# (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public

Inspection

A F	or the	2019 calendar year, or tax year beginning and end	ding		
<b>B</b> (	heck if pplicable	C Name of organization		D Employer identific	cation number
X	Address	ORGANIZATION OF MISO STATES, INC.			
	Name change	Doing business as		**_***	**
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	
	Final return/	811 E. WASHINGTON AVE 50		515-243-	0742
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,267,057.
	Amende	MADISON, WI 55/05		H(a) Is this a group re	
	Applica tion pending	.		for subordinates	
		same as C above		<b>H(b)</b> Are all subordinates in	
		mpt status: 501(c)(3)X 501(c) ( 4 ) ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
		e: WWW.MISOSTATES.ORG  organization: X Corporation   Trust   Association   Other	1	H(c) Group exemption	
		organization: X Corporation Trust Association Other ►  Summary	L Year c	of formation: 2003 N	State of legal domicile: IA
		Briefly describe the organization's mission or most significant activities: THE OR	RGANT	ZATTON OF M	TSO STATES
Governance	'	INC. IS TO COORDINATE REGULATORY OVERSIGHT	AMO	NG THE STAT	ES: MAKING
'nai		Check this box if the organization discontinued its operations or disposed			
ŏ.	1	Number of voting members of the governing body (Part VI, line 1a)			17
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			17
es &		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			4
νiţ		otal number of volunteers (estimate if necessary)			0
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	۱d	Net unrelated business taxable income from Form 990-T, line 39	·····	7b	0.
ne				Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		1,392,957.	1,264,519.
Revenue	1	Program service revenue (Part VIII, line 2g)		37.	0. 176.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2,362.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,392,994.	1,267,057.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		361,656.	341,548.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe			<u> </u>		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		821,047.	814,390.
	<b>18</b> T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,182,703.	1,155,938.
<u>_ s</u>	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		210,291.	111,119.
Net Assets or Fund Balances				ginning of Current Year	End of Year
Sse Bala	20 7	Total assets (Part X, line 16)		435,502. 27,345.	559,990. 40,714.
Vet /	21 T	otal liabilities (Part X, line 26)  Vet assets or fund balances. Subtract line 21 from line 20		408,157.	519,276.
Pa		Signature Block		400,137.	313,2700
		ities of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, 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>\</b>			
Sig	n	Signature of officer		Date	
Her	e	MARCUS HAWKINS, EXECUTIVE DIRECTOR			
		Type or print name and title		lato I	II DTIN
D-!-		Print/Type preparer's name  Preparer's signature	ا	Oate Check if	PTIN
Paid		FIM K. DEVRIES, CPA		self-employe	d P00299231
		Firm's name RYUN, GIVENS & COMPANY, PLC Firm's address 2900 100TH STREET, SUITE 301		Firm's EIN	
036	Jilly	URBANDALE, IA 50322		Phone no 51	5-225-3141
May	the IR	S discuss this return with the preparer shown above? (see instructions)		I none no. 5 ±	X Yes No

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Pa	rt 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:
	THE ORGANIZATION OF MISO STATES, INC. IS TO COORDINATE REGULATORY
	OVERSIGHT AMONG THE STATES; MAKING RECOMMENDATIONS TO THE MIDCONTINENT
	INDEPENDENT SYSTEM OPERATOR, INC. (MISO), THE MISO BOARD OF DIRECTORS,
	THE FERC, AND RELEVANT GOVERNMENT ENTITIES, AND STATE COMMISSIONS AS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 1,085,677 • including grants of \$ ) (Revenue \$ )
<del>-r</del> a	ORGANIZATION ASSISTS MEMBER STATES TO PARTICIPATE IN MISO STAKEHOLDER
	PROCESS. THIS ASSISTANCE ASSURES BETTER COORDINATION OF ELECTRICITY
	DELIVERY WITH STATE POLICIES; REIMBURSED TRAVEL EXPENSES FOR
	PARTICIPANTS IN APPROXIMATELY 50 MEETINGS.
	FARTICIPANTS IN APPROXIMATED 30 MEETINGS.
4b	(Code:) (Expenses \$
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 \( \) 1,085,677.
	Form <b>990</b> (2019)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	37	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		<del></del>
′	the environment historia land areas or historia structures? If "Ves " complete Schodule D. Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del></del>
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			ا
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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	446	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	-25	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا م		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\triangle$

## Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		х
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 <del>4</del> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	054		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			٠,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
35.5	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		† <u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Greek if Scriedule O contains a response of note to any line in this Part v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

	<del></del>			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 4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	<b>2</b> b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	account)?	4a		X			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		-			
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0-		x			
	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribut		6a					
Ь			6b					
7	Organizations that may receive deductible contributions under section 170(c).		OD					
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?		7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
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?							
9	Sponsoring organizations maintaining donor advised funds.							
а			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:	ا مدا						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Gross income from members or shareholders	11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against	T T C						
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a	· · · · · · · · · · · · · · · · · · ·		14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				177			
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.				v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X			
	If "Yes," complete Form 4720, Schedule O.		Гани	990	(0010)			

Form **990** (2019)

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					Λ		
Sec	tion A. Governing Body and Management							
		1.1	1 7		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17					
	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.		4					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other						
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х		
6			6	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or						
	more members of the governing body?			7a	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or						
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:						
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?		L	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)						
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	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 bo	dy before filing the forr	n?	11a	X			
b								
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe						
	in Schedule O how this was done			12c				
13	Did the organization have a written whistleblower policy?			13		X		
14	Did the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approv	al by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?						
а	The organization's CEO, Executive Director, or top management official		L	15a	X			
b	Other officers or key employees of the organization		[	15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a						
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's						
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501	1(c)(3)	s only	) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain	n on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest polic	y, and	l finar	ncial			
	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 b	ooks and records 🕨 _						
	ORGANIZATION OF MISO STATES, INC 515-243-0742							
	811 E WASHINGTON AVE SIITTE 500 MADISON WI 53'	703						

932006 01-20-20

Form **990** (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any	$\vdash$	<del></del>		from the	from related organizations	other compensation			
	hours for	Individual trustee or director				pg.		organization	(W-2/1099-MISC)	from the
	related	tee or	nstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal trı		loyee	omp				and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Pu	lns	#5	ě.	E E	- F			
(1) DANIEL HALL	15.00	٠,,		,,					0	0
PRESIDENT & DIRECTOR	10.00	Х		X				0.	0.	0.
(2) MATT SCHUERGER	10.00	٠,,		37					0	0
VICE PRESIDENT & DIRECTOR	10 00	Х		Х				0.	0.	0.
(3) SARAH FREEMAN	10.00	٠,,		37					0	0
TREASURER AND DIRECTOR	10.00	Х		Х				0.	0.	0.
(4) MIKE HUEBSCH	10.00	v	Ι.	v		ľ			0	0
SECRETARY AND DIRECTOR	10 00	Х		Х		_		0.	0.	0.
(5) JULIE FEDORCHAK	10.00	37							0	0
AT LARGE DIRECTOR	F 00	Х						0.	0.	0.
(6) TED THOMAS	5.00	3,7							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(7) SADZI OLIVA	5.00	٠,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(8) RICHARD LOZIER	5.00	٠,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(9) DAN SCRIPPS	5.00	٠,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(10) TALINA MATHEWS	5.00	٠,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(11) RYAN SILVEY	5.00	٠,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(12) ROBERT GABOR	5.00	٠,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(13) SAM BRITTON	5.00	,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(14) TONY O'DONNELL	5.00	,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(15) HELENA MORENO	5.00	٠,						_	_	0
DIRECTOR	F 00	Х	_	_		_	$\vdash$	0.	0.	0.
(16) GARY HANSON	5.00	٠,							^	•
DIRECTOR	F 00	Х					<u> </u>	0.	0.	0.
(17) ARTHUR D'ANDREA	5.00	Ψ,						_		0
DIRECTOR 932007 01-20-20		Х						0.	0.	0 • Form <b>990</b> (2019)

