	286,076,103.	31	293,185,975.
λA	32				286,076,103.	32	293,185,975.
Š	33	Total liabilities and net assets/fund balances .			661,004,887.	33	706,684,714.

Form 990 (2024) Page **12**

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	206,	354,	862.
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,	809,	463.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	454,	601.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	286,	076,	103.
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	7,	564,	473.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	293,	185,	975.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e	xnlain	on		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a	×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 21	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	n a		
	separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent account			×	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain	on		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	the		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3	a	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits	. 31	<u> </u>	

REV 05/23/25 PRO Form **990** (2024)

Midwest Energy, Inc. 48-0163970

Form 990: Return of Organization Exempt from Income Tax

Part VII: Section A (continued) Continuation Statement

Name and title	per (list hours related organis	week t any s for ated	C2 - Institutional trustee C3 - Officer C4 - Key employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations				
			C1	C2	C3	C4	C5	C6			
Stephen Mazouch	40.00										
Manager of Transmission Construction							Х		143,937.	0.	0.
Hali Bielser	40.00										
Director of Project Management Office							Х		136,199.	0.	0.
Nathan Schippers	47.00						х				
Line Foreman							Λ		137,480.	0.	0.
Charles Burruss	40.00										
Manager of Reliability Compliance							Х		139,044.	0.	0.
									556,660.	0.	0.

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization		Employer identification number
Mid	west Energy, Inc.		48-0163970
Par	t I Organizations Maintaining Donor Advi		s 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 a		
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, and		
	only for charitable purposes and not for the benefit conferring impermissible private benefit?		
			· · · · · · L Yes L No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recreations)	, =	f a historically important land area
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a concentration
2	easement on the last day of the tax year.	d a qualified conservation contribution	
	· · ·		Held at the End of the Tax Year
a			. 2a
b	Total acreage restricted by conservation easements		
c d	Number of conservation easements on a certified hi Number of conservation easements included on line		
u	on a historic structure listed in the National Register		
3	Number of conservation easements modified, tran		· 2d
•	the organization during the tax year	=	
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega		
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, ar	nd enforcing
	and the second s		
7	Amount of expenses incurred in monitoring, in	specting, handling of violations, an	nd enforcing
	and the second s		
8	Does each conservation easement reported on line	2d above satisfy the requirements of s	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports co		
	sheet, and include, if applicable, the text of the foot	_	tements that describes the
	organization's accounting for conservation easemer		
Par			Other Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets	·	•
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS	· · · · · · · · · · · · · · · · · · ·	
	art, historical treasures, or other similar assets held	•	earch in furtherance of public service
	provide the following amounts relating to these item	IS.	-
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
_	(ii) Assets included in Form 990, Part X		· · · · \$
2	if the organization received or held works of art,	nistorical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	ASC 936 relating to these items.	Φ.
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		
D	ASSELS INCIDUEU III FOITH 990, PAIL A		

