## PUBLIC DISCLOSURE COPY

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.					
Part I - Id	entification							
Type or	e or Name of exempt organization, employer, or other filer, see instructions.				Taxpayer identification number (TIN)			
Print								
File by the	LAKE REGION ELECTRIC ASSOCI	ATION	INC		46-015	6581		
due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.					
filing your return. See	PO BOX 341							
instructions.	City, town or post office, state, and ZIP code. For a for WEBSTER, SD 57274-0341	oreign addı	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)					
Applicati	on Is For	Return	Application Is For			Return		
		Code				Code		
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09		
	0 (individual)	03	Form 5227			10		
Form 990	-PF	04	Form 6069			11		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12		
Form 990	-T (trust other than above)	06	Form 5330 (individual)			13		
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14		
Form 104	1-A	08						
After yo	ou enter your Return Code, complete either Part II or Par	t III. Part II	, including signature, is applicable c	only for an	extension of			
time to file	e Form 5330.							
<ul> <li>If this a</li> </ul>	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.					
Pla	n Name							
	n Number							
Pla	n Year Ending (MM/DD/YYYY)							
Part II - Au	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)					
	ooks are in the care of DONNA SATTLER							
	1212 N MAIN STREE	ET, PC	) BOX 341 - WEBSTER	R, SD	57274-0	341		
Teleph	one No. <u>605-345-3379</u>		Fax No					
• If the c	organization does not have an office or place of business	s in the Uni	ted States, check this box					
• If this i	s for a Group Return, enter the organization's four-digit (	Group Exe	mption Number (GEN)	If this is fo	r the whole gro	oup, check this		
box[	If it is for part of the group, check this box							
<b>1</b> Ire	quest an automatic 6-month extension of time until $\mathbb N$	OVEMBI	ER 15_, 20 24, to file	e the exem	npt organizatio	n return for		
the	organization named above. The extension is for the orga	anization's	return for:					
Х	] calendar year 20 23 or							
	tax year beginning	, 20	, and ending			, 20		
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n			
	Change in accounting period							
3a lfth	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less					
<u>any</u>	nonrefundable credits. See instructions.			3a	\$	0.		
	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
<u>esti</u>	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.		
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by					
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.		

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

Form	990
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### EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2023 Open to Public Inspection

	Go to www.irs.gov/Form990 for instructions and the latest information. Inspection					Inspection				
AF	or the	2023 calenda	ar year, or tax	year beginning		and	ending			
B c	heck if pplicable:	E Name of organization D Employe				D Employer ident	ifica	tion number		
	Address change	s LAKE	REGION	ELECTRIC	ASSOCIATI	ON INC				
	Name change		usiness as					46-0156	581	1
					uite E Telephone num	ber				
	Final PO BOX 341			605-345						
	termin- ated City or town, state or province, country, and ZIP or foreign postal code G			<b>G</b> Gross receipts \$		20,602,652.				
	Amende	MEDO	TER, SD	57274-0				H(a) Is this a group	) retu	
	Applica- tion pending	, <b>F</b> Name a			IM MCINTY	RE		for subordinat		
		SAME .	AS C ABC		0			H(b) Are all subordinate		
		mpt status:			2) (insert no.)	4947(a)(1)	or 🛄			t. See instructions
	Vebsite			AKEREGIOI		Other		H(c) Group exemp		
		Summary	X Corporation		Association		L Y	ear of formation: 1941	<b>M</b> 3	State of legal domicile: SD
	_		o the organizat	ion's mission or n	ant significant act		TDE	THE HIGHEST		<u>۱</u>
e								TITIVE RATES		<u>101111</u>
Governance		Check this bo						ore than 25% of its net a		'S
ver				•	ody (Part VI, line 1a			1	3	7
			•	<b>v v</b>		,			4	7
ې د									5	25
/itie				stimate if necess					6	0
Activities &	7a⊺	Total unrelated	d business reve	enue from Part VIII	, column (C), line 1				7a	0.
	b١	Net unrelated	business taxab	le income from Fo	orm 990-T, Part I, li	ne 11			7Ь	0.
								Prior Year	$\perp$	Current Year
e			and grants (Pa					0		0.
Revenue		•	ce revenue (Pa					19,779,780		19,781,628.
ş					3, 4, and 7d)			57,615		113,558.
_					, 8c, 9c, 10c, and			-47,025		-16,953.
					qual Part VIII, colun			<u>19,790,370</u> 18,643		<u>19,878,233.</u> 13,137.
					mn (A), lines 1-3)			1,955,842		1,539,064.
				ers (Part IX, colum	in (A), line 4) its (Part IX, column	(A) lines 5 10)		2,393,925		2,453,461.
Expenses					A), line 11e)			0		0.
nec				Part IX, column (D)			0.		-	
Ĕ			• • •		11d, 11f-24e)			15,351,217		15,698,336.
					art IX, column (A), I			19,719,627		19,703,998.
					line 12			70,743		174,235.
OL								Beginning of Current Yea	ır	End of Year
Assets or d Balances	<b>20</b> T	Fotal assets (F	Part X, line 16)					46,911,496		49,986,705.
t As: d Bs	<b>21</b> T	Fotal liabilities	(Part X, line 26	i)				28,321,303		30,526,025.
ENei		Vet assets or t	fund balances.	Subtract line 21 f	rom line 20			18,590,193	•	19,460,680.
	art II	Signature								
llnd	er nenalt	ties of neriury	I declare that I ha	ve examined this re-	turn including accorr	nanving schedule	s and sta	ements and to the hest of	my kr	nowledge and helief it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date				
-	TIM MCINTYRE, GENERAL MANAGER						
	Type or print name and title						
	Print/Type preparer's name Preparer's sign	Date Date	Check PTIN				
Paid	LAURIE HANSON, CPA LAURIE	HANSON, CPA 07/31,	/24 self-employed P00851848				
Preparer	Firm's name EIDE BAILLY LLP		Firm's EIN 45-0250958				
Use Only	Firm's address 345 N. REID PL., STE. 400	)					
	SIOUX FALLS, SD 57103-703	34	Phone no. 605-339-1999				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	.HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