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
(A) (B)  Name and title Average			(C) Position					(D)	<b>(E)</b> Reportable		_	(F)	
Name and title	hours per	(do not check more than one box, unless person is both an						Reportable Reportabl compensation compensation			Estimated amount of		
	week					or/trus		from	from related		u	other	J1
	(list any	ector						the	organization			pensa	
	hours for related	or dir	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the	
	organizations	Individual trustee or director	Institutional trustee		99/	mpen		(88-271099-181130)			_ ~	anizati d relate	
	below	idual	tutiona	e.	Key employee	est co loyee	Je.					anizatio	
	line)	Indiv	Instit	Officer of the contract of the	Key e	Highest compensated employee	Бm						
(18) ERIC SKRMETTA	5.00									•			^
DIRECTOR	F 00	Х						0.		0.			0.
(19) SALLY TALBERG	5.00									0			Λ
DIRECTOR (20) MARCUS HAWKINS	40.00	Х		-		-	-	0.		0.			0.
EXECUTIVE DIRECTOR	40.00	-		x				126,468.		0.		5,0	0.0
EARCOTIVE DIRECTOR								120,400.		<u> </u>		3,0	00.
		ł											
		1											
		-											
				-			K						
		1											
1b Subtotal								126,468.		0.		5,0	00.
c Total from continuation sheets to Part V	I. Section A					777		0.		0.		-,-	0.
d Total (add lines 1b and 1c)							<b>•</b>	126,468.		0.		5,0	00.
2 Total number of individuals (including but n							ho r	eceived more than \$100	,000 of reportab	le			
compensation from the organization													1
												Yes	No
3 Did the organization list any <b>former</b> officer,	•		•	•	•		_		•				v
line 1a? If "Yes," complete Schedule J for s								h			3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15									tne organization		4		Х
5 Did any person listed on line 1a receive or									idual for services		7		
rendered to the organization? If "Yes," com	•				•	•		•			5		Х
Section B. Independent Contractors	,											· · · · ·	
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir	n the organization's tax	year.				
<b>(A)</b> Name and business	addraga	3.77	<b>~</b> ****	-				<b>(B)</b> Description of s	on door		))		_
Name and business	auuress	1//	INC	<u> </u>			$\dashv$	Description of s	ervices		ompe	nsatior	<u>'</u>
							$\dashv$						
O Tatalasanah (C. )	and the setting of the set			-I ·				1 -1					
2 Total number of independent contractors (i		iot li	mite	a to	tno	se li N	stec	apove) who received m	iore tnan				
\$100,000 of compensation from the organi	ZaliUi 🚩										Form	990 (c	2010)

Ра	rt VII							
		Check if Schedule O	contains a response	or note to any lir		(B)	(C)	<u> </u>
					(A) Total revenue	Related or exempt		( <b>D</b> ) Revenue excluded
					Total Tovollad	function revenue		from tax under
10.10								sections 512 - 514
ants		Federated campaigns .						
يج 5		Membership dues						
Ţ,		Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations .						
ns, Sim	е	Government grants (cont	· -					
e ti	f	, ,		064 510				
뜔		similar amounts not included	—	264,519.				
ont	_	Noncash contributions included in			1 064 510			
<u>0 g</u>	h	Total. Add lines 1a-1f		1	1,264,519.			
				Business Code				
<u>:</u>	2 a							
e c	b							
n S	С							
gra Re	d							
Program Service Revenue	е							
т	f	1 3						
		Total. Add lines 2a-2f						
	3	Investment income (inclu	-		176.			176.
	١.	other similar amounts)			170.			170.
	4	Income from investment		•				
	5	Royalties	(i) Real	(ii) Personal				
		0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(ii) Fersonal				
		Gross rents						
		Less: rental expenses	6b					
		Rental income or (loss)  Net rental income or (loss)	[6c					
		Gross amount from sales of	′ <del></del>	(ii) Other				
	' a	assets other than inventory	7a	(ii) Garior				
	h	Less: cost or other basis	14					
ē	"	and sales expenses	7b					
Revenue	_	Gain or (loss)						
že,		Net gain or (loss)						
ē		Gross income from fundraisi						
윰	"	including \$	of					
		contributions reported or						
		Part IV, line 18	· · · · · · · · · · · · · · · · · · ·					
	Ь	Less: direct expenses		+				
		Net income or (loss) from		·				
		Gross income from gamir	· -					
		Part IV, line 19	-					
	b	Less: direct expenses		+				
		Net income or (loss) from		<b>&gt;</b>				
		Gross sales of inventory,						
		and allowances		a				
	b	Less: cost of goods sold		1				
		Net income or (loss) from		<b></b>				
S				Business Code				
Miscellaneous Revenue	11 a	MISC REVENUE		900099	2,362.			2,362.
ane	b							
Sell Seve	С							
Ais.	d	All other revenue						
_	е	Total. Add lines 11a-11d			2,362.			
	12	Total revenue. See instruction	ons		1,267,057.	0.	0.	2,538.