Part	Organizations Maintaining (Collections of A	Art, His	torical	Freasures,	or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, accollection items (check all that apply).	ccession, and otl	her reco	ds, chec	k any of the	follow	ving that make s	ignificant i	use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	am		
b	☐ Scholarly research		е	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections a	and expla	ain how t	hey further t	the org	anization's exer	npt purpos	se in Part
5	During the year, did the organization seassets to be sold to raise funds rather t								□ No
Part	Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.		' on For	m 990, I	Part IV, line	9, or	reported an ar	nount on	Form
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Par	rt XIII and comple	ete the fo	llowing t	able.		A	mount	
С	Beginning balance					1c	+		
d	Additions during the year					1d	_		
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount	on Form 990, Pa	art X, line	21, for e	escrow or cu	stodia	account liability	∕? ☐ Yes	☐ No
b	If "Yes," explain the arrangement in Par	rt XIII. Check here	e if the ex	kplanatio	n has been p	orovide	ed in Part XIII .		
Par	t V Endowment Funds								
	Complete if the organization	answered "Yes"	' on For	m 990, l	Part IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years bac	k (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of th	e current vear en	d balanc	e (line 1c	ı. column (a)) held a	as:		
a	Board designated or quasi-endowment	• %	6	- (,,(,	,			
b		/ //	-						
C	Term endowment %	. •							
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%.						
За	Are there endowment funds not in the			zation th	at are held a	and ad	ministered for th	ne	
	organization by:	•	J						es No
	(i) Unrelated organizations?							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related ord							3b	
4	Describe in Part XIII the intended uses	,						9.5	
Part									
	Complete if the organization a		' on For	m 990. l	Part IV. line	11a.	See Form 990.	Part X. lir	ne 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost	or other basis other)	(c) /	Accumulated epreciation	(d) Book	
	Land			`					
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e	Other		0.	926 8	46,090.	323	,004,074.	603,84	2.016
	Add lines 1a through 1e. (Column (d) mu	ust equal Form 99						603,84	
		,	.,	,	· ,	<i>,,</i> .		,	, •

Part VII	Investments – Other Securities	m 000 Dort IV lin	o 11h Coo Form	OOO Bort V line 12
	Complete if the organization answered "Yes" on For (a) Description of security or category	(b) Book value		hod of valuation:
	(including name of security)		Cost or end	-of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
- are viii	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value		hod of valuation:
	(4) 2000 [200]	(2) 20011 14140	1 ' '	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	000 D+ IV II	44 - 1 . 0	000 Dart V Brand F
	Complete if the organization answered "Yes" on For	m 990, Part IV, III	ie 11a. See Form	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	ne 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mp /b) must squal Form 000 Dart V !: 051 /D!)			
	mn (b) must equal Form 990, Part X, line 25, col. (B)) uncertain tax positions. In Part XIII, provide the text of the footnotes.		n'e financial statema	inte that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check			

Part		er Keturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	4	
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. 1	
2	· · · · · · · · · · · · · · · · · · ·		
a	Net unrealized gains (losses) on investments	-	
b	Recoveries of prior year grants		
c d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	3	
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.)	_	
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial 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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and t XI, lines 2d and 4b. Also complete this part to provide any additional		

	rm 990) (Rev. 12-2024)		Page :
Part XIII	Supplemental Inforn	nation (continued)	•

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Midwest Energy, Inc.					48	-0163970
Part I General Information on G	rants and Assistance					
 Does the organization maintain reconnection and the selection criteria used to average and the selection criteria used to average and the selection criteria used to average and the organization. Part II Grants and Other Assistant Part IV, line 21, for any recipion. 	ward the grants or assistan i's procedures for monitoring nce to Domestic Organ	ice? ng the use of grant fu nizations and Dom	nds in the United	States. ents. Complete if	the organization ar	
1 (a) Name and address of organization or government ((b) EIN (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Ellis County United Way P.O. Box 367 Hays KS 67601 48-0	876865	8,668.		,		fund local non-profit agencies
(2) Heartland Community Foundation 1200 Main St., #101 Hays KS 67601 48-1	215503	10,000.				fund grants to non-profits
(3) Kansas Electric Cooperatives, Inc. P.O. Box 4267 Topeka KS 66604 48-0	541902	7,393.				Youth Tour
PO Box 310 Hays KS 67601 48-0 (5) USD 242 - Weskan	757621	6,000.				Child screening for developmental disabilities
219 Coyote Blvd Weskan KS 67762 48-0	697643	6,400.				School District
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
 Enter total number of section 501(c) Enter total number of other organization 	ations listed in the line 1 ta	ble				

Schedule I (Form 990) (Rev. 12-2024)

Part III	Grants and Other Assistance t Part III can be duplicated if addit	to Domestic Individuational space is needed	als. Complete if th I.	ne organization ansv	vered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Pro	ovide the information re	equired in Part I, I	ine 2; Part III, colum	n (b); and any other additi	onal information.
						·
						·