Form	990 (2023) LAKE REGION ELECTRIC ASSOCIATION INC 46-0156581 Page 2
Pa	t 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:
	TO PROVIDE THE HIGHEST QUALITY OF SERVICES AND PRODUCTS TO ITS MEMBERS
	WHILE MAINTAINING COMPETITIVE RATES.
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROVIDED ELECTRIC SERVICE TO APPROXIMATELY 2,599 MEMBERS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses
	Form 990 (2022

Form 990 (2023	=/		 ASSOCIATION	INC
Part IV Ch	necklist 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	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		14a		<u> </u>
a	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	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- 23
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>–</b> "		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
15		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21	х	

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	330	

			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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		
26	Did the organization report any amount on Part X, line 5 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? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	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? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV	20a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C		28c		x
20	"Yes," complete Schedule L, Part IV	200		X
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		- 23
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 X
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	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 194			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	990 (2023) LAKE REGION ELECTRIC ASSOCIATION INC 46-0156	581	P	<sub>age</sub> 5
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-	Enter the number of employees reported on Form W/2. Transmittel of Wees and Tay Statements		Yes	No
za	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 25			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	<u>6a</u>		X
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		
	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	_		
		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7-		
e f		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file rorm 8099 as required?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a 19457467.			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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	-		
	Enter the amount of reserves on hand	44-		Х
14a	<b>o o o o o o</b>	14a		~
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b		
15		15		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16		16		х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
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.			

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### LAKE REGION ELECTRIC ASSOCIATION INC

Pa	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						X		
Sec	tion 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		7					
	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 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other						
	officer, director, trustee, or key employee?			.	2		X		
3									
	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?						X		
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X		
6	Did the organization have members or stockholders?								
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?			.	7a	Х			
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
persons other than the governing body?									
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	a The governing body?								
b	Each committee with authority to act on behalf of the governing body?				8b		X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t 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 Re	venue	Code.)						
				-		Yes			
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 ch	apters	, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	- 6	11a	Х			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	<u> </u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	<u> </u>		
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done								

Did the organization have a written whistleblower policy?

Did the organization have a written document retention and destruction policy?

The organization's CEO, Executive Director, or top management official

Other officers or key employees of the organization

taxable entity during the year?

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

WEBSTER.

X Upon request

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

NONE

SD

\_\_\_ Other (explain on Schedule O)

57274-0341

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

State the name, address, and telephone number of the person who possesses the organization's books and records

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed

Another's website

for public inspection. Indicate how you made these available. Check all that apply.

exempt status with respect to such arrangements?

statements available to the public during the tax year.

Section C. Disclosure

Own website

13

14

15

а

b

17

18

19

20

13 X

Х

х

Х

Х

14

15a

15b

16a

16b

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	X						
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.								

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.

LAKE REGION ELECTRIC ASSOCIATION INC

• 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.

Form 990 (2023)

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(10	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless		nless person is both an			n an	compensation	compensation	amount of
	week			id a di I	d a director/trustee)			from	from related	other
	(list any	ector	ector					the	organizations	compensation
	hours for	or dir				ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com ee		1099-NEC)		and related
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TIM MCINTYRE	40.00	-		0	×	υE	ц			
GENERAL MANAGER				x				171,442.	0.	36,415.
(2) JAMES GRIMES	40.00							,		
MANAGER OF OPERATIONS						x		102,090.	0.	90,702.
(3) BRETT KWASNIEWSKI	40.00									
MANAGER OF MEMBER SERVICES						X		100,760.	0.	40,393.
(4) AMY KUECKER	8.00									
DIRECTOR		Х						9,300.	0.	0.
(5) CODY PASZEK	8.00									
DIRECTOR		Х						9,000.	0.	0.
(6) RODNEY TOBIN	8.00									
VICE PRESIDENT		Х		X				7,800.	0.	0.
(7) THOMAS STEINER	8.00								•	
SECRETARY		Х		X				6,600.	0.	0.
(8) MARK WISMER	8.00							c 000	0	
DIRECTOR	0.00	X						6,000.	0.	0.
(9) ANDREA KILKER	8.00	77		77				C 000	0	
TREASURER (10) KERMIT PEARSON	10 00	Х		Х				6,000.	0.	0.
(10) KERMIT PEARSON PRESIDENT	10.00	x		x				4,200.	0.	0.
PRESIDENT		Δ		<u> </u>				4,200.	0.	0.
										- 000 (2222)

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Page 7

	ION ELEC	TR	IC	A	SS	oc	IA	ATION INC	46-01	L565	581	Pa	.ge <b>8</b>
	ors, Trustees, Key Employees, and Highest Compensated Employees (con							. ,					
(A) Name and title	<b>(B)</b> Average hours per week	Average Position (do not check more box, unless person officer and a direct				than o s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	am	(F) imated ount c other	
	(list any hours for related organizations below line)	ndividual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	I	fro orga and	pensat om the nization relate nization	e on ed
		<u> </u>	II	0	Ke	H	8						
		-											
		-											
1b Subtotal	<u> </u>							423,192.		0.	167	7,51	.0.
c Total from continuation sheets to Part VI _d Total (add lines 1b and 1c)								0. 423,192.		0.	167	,51	0.
2 Total number of individuals (including but r compensation from the organization								eceived more than \$100	000 of reportable	)			3
3 Did the organization list any former officer	director, trust	ee, k	ey e	emple	oyee	e, or	hig	hest compensated emp	loyee on	ſ		Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su	im of reportabl	le co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3		X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	accrue comper	nsatio	on fr	om a	any	unre	late	ed organization or indivi	dual for services		4	X	
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	plete Schedule	e J fo	or su	ich <u>p</u>	perso	on .					5		Х
1 Complete this table for your five highest co the organization. Report compensation for	•								, 1	ensat	ion fro	m	
(A) Name and business				9				(B) Description of s		C	(C) cmpen		1
K&H ELECTRIC 243 ST. SAINT PAUL AVE, I	INTON,	ND	5	85!	52			UNDERGROUND CONSTRUCTION			449	9,81	.6.
2 Total number of independent contractors (i	ocluding hut -	otlin	aiter	1+2 +	hee			abovo) who received	are then				
\$100,000 of compensation from the organi	•	or inf	meu	<i>.</i> .0 l	.nos 1		.eu		oro undil				