\*\*\_\*\*\*\*

## 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 respon	<del></del>			(B)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	106 460	106 460		
	trustees, and key employees	126,468.	126,468.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1.67 071	1.67.071		
7	Other salaries and wages	167,071.	167,071.		
8	Pension plan accruals and contributions (include	11 (00	11 600		
_	section 401(k) and 403(b) employer contributions)	11,690. 9,038.	11,690.		
9	Other employee benefits	27,281.	9,038. 27,281.		
10	Payroll taxes	21,201.	27,201.		
11	Fees for services (nonemployees):				
а	Management	111 122	111 122		
b	Legal	111,132. 13,111.	111,132.	13,111.	
С.	Accounting	13,111.		13,111.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	8,111.	769.	7,342.	
13	Office expenses	183,884.	175,193.	8,691.	
14 15	Information technology	103,004.	175,155	0,051.	
15 16	Royalties	18,478.		18,478.	
16 17	Occupancy	292,843.	292,843.	10,1700	
17 18	Payments of travel or entertainment expenses	252,045.	232,043.		
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	85,735.	85,026.	709.	
19 20		33,733.	23,020.	, , , ,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,619.		4,619.	
23	Insurance	5,971.		5,971.	
24	Other expenses. Itemize expenses not covered	3,2:=:		7,51=1	
	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 0.)				
а	SUBSCRIPTIONS	72,904.	72,904.		
b	CONFERENCE CALLS	6,262.	6,262.		
c	misc expenditure	5,827.	•	5,827.	
d	TELEPHONE	5,115.		5,115.	
	All other expenses	398.		398.	
25	Total functional expenses. Add lines 1 through 24e	1,155,938.	1,085,677.	70,261.	0
26	<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.			I	

Form **990** (2019)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	154,635.	1	279,106.		
	2	Savings and temporary cash investments		220,254.	2	220,431.	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			2,037.	4	3,326
	5	Loans and other receivables from any curren	er officer, director,				
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	sons		5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			42,360.	9	47,028
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,923.			
	b	Less: accumulated depreciation	10b	14,824.	16,216.	10c	10,099
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	435,502.	16	559,990
	17	Accounts payable and accrued expenses			27,345.	17	40,714
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24	). Complete Part X			
		of Schedule D			27 245	25	40 714
	26	Total liabilities. Add lines 17 through 25			27,345.	26	40,714.
S		Organizations that follow FASB ASC 958, o	check he	re 🏲 🕰			
ğ		and complete lines 27, 28, 32, and 33.			408,157.		510 276
ala	27	Net assets without donor restrictions			400,137.	27	519,276.
P E	28	Net assets with donor restrictions				28	
Fu		Organizations that do not follow FASB ASC	3 958, cn	eck nere			
٥		and complete lines 29 through 33.	-1-				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
\SS.	30	Paid-in or capital surplus, or land, building, or				30	
et /	31	Retained earnings, endowment, accumulated			408,157.	31	519,276.
Ž	32	Total net assets or fund balances			435,502.	32	559,276.
	33	Total liabilities and net assets/fund balances			433,304.	33	333,330.

Form	ORGANIZATION OF MISO STATES, INC.	**_**	****	Pa	ge <b>12</b>
Pa	rt 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	1,26	7,0	<u>57.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,15		
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40	3 <u>,1</u>	57.
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	51:	9,2	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC.