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Midwest Energy, Inc. 48-0163970 **Questions Regarding Compensation** Part I

		l	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Independent committee Independent compensation consultant Independent compensation consultant Independent organizations Independent organizations Independent organizations Independent organizations Independent organizations			
a b c	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c		××××
5 a b	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b		
6 a b	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?	6a 6b		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a		

Schedule J (Form 990) (Rev. 12-2024) Page 2

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

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

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

Trace The dam of detarmine (B)(i) (iii) for de			<u> </u>	1099-NEC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Juanita Stecklein	(i)	16,150.	0.	0.	0.	0.	16,150.	0.
1 Director	(ii)	0.	0.	0.	0.	0.	0.	0.
Thomas S. Meis	(i)	214,392.	43,488.	0.	46,757.	30,517.	335,154.	0.
2 VP Finance, CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
William Dowling	(i)	223,031.	51,960.	0.	31,156.	7,564.	313,711.	0.
3 VP Engineering & Energy Supply (Ret)	(ii)	0.	0.	0.	0.	0.	0.	0.
Fredrick Taylor	(i)	212,622.	40,681.	0.	61,053.	30,504.	344,860.	0.
4 VP Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
Patrick Parke	(i)	292,961.	172,200.	0.	34,628.	22,548.	522,337.	0.
5 CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
Timothy Flax	(i)	209,448.	41,693.	0.	19,359.	22,168.	292,668.	0.
6 VP Information Technology	(ii)	0.	0.	0.	0.	0.	0.	0.
Nathan McNeil	(i)	184,435.	24,421.	0.	7,351.	29,407.	245,614.	0.
7 Director of Engineering	(ii)	0.	0.	0.	0.	0.	0.	0.
Randy VanAllen	(i)	168,136.	16,025.	0.	7,206.	29,324.	220,691.	0.
8 Manager of Protection Systems	(ii)	0.	0.	0.	0.	0.	0.	0.
Justin MacDonald	(i)	169,976.	34,002.	0.	7,335.	29,336.	240,649.	0.
9 VP Customer Service	(ii)	0.	0.	0.	0.	0.	0.	0.
Mike Morley	(i)	140,986.	20,233.	0.	14,453.	20,775.	196,447.	0.
10 Director, Corporate Communications	(ii)	0.	0.	0.	0.	0.	0.	0.
Schamra Detherage	(i)	166,607.	31,469.	0.	5,078.	29,315.	232,469.	0.
11 Asst. Sec & VP HR	(ii)	0.	0.	0.	0.	0.	0.	0.
Aaron Rome	(i)	169,878.	19,155.	0.	25,830.	29,301.	244,164.	0.
12 Director of Energy Supply	(ii)	0.	0.	0.	0.	0.	0.	0.
John Horesky	(i)	149,694.	10,612.	0.	17,878.	15,666.	193,850.	0.
13 Operations Manager	(ii)	0.	0.	0.	0.	0.	0.	0.
Brett Albert	(i)	141,671.	10,689.	0.	38,338.	23,994.	214,692.	0.
14 Operations Manager	(ii)	0.	0.	0.	0.	0.	0.	0.
Brenton Miles	(i)	137,737.	13,230.	0.	61,799.	23,974.	236,740.	0.
15 Operations Manager	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
16	(ii)			,	nn C): This column es any actuarial	(Column D): Includes company-paid Health, Li	ifo	
BAA		F	REV 05/23/25 PRO		es in the employee's	and Disability Insurance		Form 990) (Rev. 12-2024)

changes in the employee's and Disability Insurance plus pension plan (NOT actual employee contributions to the Health Insurance and compensation in the current **Health Reimbursement** year), as well as company contributions to the Programs. employee's 401K.

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
or any additional information.
Pt I Line 3: Every 3 years a wage study is completed to compare market data with Midwest Energy's salary plan.
Base compensation and bonus amounts for the CEO are determined by the Board of Directors' Compensation Committee.