	n 990 <b>rt Vil</b>				EI	LECTRIC A	ASSOCIATION	N INC	46-0156	581 Page	е <b>9</b>
Check if Schedule O contains a response or note to any line in this Part VIII											
			0111		130 0		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5	er
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f	CAPITAL CREDITS	ibuti grant abov	1b           1c           1d           1d           ons)         1e           s, and         1f           a-1f         1g		Business Code 221000 221000	18,652,502. 1,129,126.	18652502. 1,129,126.		Sections 512 - 5	
Pro		All other program service					19,781,628.				
	3 4 5	Investment income (incluc other similar amounts) Income from investment o Royalties	of tax	-exempt bor	nd pr	oceeds	111,558.			111,55	8.
	6a b c d	Less: rental expenses	6a 6b 6c	(i) Real		(ii) Personal					
venue	b	<ul> <li>Gross amount from sales of assets other than inventory</li> <li>Less: cost or other basis and sales expenses</li> <li>Gain or (loss)</li> </ul>	7a 7b 7c	(i) Securiti	es	(ii) Other 2,000. 0. 2,000.					
Other Re	8 a	<ul> <li>Net gain or (loss)</li> <li>Gross income from fundraisin including \$</li> <li>contributions reported on Part IV, line 18</li> <li>Less: direct expenses</li> </ul>	ng ev line	ents (not of 1c). See	8a 8b		2,000.			2,00	0.
	c 9 a b		fund g ac	raising even tivities. See	ts 9a 9b						
	10 a b	Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from	ess I	returns	10a 10b		-16,953.	-16,953.			
Miscellaneous Revenue		All other revenue			_	Business Code					
_	е 12	<ul> <li>Total. Add lines 11a-11d</li> <li>Total revenue. See instruction</li> </ul>					19,878,233.	19764675.	0.	113,55	.8

Form	990 (2023) LAKE REGION	ELECTRIC ASS	OCIATION IN	C 46-01	156581 Page
Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must co	omplete column (A).	r
	Check if Schedule O contains a respon				
	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	13,137.			
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	1,539,064.			
5	Compensation of current officers, directors,				
	trustees, and key employees	253,796.			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,601,605.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	462,950.			
9	Other employee benefits	125 110			
10	Payroll taxes	135,110.			
11	Fees for services (nonemployees):				
a	Management				
b					
C A	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	735,365.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,193,549.			
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 0.)	12 075 550			
а	COST OF POWER	12,977,779.			
b	ADMIN & GENERAL	1,082,049.			

931,169.

449,854. -1,671,429.

19,703,998.

DISTRIBUTION-OPERATIONS С d DISTRIBUTION-MAINTENANC

e All other expenses 25 Total functional expenses. Add lines 1 through 24e

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)

Form 990 (2023)

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X

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Form 990 (	2023)	LAKE	REGION	ELECTRIC	ASSOCIATION	INC	4
Part X	Balance Sheet						

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			155,250.	2	564,403.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,459,068.	4	1,743,139.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			776,645.	7	670,197.
Assets	8	Inventories for sale or use			1,162,352.	8	1,507,976.
Ä	9	Prepaid expenses and deferred charges			222,111.	9	216,033.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>44,327,519</u> . 12,271,256.			
	b	Less: accumulated depreciation	10b	12,271,256.	30,206,076.	10c	32,056,263.
	11			4.44 8.45	11	4.4.0.000	
	12	Investments - other securities. See Part IV, line 1			141,745.	12	149,933.
	13	Investments - program-related. See Part IV, line -			11,013,249.	13	11,878,761.
	14	Intangible assets				14	1 000 000
	15	Other assets. See Part IV, line 11			1,775,000.	15	1,200,000.
	16	Total assets. Add lines 1 through 15 (must equa			46,911,496. 1,629,156.	16 17	49,986,705.
	17		Ints payable and accrued expenses				1,802,516.
	18	Grants payable			1 075 101	18	1 252 106
	19	Deferred revenue			1,875,131.	19	1,353,106.
	20					20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
jit		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			24,779,699.	22 23	27,254,294.
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	24,119,099.	23 24	27,234,294.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay				24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	17-24).		37,317.	25	116,109.
	26	Total liabilities. Add lines 17 through 25			28,321,303.	25	30,526,025.
	20	Organizations that follow FASB ASC 958, che			20/521/5051	20	50752070251
es		and complete lines 27, 28, 32, and 33.					
ũ	27					27	
Bala	28	Net assets with donor restrictions				28	
PC		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current funds			0.	29	0.
iets	30	Paid-in or capital surplus, or land, building, or eq			0.	30	0.
Ass	31	Retained earnings, endowment, accumulated inc			18,590,193.	31	19,460,680.
Net Assets or Fund Balances	32	Total net assets or fund balances			18,590,193.	32	19,460,680.
2	33	Total liabilities and net assets/fund balances			46,911,496.	33	49,986,705.
	• -						Eorm <b>990</b> (2023

,986,705. Form **990** (2023)

	990 (2023) LAKE REGION ELECTRIC ASSOCIATION INC	46-0	)156581	Pa	<sub>ge</sub> 12		
Pa	rt 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	19,87	8,2	33.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,70	3,9	98.		
3	Revenue less expenses. Subtract line 2 from line 1	3	17	4,2	35.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,59	0,1	93.		
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	69	6,2	52.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	19,46	0,6	80.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			_	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	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 Sche	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000			

Form **990** (2023)