OMB No. 1545-0047

2019

Name of the organization

ORGANIZATION OF MISO STATES,

Employer identification number

\*\*\_\*\*\*\*

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$oxed{X}$ 501(c)( $oxed{4}$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Chock if your organization	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .					
	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
X For an organizat	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or					
	ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)( any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II.					
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the uelty to children or animals. Complete Parts I, II, and III.					
year, contributio is checked, ente purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively lible, etc., contributions totaling \$5,000 or more during the year					
but it <b>must</b> answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to st the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MIDCONTINENT INDEPENDENT SYSTEM OPERATOR, INC.  701 CITY CENTER DRIVE  CARMEL, IN 46032	\$ 1,264,519.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

JKGAIN.	IZATION OF MISO STATES, INC.		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

ORGANI	IZATION OF MISO STATES	, INC.		**_****
Part III	Exclusively religious, charitable, etc., contribution any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	utions to organizations described in se a) through (e) and the following line entress, charitable, etc., contributions of \$1,000 or le	ry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address,	(e) Transfer of gift		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address,			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address,	(e) Transfer of gift		nsferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ORGANIZATION OF MISO STATES, INC.

**Employer identification number** \*\*\_\*\*\*\*

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	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 writ	ing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exc	clusive legal control?	Yes  No
6	Did the organization inform all grantees, donors, and donor advi-	sors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or de	onor advisor, or for any other purpose confe	rring
Pai	t II Conservation Easements. Complete if the organ	ization answered "Yes" on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		orically important land area
	Protection of natural habitat	Preservation of a cert	ified 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 c	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included in (c) acquired after		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the orga	nization during the tax
	year -	A.: 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	
4	Number of states where property subject to conservation easen		
5	Does the organization have a written policy regarding the period		□ v <sub>-</sub> . □ v <sub>-</sub>
	violations, and enforcement of the conservation easements it he		
6	Staff and volunteer hours devoted to monitoring, inspecting, har	idling of violations, and emorcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	a of violations, and enforcing conservation o	asoments during the year
′	S	g of violations, and emorcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4)(	B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?	*	
9	In Part XIII, describe how the organization reports conservation		
_	balance sheet, and include, if applicable, the text of the footnote		
	organization's accounting for conservation easements.	ű	
Pai	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, r	not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, t	to report in its revenue statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce 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		
	the following amounts required to be reported under FASB ASC	958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	r Other	Simila	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	t make sig	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	m				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizatio	on's exem	pt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o							_	_	
_	to be sold to raise funds rather than to be ma								Yes	No_
Pa	rt IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the	organizatio	on answered "	Yes" on F	orm 990	, Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other ass	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?	L	Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds. Complete it	the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10	).			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two years	s back (d	<b>i)</b> Three y	ears back	(e) Four	years 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 the curr	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd administer	red for the	e organiz	ation	_	
	by:									Yes No
	(i) Unrelated organizations									
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered			•						
	Description of property	(a) Cost or o basis (investr			or other (other)	٠,	cumulate eciation	d	(d) Book	c value
1a	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment							_		
	Other				4,923.		14,82	24.		0,099.
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)				1(	0,099.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	of year market value
	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 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)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide			hat reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2019

COLIC	Judio D	(1 61111 666) 2616			i ugo
Pa	rt XI	Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Returr	) <b>.</b>
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total r	evenue, gains, and other support per audited financial statements		1	1,267,057
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		eries of prior year grants			
d		(Describe in Part XIII.)			
е		nes <b>2a</b> through <b>2d</b>		2e	0 .
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	1,267,057
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	0.
5	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,267,057
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	: 12a.		
1	Total e	expenses and losses per audited financial statements		1	1,155,938
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:	4		
а	Donat	ed services and use of facilities	2a		
b	Prior y	rear adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		_
е	Add lir	nes 2a through 2d		2e	0 .
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	1,155,938
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		_
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	0.
5	Total e	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.	)	5	1,155,938

