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Form **99(**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Dep	artment o	of the Treasury	-	•	Open to Public					
Inter	nal Reve	nue Service GO to www.irs.gov/Form990 for instructions a		st information.	Inspection					
			and ending							
в	Check if applicabl	e: C Name of organization		D Employer identific	ation number					
	Addre	LAKE REGION ELECTRIC COOPERATIVE								
	chang Name			41-036302	20					
F	chang		Room/s							
F	return Final	PO BOX 6/3	nuulii/s							
	lreturn/ termin ated			G Gross receipts \$	57,211,154.					
	Ameno			H(a) Is this a group re						
	Applic			for subordinates						
	pendir	^{ng} SAME AS C ABOVE		H(b) Are all subordinates ind						
1	Tax-exe		ı)(1) or		list. See instructions					
J	Websit			H(c) Group exemptior						
κ	Form of	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	LY	'ear of formation: 1937 M	I State of legal domicile: MN					
P	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities: \underline{TO}	PROVI	DE OUR MEMBERS	S WITH					
DC6		SAFE, RELIABLE, AFFORDABLE ELECTRICITY,	AND I	EAD BY OFFERI	NG					
Activities & Governance	2	Check this box if the organization discontinued its operations or di	sposed of m	ore than 25% of its net ass						
ove	3				9					
5	4	Number of independent voting members of the governing body (Part VI, line -			8					
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			73					
iti	6	Total number of volunteers (estimate if necessary)			0					
Act	7a			<u>7a</u>	4,777.					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year 0 •	Current Year					
ne	8	Contributions and grants (Part VIII, line 1h)		54,152,467.	0. 54,799,770.					
Revenue	9	Program service revenue (Part VIII, line 2g)		312,750.	322,844.					
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,531,861.	1,353,052.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		56,997,078.	56,475,666.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>					
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		8,472,446.	3,050,784. 615,525.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Den	b	Total fundraising expenses (Part IX, column (D), line 25)	0.							
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,906,516.	52,534,012.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		55,395,963.	56,200,321.					
		Revenue less expenses. Subtract line 18 from line 12		1,601,115.	275,345.					
or	£			Beginning of Current Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)		144,282,112.	146,470,686.					
AS	21	Total liabilities (Part X, line 26)		78,127,194.	79,061,674.					
		Net assets or fund balances. Subtract line 21 from line 20		66,154,918.	67,409,012.					
_	art II	Signature Block								
Unc	der pena	Ities of perjury, I declare that I have examined this return, including accompanying sche	dules and sta	tements, and to the best of my	knowledge and belief, it is					
true	e, dor rec	Decusigned by: - and complete. Declaration of preparer (other than officer) is based on all information	of which prep							
_		ssignature of officer		9/15/2023 Date						
Sig				Date						
He	re	TIM THOMPSON, CEO Type or print name and title								
				Date Check	PTIN					
Pai	d	Print/Type preparer's name Preparer's signature KATHERINE LUTZKE, CPA KATHERINE LUT	ZKE CI	P 09/04/23						
	u parer	Firm's name CLIFTONLARSONALLEN LLP			1-0746749					
	e Only	Firm's address 2689 COMMERCE DRIVE NW, SUITE 2	201							
000	, only	ROCHESTER, MN 55901		Phone no 50'	7-280-2300					
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No					
-	001 12-1		uctions.		Form 990 (2022)					
_020										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2022) LAKE REGION ELECTRIC COOPERATIVE	41-0363020 P	age 2
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>	
•	TO PROVIDE OUR MEMBERS WITH SAFE, RELIABLE, AFFORDABLE	ELECTRICITY,	
	AND LEAD BY OFFERING INNOVATIVE ENERGY SERVICES TO GROW	THE	
	COOPERATIVE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	hers, the total expenses, and	
4a		venue \$)
	ELECTRICITY DISTRIBUTION - DISTRIBUTES ELECTRICITY TO 2		N
	ITS 5,862 MILES OF LINES WITHIN THE SERVICE TERRITORY.		
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
-10	ETS HEATING (STEFFES)/WATER HEATERS/GENERATORS - MEMBER		/
	PURCHASE STEFFES ETS HEATERS/WATER HEATERS AND GENERATO	RS THROUGH AN	
	EASY PAY PURCHASE PROGRAM, THEN BILLED EACH MONTH ON EL		
	ADDED IN 2022 WERE GOWEST SOLAR SYSTEMS AND EASY PAY OP	TION FOR	
	MEMBERS.		
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
70	(Code) (Expenses #) (ne		/
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses		
		Form 990	(2022)
23200	2 12-13-22		