(Form 9	<del>9</del> 90)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

T. A K F REGION ELECTRIC ASSOCIATION INC Employer identification number 46-0156581

Pa	t I Organizations Maintaining Donor Advised		pr Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	96.	
	_	(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 w	-	
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or		
De	impermissible private benefit?		Yes No
Pa			art IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
~	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified ay of the tax year.	ed conservation contribution in the form of	Held at the End of the Tax Year
-			
a L			
b		atura included an line Oc	
C A	Number of conservation easements on a certified historic stru		<u>2c</u>
d	Number of conservation easements included on line 2c acquir	- · · · ·	2d
3	on a historic structure listed in the National Register		
U	year	ased, extinguished, or terminated by the e	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
-	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemer	nts that describes the
De	organization's accounting for conservation easements.	Art Historical Tracquires or Oth	or Similar Acasta
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	, 1	
	of art, historical treasures, or other similar assets held for publication and the former of the former to the former of the for		•
	service, provide in Part XIII the text of the footnote to its finan-		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	france of public service,
	provide the following amounts relating to these items.		2
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		
2	If the organization received or held works of art, historical trea	sures or other similar assets for financial	
2	the following amounts required to be reported under FASB AS	,	שמייז, איטיישב
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
			····· ¥

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

PartIIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization accussion, and other records, check any of the following that make significant use of its continued of the comparison of the organization's collection tares (check all that apply).       d       Loan or exchange program         b       Choing the search of thure generation's collections and explain how they further the organization's exempt purpose in Part XIII.       During the year, did the organization's collection?       Yes       No         Particle assets for on thure generation's collections and explain how they further the organization's collection?       Yes       No         Particle an amount on form 900, Part X, line 21.       The organization answered Yes' on Form 990, Part X, line 21.       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Search 200, Part X?       Yes       No         b       Harding balance       (addition during the year       Image: Search 200, Part XIII       Yes       No         b       Distributions during the year       (a) Current year       (b) Prior year (c) Two years back (c) True years back (c) Four years back       (c) Four years back       (e) Four years back         a       Distributions during the year       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four			JION ELECTI					<u>.</u>		) <u>15658</u>		age <b>2</b>
collection lemis (check all that apply).       a       b       b       Scholarly research       c       Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simil	ar Asse	ets <sub>(conti</sub>	nued)	
a       Public exhibition       d       Can or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, accession	on, and other record	s, checł	k any of the	following tha	t make s	ignifican	t use of it	ts		
b       Scholary research       e       Other         c       Prevention for future generations       Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid the organization assets       to be solid the organization assets       to be solid the organization answered "Yes" on Form 990, Part IV, line 9, or reperied an amount on Form 990, Part X, line 21.         14       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Intermediate the totowing table:       Amount         c       Beginning balance       Intermediate the totowing table:       Amount       Intermediate the organization answered "Yes" on Form 990, Part X, line 21.       No         b       If Yes; explain the arrangement in Part XIII and complete the totowing table:       Amount       Intermediate the organization answered "Yes" on Form 990, Part Y, line 10.       No         b       If Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       No       Intermediate Part Part Part Part Part Part Part Part		collection items (check all that apply).										
c       Preservation for future generations         4       Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII.         6       Derit IV       Escretow and Custodial Arrangements       Complete it the organization answered 'Yes' on Form 990, Part X, Ine 91.         7       reported an amount on Form 990, Part X, Ine 21.       1a is the organization and agent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21.       1a is the organization include an amount on Form 990, Part X, Ine 21.         1a       Is the organization include an amount on Form 990, Part X, Ine 21.       Amount         1d       Intermediatory       Yes       No         2       Both organization include an amount on Form 990, Part X, Ine 21.       Intermediation include an amount on Form 990, Part X, Ine 21.       Intermediation include an amount on Form 990, Part X, Ine 21.       Intermediation include an amount on Form 990, Part X, Ine 21.       Intermediation include an amount on Form 990, Part X, Ine 21.       Intermediation include an amount on Form 990, Part X, Ine 21.         2       Doth organization include an amount on Form 990, Part X, Ine 21.       Intermediation include an amount on Form 990, Part X, Ine 10.       Intermediation include an amount on Form 990, Part X, Ine 10.       Intermediation	а	Public exhibition	c	1 🗌 k	Loan or exc	hange progr	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Excrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 900, Part X, line 9.     reported an amount on Form 900, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X, line 21.     Is the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?     Is a list explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.     Part W Endowment Funds Complete if the organization answered "Yes" on Form 900, Part X, line 10.     If 'Yes, 'avolain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.     Part W Endowment Funds Complete if the organization answered "Yes" on Form 900, Part X, line 10.     If 'As a varbian the extinates and worked in Part XIII.     Part W Endowment Funds Complete if the organization answered 'Yes' on Form 900, Part X, line 10.     Is designated or quasi-andowment (	b	Scholarly research	e	•	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rainet than to be maintained as part of the organization ansevered "Yes" on Form 990, Part IV, line 3, or reported an amount on Form 990, Part X, line 21.         1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, Manual (1996)         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         2 Ending balance       1t         d Additions during the year       1e         a Ending balance       1t         d Additions during the year       1e         a Ending balance       1f         d Additions during the year       1e         a Ending balance       1e         d Ending and year balance       (a) Current year         d Gurrent year       (b) Prior year         d Grants or schelarships       1d         d Grants or schelarships, gains, and losses       1d         d Grants or schelarships, gains, and losses       1d         d Current year       7%         Permovide the estimated percentages on lines 2a, 2b	с	Preservation for future generations										
tops rold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part IV       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 91.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, lor escrow or custodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, lor escrow or custodial account liability?       Image: the organization include an amount on Form 990, Part X, line 21, lor escrow or custodial account liability?       Image: the organization include an amount on Form 990, Part X, line 21, lor escrow or custodial account liability?       Image: the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment FundS       Complete if the explanation has been provided in Part XIII       Image: the organization account liability?       Image: the organization account liability?         Part V       Endowment FundS       Complete if the explanation has been provided in Part XIII       Image: the organization account liability?       Image: the organization account liability?         Part V       Endowment FundS       Complete if the explanation answe	4	Provide a description of the organization's co	llections and explair	n how th	ney further th	ne organizatio	on's exei	mpt purp	oose in Pa	art XIII.		
Part IV       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X   Ine 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X   Ine 21.       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Image: Complete intermediary for escrow or custodial account liability?       Ves       No         D       If "Yes," explain the arrangement in Part XIII       Image: Complete intermediary for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds       Comment year       (0) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance	5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	sures, or oth	er similaı	r assets				
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         d       Distributions during the year       1d         d       Distributions during the year       1d         e       Distributions during the year       1d         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.         f       Administrative expenses       1       1       1         g       Contributions       1       1       1       1         f       Administrative expenses       1       1       1       1       1       1       1       1       1       1		to be sold to raise funds rather than to be ma	intained as part of t	he orgai	nization's co	llection?				Yes		No
1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Image: Complete the comparison of following table:       Image: Complete the comparison following table:	Par	t IV Escrow and Custodial Arrang	gements Comple	ete if the	organizatio	n answered "	Yes" on	Form 99	0, Part IV	/, line 9, or		
on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Detributions during the year       1d         d       Additions during the year       1d         d       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part X       In the organization include an amount on Form 990, Part X, line 10.         Part V       Endowment Funds       Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (e) Four years back (e) Four years back if dornants or scholarships       dornants or scholarships       dornants or scholarships         e       Other expenditures for facilities and programs       dornant scholarships       dornant scholarships       dornant scholarships         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a bacard designated or qauizations		reported an amount on Form 990, Par	t X, line 21.									
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contributior	ns or other as	ssets not	include	d			