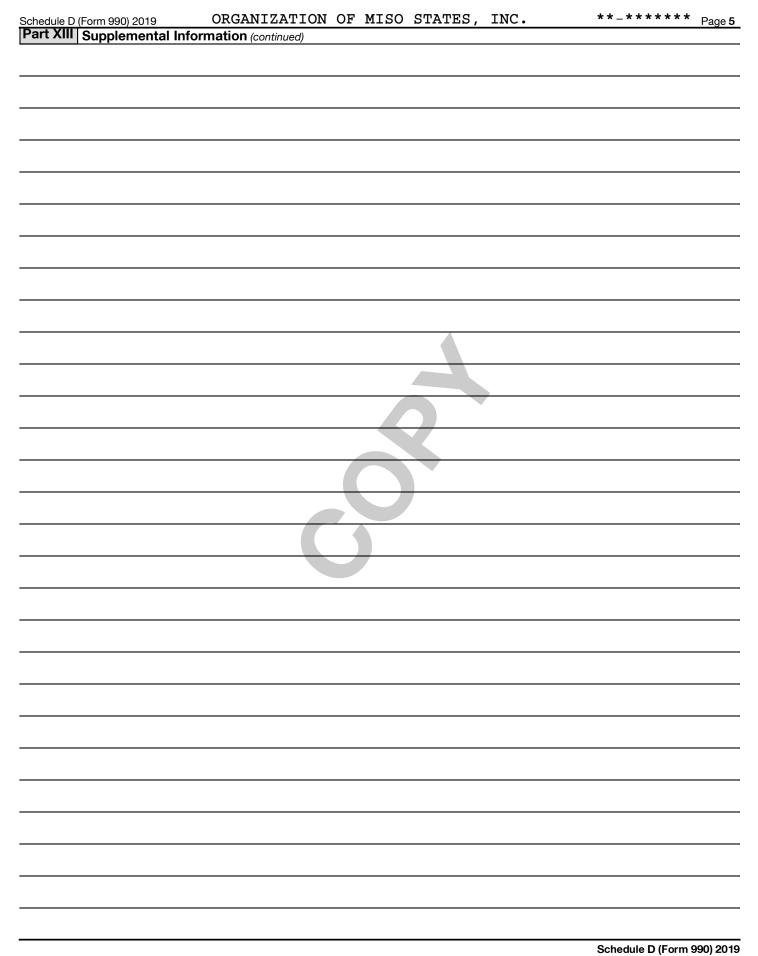
# 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

#### Part X, Line 2:

The Organization has adopted the accounting standard regarding Accounting for Uncertain Tax Positions. This standard provides detailed guidance for financial statement recognition, measurement, and disclosure of uncertain tax positions recognized in the entity's financial statements. It requires an entity to recognize the financial statement benefit of a tax position when it is more likely than not that the position will be sustained upon examination. The adoption of this standard had no material effect on the Organizations financial position, results of operations, or cash flow.

Schedule D (Form 990) 2019



## SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ORGANIZATION OF MISO STATES, INC. **Employer identification number** \*\*\_\*\*\*\*

Form 990, Part I, Line 1, Description of Organization Mission: RECOMMENDATIONS TO THE MIDCONTINENT INDEPENDENT SYSTEM OPERATOR, INC. (MISO), THE MISO BOARD OF DIRECTORS, THE FERC, AND RELEVANT GOVERNMENT ENTITIES, AND STATE COMMISSIONS AS APPROPRIATE; AND INTERVENING IN PROCEEDINGS BEFORE THE FERC AND IN RELATED JUDICIAL PROCEEDINGS TO EXPRESS THE POSITIONS OF THE ORGANIZATION OF MISO STATES.

Form 990, Part III, Line 1, Description of Organization Mission: APPROPRIATE; AND INTERVENING IN PROCEEDINGS BEFORE THE FERC AND IN RELATED JUDICIAL PROCEEDINGS TO EXPRESS THE POSITIONS OF THE ORGANIZATION OF MISO STATES.