Form 990 (2022) LAKE REGION Part IV Checklist of Required Schedules LAKE REGION ELECTRIC COOPERATIVE

_	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		105	
•	If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	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		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u></u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
120		12a		x
h	Schedule D, Parts XI and XII	120		
b		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			[
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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Form	990 (2022) LAKE REGION ELECTRIC COOPERATIVE 41-0363	020	P	_{age} 4		
Par	t IV Checklist of Required Schedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37		
00	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		X		
23	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				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050				
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a				
D	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,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,					
_	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a	х			
b	"Yes," complete Schedule L, Part IV	28b		x		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200				
•	"Yes," complete Schedule L, Part IV	28c		x		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	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		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x		
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X			
	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	Х			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х			
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 351					
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	X	<u> </u>		
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Part V Statements Regarding Other IRS Filings and Tax Compliance continued; Yes No. 2a Enter the number of employees reported on Form V-3, Transmittal of Wage and Tax Statements, and the statements of the statement of t	Form	990 (2022) LAKE REGION ELECTRIC COOPERATIVE 41-036	3020	Р	_{age} 5
2a Enter the number of employees reported on form W-3, Transmittal of Wage and Tax Statements, 2a 73 bit if a least one is reported on line 2a, did the organization file al required federal employment tax returns? 2b 2b X bit Wage in the State of the organization file and the organization forme during the wather of the form 900 Terr this year? If Wet to line 3b, provide an axplanation on Schedule O 3b X difference of the organization have ensures to for a Signature or other authority over, a transmit to form organization have ensures to forme during the matching over, a transmit to form organization have ensures account, or other frances account? 4a X bit Tros: "rote the nume of the foreign country (but as a subtaccount, security a organization have frances account, or other frances accou	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
If each of the calendar year ending with or within the year covered by this return $2a$ 73 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? $3a$ <td></td> <td></td> <td></td> <td>Yes</td> <td>No</td>				Yes	No
b If a least one is reported on line 2a, dd the organization tile anyword text environment of returners gb X 3a Ddd the organization have unverted business grows income of \$10,000 or mere during the year? 3b X 3b If "Yes," has it field a Form 990 Tor this year? If "No" to ine 3b, provide an explanation on Schedule 0 3b X 3b If "Yes," has it field a Form 990 Tor this year? If "No" to ine 3b, provide an explanation on Schedule 0 3b X 3b If "Yes," has it field a Form 990 Tor this year? If "No" to ine 3b, provide an explanation on Schedule 0 3b X 3c If "Yes," effect the name of the foreign country Lub as a bark account, secontributions secontr, or other framcial accounts (EBAR). 5c 5c 3c Did any taxanization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions and gross receipts that are normally greater than \$100,000, and did the organization solid any contributions or gifts were not tax deductible? 5c 5c 3c If "Yes," for the organization have maint in excess of \$57 made paths as contributions and path for pools and services provided to the payor? 7a 7	2a				
ab Did the organization have unrelated business gross income of \$1,000 or more during the year? ab X b III "Net, "Isst field a Form 8000 Tor This year? If why to the 38, provide an exploration on Schedule O 3b X 4a At any time during the calendar year, die the organization have an interest in, or a signature or other sultonity over, a financial account? 4a X b II "Net," enter the name of the foreign country See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X b Was the organization have an organization fine foreign Bank and Financial Accounts (FBAR). Sa X b Was the organization in have a prohibit da six shefter transaction at any time during the tax year? So So c II "Yest is the Sa or Sh, diff the organization fine RBBR? Sa X So X b II "Yes," idd the organization include with every solicitation and express statement that such contributions or gfts were not tax deductible a finalate contributions? So So X b II the organization sub, and year, and the goad or services provided? To To To To c II the organization sub, any finds, directly or indirectly, to pay premium on a personal breff contract? Te To To c III the organization sub, any finds, directly or indirectly, to pay p		, , , , , , , , , , , , , , , , , , , ,	-	v	
b If Yes," has it field a form 800 T for this yea? Yie's on the superation or science or observation of year on the organization have an interest in, or a signature or other authority over, a financial account? 4a 4a X any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X b I' Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account? 5a X 5a Was the organization have many the year of the provide and sublet transaction at any time during the tax year? 5a X 5a Dot any tasked be party notify the organization that was or is a party to a prohibited tax sheller transaction? 5a X c I' Yes," of the organization have manual prose necesites statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or alter section YO(c). 3b I' Yes, '' full the organization neces was of ST made party as a contribution an approxide? 7a 7a 7 Organization neces or any tunes, directly or indicetly, to pary premiums on a personal beneft contrac?? 7a 7a 1 I' Yes, '' indicate the number of Forms 8282 filed during the year 2a 7a 7a 7a 1 Did the organization necesed a contribution					