c       Beginning balance       Image: Construction of the system         d       Additions during the year       Image: Construction of the system         e       Distributions during the year       Image: Construction of the system         d       Distributions during the year       Image: Construction of the system         d       Distributions during the year       Image: Construction of the system         d       Distributions during the year       Image: Construction of the system         d       Distributions       Image: Construction of the system         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part V, line 10.         f       Beginning of year balance       Image: Construction of the system       Image: Construction of the system         b       Contributions       Image: Construction of the system       Image: Construction of the system       Image: Construction of the system         g       End of year balance       Image: Construction of the organization system       Image: Construction of the system       Image: Construction of the system         g       End of year balance       Image: Construction of the construction of the organization that are held and administered for the organization sy:       Image: Construction of the organization of the organization system       Image: Construction of the organization system       Image: Construction of the orga		on Form 990, Part X?							[	Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         d       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'ves' verylain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII       Part V       Endowment Funds       Complete if the explanation has been provided in Part XIII       Part V       Form part XII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back (e) Four years back (e) Four years back in an and programs in and programs in an and programs in a statistive expenses       in an and programs in a statistic expense in a statistic expense in the statistic expense in a statistic expense in a statistic explanation in the and programs in a statistic explanation in the and programs in a statistic explanation in the organization in the prosession of the organization that are held and administered for the organization by:       in a statistic explanation in the prosession of the organization that are held and administered for the organization is endowment funds.         Pert VI       Lend, Buildings, and Equipment       is a s	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing t	table:							
d Additions during the year       1d         e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part X, line 10.       (e) Four years back         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         d Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         g End of year balance       (a) Current year end balance (line 1g, column (a) held as:       Board designated or quasi-endowment       %         b Permanent endowment       %       %       Form endowment funds not in the possession of the organization that are held and administered for the organization s?       (a) Unit as the related organizations?       (a) Unit as the related organizations?       (a) Unit as the related organizations?         (i) Horelated organizations?       (a) Cost or other tunds. <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Amour</th> <th>ıt</th> <th></th>										Amour	ıt	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (d) Current year       (e) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (d) Current year       (e) Two years back       (e) Four years back         e       Other expenditures for facilities       (f) Administrative expenses       (f) Permanent endowment       %         2       Provide the estimated percentage of the current year end balance (line 1g,	С	Beginning balance						. 10	:			
f       Ending balance	d	Additions during the year						. <b>1</b> d				
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       Yes       No         Part V       Endowment Funds       Complete if the organization answered Yes' on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1d       Control schedule       (c) Two years back       (d) Three years back       (e) Four years back         1d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years         2       Chore expenditures for facilities       (c) Two years back       (e) Four years       (e) Four years         2       Proxide the estimated percentage of the current year end b	е	Distributions during the year						. <b>1e</b>				
b. If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds: Complete if the organization answered "Yes" on Form 90, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b. Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c. Net investment earnings, gains, and losses       (a) Current year       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         f. Administrative expenses       (a) (a) the expenditures for facilities       (a) (a) (a) (a) (a) (b) (a)       (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	f	Ending balance						<b>1</b> f				
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back         e       Other expenditures for facilities       (a) Current year       (d) Two years back       (d) Two years back       (e) Four years back         g       End of year balance       (in the expenses       (in the year balance       (in	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabi	lity?	l	Yes		No
(a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance		If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has been	provided in F	Part XIII					
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions         c       Other expenditures for facilities       Image: Contributions       Image: Contributions         d       Administrative expenses       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contretical contretical contribatis endowment funds.	Par	<b>TV</b> Endowment Funds Complete if							<u> </u>			<del></del>
b       Contributions			(a) Current year	(b) H	Prior year	(c) 1 wo yea	Irs dack	(d) Inre	e years ba	ск <b>(е)</b> Fou	r years	раск
c       Net investment earnings, gains, and losses												
d Grants or scholarships												
e       Other expenditures for facilities and programs												
and programs	d	Grants or scholarships										
f       Administrative expenses	е	Other expenditures for facilities										
g End of year balance												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations and the organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b> No</li> <li><b>3a(i)</b></li> <li><b>3a(i)</b></li> <li><b>3a(i)</b></li> <li><b>3a(iii)</b></li> <li><b>3a(iii)</b></li></ul>	f	Administrative expenses										
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations?         (ii) Related organizations?         b If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         basis (investment)       28, 478.         28, 478.       28, 478.         b Buildings       1, 454, 752.         c Leasehold improvements       42, 735, 630.         d Equipment       42, 735, 630.         0 Equipment       108, 659.	g	End of year balance										
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the current	ent year end balance	e (line 1	g, column (a	)) held as:						
c       Term endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         (b) Cost or other basis (investment)       basis (other)         b Buildings       1,454,752.         c Leasehold improvements       42,735,630.       11,717,795.       31,017,835.         e Other       108,659.       108,659.       108,659.	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b> No</li> <li><b>3a</b>(i)</li> <li><b>3a</b>(ii)</li> <li><b>3a</b>(iii)</li> <li><b>3a</b>(iii)</li> <li><b>3a</b>(iii)</li> <li><b>3a</b>(iii)</li> <li><b>3a</b>(iii)</li> <li><b>3a</b>(iii)</li> <li><b>3a</b>(iii)</li> <li><b>3b</b></li> <li><b>3b</b></li> <li><b>3b</b></li> <li><b>3b</b></li> <li><b>3b</b></li> <li><b>3b</b></li> <li><b>3a</b>(iii)</li> <li><b>3a</b>(ii)</li> <li><b>3a</b>(iii)</li> <li><b>3a</b>(iii)</li> <li><b>3a</b>(iii)</li> <li><b>3a</b>(iii)</li> <li><b>3b</b></li> <li><b>3c</b></li> <li><b>3c</b></li> <li><b>3d</b></li> <l< th=""><th>b</th><th>Permanent endowment</th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></l<></ul>	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Cast or other part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI Land, Buildings, and Equipment</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(i) 42, 735, 630.</li> <li>(i) 717, 795.</li> <li>(i) 017, 835.</li> <li>(i) 42, 735, 630.</li> <li>(i) 717, 795.</li> <li>(i) 017, 835.</li> <li>(i) 08, 659.</li> <li>(i) 08, 659.</li></ul>	с	Term endowment	%									
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       3b       3c       3b       3b       3b       3b       3b       3c       3b       3c       3c <th></th> <th>The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should</th> <th>ıld equal 100%.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.									
(i) Unrelated organizations?       3a(i)         (ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       28,478.       28,478.         b Buildings       1,454,752.       553,461.       901,291.         c Leasehold improvements       42,735,630.       11,717,795.       31,017,835.         e Other       108,659.       108,659.       108,659.	3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	nd administe	red for th	ne				
(ii)       Related organizations?       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       28,478.       28,478.         b       Buildings       1,454,752.       553,461.       901,291.         c       Leasehold improvements       42,735,630.       11,717,795.       31,017,835.         e       Other       108,659.       108,659.       108,659.		organization by:									Yes	No
(ii)       Related organizations?       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       28,478.       28,478.         b       Buildings       1,454,752.       553,461.       901,291.         c       Leasehold improvements       42,735,630.       11,717,795.       31,017,835.         e       Other       108,659.       108,659.       108,659.		(i) Unrelated organizations?								3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       28,478.       28,478.         b       Buildings       1,454,752.       553,461.       901,291.         c       Leasehold improvements       42,735,630.       11,717,795.       31,017,835.         e       Other       108,659.       108,659.       108,659.												
Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       28,478.       28,478.       28,478.         b       Buildings       1,454,752.       553,461.       901,291.         c       Leasehold improvements       42,735,630.       11,717,795.       31,017,835.         e       Other       108,659.       108,659.       108,659.	b											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land28,478.28,478.b Buildings1,454,752.553,461.901,291.c Leasehold improvements42,735,630.11,717,795.31,017,835.e Other108,659.108,659.108,659.	4			wment 1	funds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land28,478.28,478.b Buildings1,454,752.553,461.901,291.c Leasehold improvements42,735,630.11,717,795.31,017,835.e Other108,659.108,659.108,659.	Par											
basis (investment)         basis (other)         depreciation           1a Land         28,478.         28,478.           b Buildings         1,454,752.         553,461.         901,291.           c Leasehold improvements         42,735,630.         11,717,795.         31,017,835.           e Other         108,659.         108,659.         108,659.		Complete if the organization answered	I "Yes" on Form 990	D, Part IN	V, line 11a. S	See Form 990	), Part X,	line 10.				
b Buildings       1,454,752.       553,461.       901,291.         c Leasehold improvements       42,735,630.       11,717,795.       31,017,835.         e Other       108,659.       108,659.		Description of property	1		basis	(other)				( )		
b Buildings       1,454,752.       553,461.       901,291.         c Leasehold improvements       42,735,630.       11,717,795.       31,017,835.         e Other       108,659.       108,659.	1a	Land										
c Leasehold improvements         42,735,630.         11,717,795.         31,017,835.           e Other         108,659.         108,659.					1,45	4,752.		553,4	461.	90	1,2	91.
d Equipment         42,735,630.         11,717,795.         31,017,835.           e Other         108,659.         108,659.												
e Other	d	Equipment						717,	795.			
					10	8,659.						
				X, line 1	Oc. column	(B))				32,05	6,2	63.