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

THE ORGANIZATION OF MISO STATES, INC. (OMS) IS A NONPROFIT, SELF-GOVERNING ORGANIZATION OF REPRESENTATIVES FROM EACH STATE WITH REGULATORY JURISDICTION OVER ENTITIES PARTICIPATING IN THE MIDCONTINENT INDEPENDENT TRANSMISSION SYSTEM OPERATOR, INC. (MISO), A REGIONAL TRANSMISSION ORGANIZATION AS DEFINED BY THE FEDERAL ENERGY REGULATORY COMMISSION (FERC). OMS MEMBER STATES, PROVINCES, AND OTHER GOVERNMENTAL ENTITIES ARE ARKANSAS, CITY OF NEW ORLEANS, ILLINOIS, INDIANA, IOWA, KENTUCKY, LOUISIANA, MANITOBA, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, MONTANA, NORTH DAKOTA, SOUTH DAKOTA, TEXAS, AND WISCONSIN.

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

THE ORGANIZATION'S MEMBERS CAN APPOINT OR ELECT DIRECTORS WHO IN TURN ELECT THE OFFICERS OF THE ORGANIZATION.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization ORGANIZATION OF MISO STATES, INC.	Employer identification number  **-******
Form 990, Part VI, Section B, line 11b:	
THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE A COPY OF	THE FORM 990 AT A
BOARD MEETING PRIOR TO THE FORM 990 BEING FILED.	
Form 990, Part VI, Section B, Line 15:	
THE PERSONNEL & COMPENSATION COMMITTEE REVIEW AND APPROVE	REQUESTS FOR
SALARY OR COMPENSATION CHANGES FOR THE EXECUTIVE DIRECTOR	
Form 990, Part VI, Section C, Line 18:	
FORM 990 AND FORM 1023 ARE AVAILABLE TO THE PUBLIC ON THE	ORGANIZATION OF
MISO STATES' WEBSITE.	
Form 990, Part VI, Section C, Line 19:	
ALL GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS	ARE AVAILABLE TO
THE PUBLIC ON THE ORGANIZATION OF MISO STATES' WEBSITE.	
FORM 990. PART XII, LINE 2C	
THE BOARD OF DIRECTORS FOR THE ORGANIZATION ARE RESPONSIB	LE FOR THE
OVERSIGHT OF THE AUDIT AND ARE RESPONSIBLE FOR THE SELECT	ION OF THE
INDEPENDENT AUDITORS. THIS PROCESS HAS REMAINED UNCHANGE	D FROM THE
PRIOR YEARS.	

**NP-20** State Form 51062 (R10 / 8-19)

## **Indiana Department of Revenue** Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year

Beginning 01 / 01 /2019 and Ending 12 / 31 /2019 MM/ DD/ YYYY

Amended Report
<u> </u>
Final Report: Indicate
Date Closed

Check if: X Change of Address

Due on the 15th day of the 5th month following the end of the tax year. NO FEE REQUIRED.

Name of Organization	TOO CONTROL THO			Telephone Number 515 243 (	0742	
ORGANIZATION OF MI	SU STATES INC	Loguetu				
Address		County		Indiana Taxpayer Identif	ication Number	
811 E WASHINGTON A		<u> </u>		- · · - · · · · · · · · · · · · · · · ·		
MADISON	State WISCONSIN	5370 <b>537</b> 0	03	Federal Employer Identi		
Printed Name of Person to Contact			Contact's Telephone Num			
MARCUS HAWKINS			515 243 0	)742		
,	ch a completed copy of Form 990, 990E lated business income of more than \$1,0	•		13 of the Internal Re	evenue Code, <b>you</b>	
must also file Form IT-20NP.			A		· <del>-</del>	
Current Information						
bylaws, or other instruments of 2. Indicate number of years your of 3. Attach a schedule, listing the n	<ol> <li>Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.</li> <li>Indicate number of years your organization has been in continuous existence.</li> <li>Attach a schedule, listing the names, titles and addresses of your current officers.</li> <li>Briefly describe the purpose or mission of your organization below.</li> </ol>					
		_				
Email Address:			_			
	ury that I have examined this return, inc	luding all	attachments, and to	the best of my know	rledge and belief, it	
is true, complete, and correct.  MARCUS HAWKINS		EXEC	UTIVE DIRE	CTOR		
Signature of Officer or Trustee		Title	243-0742	<u>-</u> -	Date	
Name of Person(s) to Contact		Daytime	Telephone Number			
Important: Please submit this completed form and for extension to: Indiana Department of Revenue, Tax Administration P.O. Box 6481 Indianapolis, IN 46206-6481 Telephone: (317) 232-0129						
Extensions of Time to File						