4a Are yithme during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly (such as a bank account, securities account, or other functial accounts (FBAR). 4a X b if "Yes," which the name of the foreign country. 5a X country (such as a bank account, securities account, or other functial accounts (FBAR). 5a X b 0 draw taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5a X cold any taxable party notify the organization there manual gross neelipts that are normally greater than \$100,000, and did the organization solid any contributions thave ennual gross neelipts that are normally greater than \$100,000, and did the organization solid any contributions that deve to a charable contributions or gifts 6a X b If "Yes," did the organization include with every solidation an express statement that such contributions or gifts 6a X b If Yes," did the organization notify the donor of the value of the goods or services provided? 7a 7a 7a cold the organization notify the donor of the value of the goods or services provide? 7a					<u> </u>
International account in dreigh country (such as a bank account, securities account, or other financial account)? 4a X b If Yes, "reter the name of the foreign country 5a X 5a Was the organization the organization that was or is a party to a prohibited tax shefter transaction? 5a X 5a Was the organization the organization that was or is a party to a prohibited tax shefter transaction? 5a X 5b Did any taxabite party notify the organization that was or is a party to a prohibited tax shefter transaction? 5a X 5b If Yes," to line 5a or 5b, did the organization that was or is a party to a prohibited tax shefter transaction? 5a X 5b If Yes," to life the organization that was or is a party to a prohibited tax shefter transaction? 5a X 5c If Yes," told the organization include with every solutation an express statement that such contributions or gifts 5a X 7a If Yes," did the organization neice dispose of tapible personal property for which it was required to the party organization neice was neice party or indirectly, to pary prenums on a parsonal benefit contract? 7a 7a 7b If Yes," did the organization neice was neice prenums, directly or indirectly, to pary prenums on a personal benefit contract? 7a 7a 7c If He organization neice was neice prenums, directly or indirectly, to pary prenums on a personal benefit contract? 7a			30	~	<u> </u>
b If Yes," enter the name of the foreign country	4a		4-		v
See instructions for timing requirements for FinCEH Form 114, Report of Foreign Bark and Financial Accounts (FBAR); 58 54 Was the organization approximation approximation that it was or is a party to a prohibited tax shelter transaction? 59 55 D dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 61 Press* of the organization make addicultible as charitable contributions? 56 70 Organization share amula gross receive deductible as charitable contributions? 56 70 Organization share any receive deductible contributions under section 17Qc). 74 70 If "Yes," did the organization neithy the donor of the value of the goods or services provided? 76 70 If "Yes," did the organization encive apayment in eccess of 3/5 made pathy as a contribution and pathy for goods and services provided? 76 71 D the organization receive apayment in eccess of 3/5 made pathy as a contribution and pathy for goods and services provided? 76 72 D to the organization receive apayment in eccess of 3/5 made pathy as a contribution for form to aparts and the service of the value of the goods or services provided? 76 74 D to the organization neice deductible contributions (indicet), on pay premiums on a personal benefit contract? 76 74 D to the organization neice acontribution of charles. 71 71 75 D to the organization neice acontribution of charles. 76<	h		4a		
5a Was the organization a party to a prohibited tax shelts transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelts transaction? 5b X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible or that adductible is a chartable contributions? 5c X 7b Middle tax deductible or that adductible or ot the value of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the value of the organization include with every solicitation and party for goods and services provided to the party if the organization necelve a payment in excess of \$75 mide party is a contribution and party for goods and services provided to the party if the organization necelve any funds, directly or indirectly, on a personal benefit contract? 7a 7a 7b Did the organization necelve a contribution of qualified intelectual property, if which it was required? 7d 7d 7d 7c Td Td 7d	b				
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 17 If "Yes," complete Form 4720, Schedule O. 17 17 16 X <t< td=""><td>12a</td><td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td><td>12a</td><td></td><td></td></t<>	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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Note: See the instructions for additional information the organization must report on Schedule O. Image: the instruction of the end of the en					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 6069. 10 10	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
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If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 16 X 17 If "Yes," complete Form 6069.	15				v
16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 16 X 17 If "Yes," complete Form 6069.			15		
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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. 10	16		16		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10	47				
If "Yes," complete Form 6069.	17		4-		
	222005		Form	990	(2022)