Schedule D (Form 990) 2023

	N ELECTRIC ASSO	DCIATION INC	<b>4</b> 6-0156581 <sub>Page</sub> <b>3</b>
Part VII Investments - Other Securities			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1	11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990 Part IV line 1	11c. See Form 990. Part X. lin	ne 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1) EAST RIVER ELECTRIC POWER			Cost of end-or-year market value
		000	
(2) COOPERATIVE	11,166,557.	COST	
(3) NATIONAL RURAL UTILITIES			
(4) COOPERATIVE FINANCE	201 210		
(5) CORPORATION	301,312.	COST	
(6) FEDERATED RURAL ELECTRIC	100.005		
(7) INSURANCE CORPORATION	108,985.	COST	
(8) RURAL ELECTRIC SUPPLY			
(9) COOPERATIVE	162,232.	COST	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	11,878,761.		
Part IX Other Assets			
Complete if the organization answered "Yes		11d. See Form 990, Part X, lir	
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, c	col (B))		
Part X Other Liabilities	(D))		
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1	11e or 11f. See Form 990, Pa	rt X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CUSTOMER DEPOSITS			36,867.
(3) FINANCE LEASE LIABLITY			79,242.
(-)			, , , , , , , , , , , , , , , , , , , ,
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			110 100
Total. (Column (b) must equal Form 990, Part X, line 25, c			
2. Liability for uncertain tax positions. In Part XIII, provid	the text of the footnote to	the organization's financial st	tatements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... 🗴