Page 3

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O (Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Midwest Energy, Inc.	48-0163970
Pt VI, Line 2: Directors have a business relationship where one is	employed
by the other.	
Pt VI, Line 19: The 990 is made available from Midwest Energy's webs	site or.upon
request, in paper form or emailed to requestors.	2200 02 / WF 011
Pt VI, Line 11b: The 990 was presented to the Board of Directors for	their review
before it was filed with the IRS.	
	J II; ~b]
Pt VI, Line 12c: The Board of Directors, Officers, Key Employees and	
Compensated Employees fill out a questionnaire each year detailing a	any potentiai
conflicts of interest.	
Pt VI, Line 15a: Every three years a wage study is completed to comp	
data with Midwest Energy's salary plan. Base compensation and bonus	
for the CEO are determined by the Board of Directors' Compensation (
Base compensation and bonuses for the other key employees are deter	
the CEO in accordance with the company's Salary Plan and Annual Bus:	
Pt VI, Line 8b: The organization is made up of members who are curre	ently receiving
service or have received service in the past and still have a balance	ce in their
capital credit account.	
Pt VI, Line 7a: The Board of Directors is elected by the members.	
Pt XI: Other Changes to Net Assets is for the differences between ca	apital credits
paid out and capital credits allocated, capital credits received in	
those accrued, and other immaterial adjustments.	
Pt VI, Line 6: The organization is made up of members who are current	 ntly receiving
service or have received service in the past and still have a balance	
capital credit account.	
capital credit account.	

SCHEDULE R (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Midwest	t Energy, Inc.						48-016	3970	
Part I	Identification of Disregarded Entities. Comple	te if the organization	n answered "Ye	s" on Form 990, Pa	art IV, line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) imary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct con entit	trolling
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	ations. Complete if uring the tax year.	the organization	n answered "Yes" o	on Form 990, Pa	art IV, lin	e 34, beca	ause it h	ad
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (st or foreign countr		(e) n Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g) 512(b)(1 trolled atity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									-

Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	tal Share of end-of-year assets (h) Disproportionate allocations? (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging ner?	(k) Percentage ownership		
		country)		sections 512-514)			Yes	No	Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		512(b)(13) rolled ity?
								Yes	No
(1) Midwest Development 48-1101824									
	Economic Development	KS		С			100.00		
(2)	-								
(3)									
(4)									
(5)									
(6)									
(7)									

Page 3 Schedule R (Form 990) (Rev. 12-2024)

Yes No

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

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?

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a ×
b	Gift, grant, or capital contribution to related organization(s)				1b ×
С	Gift, grant, or capital contribution from related organization(s)				1c X
d	Loans or loan guarantees to or for related organization(s)				1d X
е	Loans or loan guarantees by related organization(s)				1e ×
f	Dividends from related organization(s)				1f ×
g	Sale of assets to related organization(s)				1g X
h	Purchase of assets from related organization(s)				1h ×
i	Exchange of assets with related organization(s)				1i X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k X
- 1	Performance of services or membership or fundraising solicitations for related organization(s				11 ×
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n X
0	Sharing of paid employees with related organization(s)				10 X
р	Reimbursement paid to related organization(s) for expenses				1p ×
q	Reimbursement paid by related organization(s) for expenses				1q X
r	Other transfer of cash or property to related organization(s)				1r ×
S	Other transfer of cash or property from related organization(s)				1s X
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	omplete this line, inclu	ding covered relation	ships and transaction	thresholds.
	(a)	(b)	(c)	(d)	
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining a	amount involved
		type (a=3)			
(1) M	idwest Development, Inc.	е		cost	
(2) M	idwest Development, Inc.	0		cost	
(3)					
_(4)					
(5)					
(6)					
(6)				<u> </u>	
BAA	REV 05/23/25 PRO			Schedule R (Form 990)) (Rev. 12-2024)

Schedule R (Form 990) (Rev. 12-2024) Page f 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded from tax under	Are all sec 501 organi	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) ral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.