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your salestax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

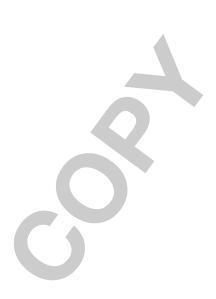
Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

NP-20

Statement

THE ORGANIZATION OF MISO STATES IS TO COORDINATE REGULATORY OVERSIGHT AMONG THE STATES; MAKING RECOMMENDATIONS TO THE MIDWEST INDEPENDENT SYSTEM OPERATOR, INC. (MISO), THE MISO BOARD OF DIRECTORS, THE FERC, OTHER RELEVANT GOVERNMENT ENTITIES, AND STATE COMMISSIONS AS APPROPRIATE; AND INTERVENING IN PROCEEDINGS BEFORE THE FERC AND IN RELATED JUDICIAL PROCEEDINGS TO EXPRESS THE POSITIONS OF THE ORGANIZATION OF MISO STATES.



Form NP-20	List of	Officers,	Directors	and	Trustees	Statement	2

Name and Address		Title
DANIEL HALL 811 E. WASHINGTON AVE, N MADISON, WI 53703	No. 500	PRESIDENT & DIRECTOR
MATT SCHUERGER 811 E. WASHINGTON AVE, N MADISON, WI 53703	No. 500	VICE PRESIDENT & DIRECTOR
SARAH FREEMAN 811 E. WASHINGTON AVE, N MADISON, WI 53703	No. 500	TREASURER AND DIRECTOR
MIKE HUEBSCH 811 E. WASHINGTON AVE, N MADISON, WI 53703	No. 500	SECRETARY AND DIRECTOR
JULIE FEDORCHAK 811 E. WASHINGTON AVE, N MADISON, WI 53703	<b>10.</b> 500	AT LARGE DIRECTOR
TED THOMAS 811 E. WASHINGTON AVE, N MADISON, WI 53703	<b>10.</b> 500	DIRECTOR
SADZI OLIVA 811 E. WASHINGTON AVE, N MADISON, WI 53703	No. 500	DIRECTOR
RICHARD LOZIER 811 E. WASHINGTON AVE, N MADISON, WI 53703	No. 500	DIRECTOR
DAN SCRIPPS 811 E. WASHINGTON AVE, N MADISON, WI 53703	No. 500	DIRECTOR
TALINA MATHEWS 811 E. WASHINGTON AVE, N MADISON, WI 53703	No. 500	DIRECTOR
RYAN SILVEY 811 E. WASHINGTON AVE, N MADISON, WI 53703	No. 500	DIRECTOR
ROBERT GABOR 811 E. WASHINGTON AVE, N MADISON, WI 53703	No. 500	DIRECTOR

MARCUS HAWKINS 811 E. WASHINGTON AVE, No. 500

MADISON, WI 53703

ORGANIZATION OF MISO STATES, INC.	
SAM BRITTON 811 E. WASHINGTON AVE, No. 500 MADISON, WI 53703	DIRECTOR
TONY O'DONNELL 811 E. WASHINGTON AVE, No. 500 MADISON, WI 53703	DIRECTOR
HELENA MORENO 811 E. WASHINGTON AVE, No. 500 MADISON, WI 53703	DIRECTOR
GARY HANSON 811 E. WASHINGTON AVE, No. 500 MADISON, WI 53703	DIRECTOR
ARTHUR D'ANDREA 811 E. WASHINGTON AVE, No. 500 MADISON, WI 53703	DIRECTOR
ERIC SKRMETTA 811 E. WASHINGTON AVE, No. 500 MADISON, WI 53703	DIRECTOR
SALLY TALBERG 811 E. WASHINGTON AVE, No. 500 MADISON, WI 53703	DIRECTOR