Schedule D (Form 990) 2023

	edule D (Form 990) 2023 LAKE REGION ELECTRIC ASSOC			0156581 <sub>Page</sub>	e 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue	per Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	19,878,233	3.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e	0	).
3	Subtract line 2e from line 1			19,878,233	3.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>		4c		).
-			5	19,878,233	)
	_ Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				)•
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With Expenses			•
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With Expenses		n	
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses	s per Retur		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With Expenses	s per Retur	n	
<b>Pa</b>	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents With Expenses	s per Retur	n	
<b>Pa</b>	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With Expenses	s per Retur	n	
Pa 1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With Expenses	s per Retur	n	
Pa 1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b 2c	s per Retur	n	
Pa 1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	s per Retur 1	n <u>18,164,934</u> 0	<u>1</u> .
Pa 1 2 a b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ents With Expenses	s per Retur 1 2e	n 18,164,934	<u>1</u> .
Pa 1 2 a b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents With Expenses	s per Retur 1 2e	n <u>18,164,934</u> 0	<u>1</u> .
Pa 1 2 b c d 3	<b>rt XII Reconciliation of Expenses per Audited Financial Statemen</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ents With Expenses	s per Retur 1 2e 3	n <u>18,164,934</u> 0	<u>1</u> .
Pa 1 2 3 4	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	s per Retur 1 2e 3	n 18,164,934 0 18,164,934	). 1.
Pa 1 2 a b c d e 3 4 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statemen</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2b         2c         2d	s per Retur 1 2e 3 064.	n 18,164,934 0 18,164,934 1,539,064	<u>1</u> .
Pa 1 2 d c d e 3 4 a b c 5	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2b         2c         2d	s per Retur 1 2e 3 064. 4c	n 18,164,934 0 18,164,934	). 1.

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 ASSOCIATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(12) OF
THE INTERNAL REVENUE CODE AND IS ANNUALLY REQUIRED TO FILE A RETURN OF
ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. THE
ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS
TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE
ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.
THE ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES
RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF SUCH
INTEREST AND PENALTIES WERE INCURRED.

Schedule D (Form 990) 2023 Part XIII Supplemental Inform	LAKE REGION	ELECTRIC	ASSOCIATION	INC	46-0156581	Page 5
MARGIN ALLOCATIONS I		2023			1,539,0	64.

# Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value 94,275. COBANK COST RURAL ELECTRIC ECONOMIC DEVELOPMENT INC 43,000. COST OTHER INVESTMENTS IN ASSOCIATED COMPANIES 2,400. COST

SCHEDULE I			irants and Oth					OMB No.	1545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		20	23
Department of the Treasury			<b>j</b>	Attach to Form		····, ···· _· _· _·		Open te	o Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspe	ection
Name of the organization								Employer identificati	
			IC ASSOCIAT	ION INC				46-01	56581
	formation on Grants a								
-	ation maintain records t		-			-			
criteria used to a	ward the grants or assis	stance?						X Yes	No No
	IV the organization's pro							N/ line Of few every	
	nat received more than S					anization answered "Y	es" on Form 990, Part	TV, line 21, for any	
1 (a) Name and ad	ldress of organization /ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistant	
WEBSTER AREA DEVEN 711 W 1ST STREET S WEBSTER, SD 57274	STE 110	46-0437892	501(C)(3)	10,000.	0.			ASSIST LOCAL ORGANIZATIONS SUC FOOD BANKS, KIDS MEALS, 4-H	
									1
2 Enter total numb	er of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table	I	L	1	I	1

3 Enter total number of other organizations listed in the line 1 table .....

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

### Schedule I (Form 990) 2023

### LAKE REGION ELECTRIC ASSOCIATION INC

46-0156581

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	

PART I, LINE 2:

EACH YEAR THE COOPERATIVE PARTNERS WITH COBANK IN THEIR SHARING SUCCESS

PROGRAM. THE COOPERATIVE PROVIDES A GRANT TO MAXIMIZE THE MATCHING GRANT

OFFERED BY COBANK. THE GRANT GOES TO ONE OF TWO DEVELOPMENT ORGANIZATIONS

IN THE AREA: GLACIAL LAKES AREA DEVELOPMENT OR WEBSTER AREA DEVELOPMENT

(ALTERNATING YEARS). IT IS ULTIMATELY UP TO THE RECIPIENT TO DETERMINE HOW

TO USE THE MONEY. THE COOP PROVIDES A LIST OF DESIGNATED CHARITIES THAT

THEY'D LIKE TO SEE RECEIVE THE DONATIONS, SUCH AS FOOD BANKS, KIDS BACKPACK

MEAL PROGRAMS, 4-H PROGRAMS, SD YOUTH PROGRAMS, SPECIAL OLYMPICS, ETC. A

Schedule I (Form 990)         LAKE REGION ELECTRIC ASSOCIATION INC           Part IV         Supplemental Information	46-0156581	Page <b>2</b>
Part IV Supplemental Information		
LETTER IS ALSO PROVIDED WITH THE PAYMENT TO THE DEVELOPMENT	ORGANIZATION	то
BE FORWARDED TO EACH END RECIPIENT ACKNOWLEDGING THE DONATION	ON ON BEHALF (	OF
A SHARED PARTNERSHIP BETWEEN LAKE REGION ELECTRIC AND COBAN	к.	

SCH	IEDULE J	Compensation Information		OMB No. 1	545-004	47
(For	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ	)
		Compensated Employees		20	ZJ	)
Depart	ment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior			identificatio		mber
_		LAKE REGION ELECTRIC ASSOCIATION INC	46-0	015658	1	
Pa	rt I Question	s Regarding Compensation				——
					Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary s	pending account Personal services (such as maid, chauffer	ur, chef)			
	16					
	•	on line 1a are checked, did the organization follow a written policy regarding payment or		4		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			1b		
	-	require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if ar	y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but explain in Part III.	01110			
	Compensation					
	·	ompensation consultant IX Compensation survey or study				
	·	her organizations $X$ Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
	•	e payment or change-of-control payment?		4a		X
		eive payment from a supplemental nonqualified retirement plan?				X
		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re	evenues of:				
а	The organization?			5a		
		ation?				
	If "Yes" on line 5a c	r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		<u> </u>
		ation?				<u> </u>
		r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		<u> </u>
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	те			
		-		8		
		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9		
For F	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	) 2023

LHA 332111 11-06-23

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

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

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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.

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TIM MCINTYRE	(i)	171,442.	0.	0.	11,050.	25,365.	207,857.	0.
GENERAL MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES GRIMES	(i)	102,090.	0.	0.	56,661.	36,157.	194,908.	0.
MANAGER OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### SCHEDULE J, PART II, COLUMN C

COLUMN C INCLUDES THE CHANGE IN ACTUARIAL VALUE IN THE DEFINED BENEFIT

PLAN FOR EACH PERSON REQUIRED TO BE REPORTED. ACTUAL EXPENSE OF THE

COOPERATIVE MAY BE MORE OR LESS THAN THE CHANGE IN THE ACTUARIAL VALUE.

TIM MCINTYRE: CHANGE IN ACTUARIAL VALUE INCLUDED IN COLUMN C IS \$0.

ACTUAL EXPENSE OF THE COOPERATIVE IS \$0.

JAMES CRIMES: CHANGE IN ACTUARIAL VALUE INCLUDED IN COLUMN C IS

\$49,637. ACTUAL EXPENSE OF THE COOPERATIVE IS \$24,534.

SCHEDULE O (Form 990) 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 the latest information.

LAKE REGION ELECTRIC ASSOCIATION INC



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

ONE CLASS OF MEMBERS.

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

ALL MEMBERS HAVE THE RIGHT TO VOTE AT THE ANNUAL MEETING.

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

REVISIONS OR RESOLUTIONS TO THE BY-LAWS REQUIRE APPROVAL BY THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE A COMMITTEE THAT CAN ACT ON BEHALF OF THE BOARD.

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

THE GENERAL MANAGER REVIEWS THE 990 IN DETAIL. AFTER HIS REVIEW, THE 990 IS PROVIDED TO EACH BOARD MEMBER. THE 990 IS PRESENTED AT THE BOARD OF DIRECTORS MEETING HELD PRIOR TO ITS FILING IF SO REQUESTED BY ANY BOARD MEMBER. WHETHER PRESENTED IN A BOARD MEETING OR NOT, THE 990 IS NOT FILED UNTIL EACH BOARD MEMBER HAS BEEN GIVEN A COPY OF IT.

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

THE CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND EMPLOYEES. IN REGARD TO BOARD MEMBERS: DIRECTORS SHALL MAKE FULL DISCLOSURE TO THE BOARD OF ANY FACTS WHICH MAY INDICATE A CONFLICT OF INTEREST. IF A CONFLICT OF INTEREST IS ESTABLISHED, THEN THE DIRECTOR MAY REMOVE HIMSELF/HERSELF FROM THE ROOM. THE BOARD WILL DETERMINE IF THERE IS VALUE THAT THE DIRECTOR BE For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
LAKE REGION ELECTRIC ASSOCIATION INC	46-0156581
INVOLVED DURING THE DISCUSSION PERIOD. AT ANY TIME	DURING THE DISCUSSION
PERIOD, THE BOARD MAY ASK THE DIRECTOR TO LEAVE THE	ROOM, SO THE DISCUSSION
MAY CONTINUE.	
IN REGARD TO EMPLOYEES: POSSIBLE CONFLICTS OF INTER	EST SHOULD BE DISCUSSED
WITH THE EMPLOYEE'S SUPERVISOR, WHO SHALL SEEK THE	ADVICE OF THE GENERAL
MANAGER, IF NECESSARY.	

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD USES NRECA COMPENSATION STUDY AND SDREA WAGE AND SALARY SURVEY TO SET THE CEO'S COMPENSATION. CEO USES NRECA COMPENSATION STUDY AND SDREA WAGE AND SALARY SURVEY TO SET EMPLOYEES' WAGES. THIS PROCESS IS UNDERTAKEN ANNUALLY.

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

THESE FORMS ARE AVAILABLE FOR REVIEW AT THE ORGANIZATION'S HEADQUARTERS.

FORM 990, PART VII

TIM MCINTYRE, IN HIS POSITION AS GENERAL MANAGER, ACTS AS BOTH THE TOP MANAGEMENT OFFICIAL AND THE TOP FINANCIAL OFFICIAL OF THE COOPERATIVE.

FORM 990, PART IX, LINE 24E STATEMENT OF FUNCTIONAL EXPENSES: THE LABOR, PENSION AND PAYROLL TAXES REPORTED ON LINES 5-10 ARE INCLUDED IN DISTRIBUTION EXPENSE, ADMINISTRATIVE & GENERAL EXPENSE AND CUSTOMER EXPENSE ON THE AUDITED FINANCIAL STATEMENT. THEREFORE, LABOR, PENSION AND PAYROLL TAXES ARE SHOWN AS A REDUCTION TO OTHER EXPENSES ON LINE 24E.

Schedule O (Form 990) 202	23					Page <b>2</b>
Name of the organization						Employer identification number
	LAKE	REGION	ELECTRIC	ASSOCIATION	INC	46-0156581

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RETIREMENT OF CAPITAL CREDITS	-842,812.
MARGIN ALLOCATIONS IN 2024 FOR 2023	1,539,064.
TOTAL TO FORM 990, PART XI, LINE 9	696,252.
TOTAL TO FORM 990, PART XI, LINE 9	696,252.

FORM 990, PART IX, LINE 4, BENEFITS PAID TO OR FOR MEMBERS:

THE COOPERATIVE HAS INTERPRETED THE INSTRUCTIONS TO PART IX, LINE 4, TO

MEAN PATRONAGE CAPITAL ALLOCATED FOR THE YEAR, RATHER THAN PATRONAGE

CAPITAL RETIRED. THIS IS CONSISTENT WITH THE BY-LAWS OF THE

COOPERATIVE.