6 2022.04020 LAKE REGION ELECTRIC COOP A4550841

LAKE	REGION	ELECTRIC	COOPERATIVE
	TUDOTOIN	TTTC TTCT C	COOL PIGLET A

Form 990 (2				COOPERATIVE	41-0363020	Page 6
Part VI	Governance, Manager	ment, and I	Disclosure. _{Fo}	r each "Yes" response to lines 2 i	through 7b below, and for a "No" res	ponse
				esses, or changes on Schedule C		
	Check if Schedule O contains	s a response c	or note to any line i	n this Part VI		Χ

			0	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	9							
	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.		0							
	Enter the number of voting members included on line 1a, above, who are independent	[1b	8							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?		2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?		3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			X					
6	Did the organization have members or stockholders?		6	Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	point one or		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
~	persons other than the governing body?	71	x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		······ ^							
	The governing body?		88	x						
a b	Each committee with authority to act on behalf of the governing body?				x					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			<u> </u>	+					
9			9		x					
ec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				1 23					
	tion B. Ponoicos (This Section B requests information about policies not required by the internal Re	venue Code.)		Yes						
0-	Did the exercitive have lead charters brenches as efficience?		10		No X					
	Did the organization have local chapters, branches, or affiliates?			a	1 1					
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	• • •	10							
		- In the Cline of the state			+					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	perore tiling the to	rm? 11	a X						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			v						
	Did the organization have a written conflict of interest policy? If "No," go to line 13									
b										
с										
_	on Schedule O how this was done				-					
3	Did the organization have a written whistleblower policy?				+					
4	Did the organization have a written document retention and destruction policy?		14	<u> </u>						
5	Did the process for determining compensation of the following persons include a review and approva	l by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77						
	The organization's CEO, Executive Director, or top management official		15							
b	Other officers or key employees of the organization		15	s X						
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			77						
	taxable entity during the year?		16	a X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?		16	2	X					
	tion C. Disclosure									
	List the states with which a copy of this Form 990 is required to be filed NONE									
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-1 (section 50)1(c)(3)s onl	/) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.									
-		on Schedule O)								
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial									
_	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo AMANDA FULLER - (218)863-1171	oks and records								
	1401 S BROADWAY, PELICAN RAPIDS, MN 56572									
	5 12-13-22		Eo	rm 990	(202					

		CTRIC COOPERA		41-0363	020	Page 7			
Part VII Compensation of Officers, D	irectors, T	rustees, Key Emplo	yees, Highest Co	mpensated					
Employees, and Independen	t Contract	ors							
Check if Schedule O contains a respo	nse or note to	any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 									
List all of the organization's current key em	ployees, if any	/. See the instructions for	definition of "key empl	oyee."					
• List the organization's five current highest co who received reportable compensation (box 5 of F \$100,000 from the organization and any related or	orm W-2, box								
 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 organization and any related organizations. 									
See the instructions for the order in which to list the persons above.									
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									
	(B)		(D)	(E)	(E)			

(A)	(B)	organization compensate						(D)	(E)	(F)
Name and title	Average	(de		Pos	itior	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both r/trust	an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trus	ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	Individual trustee or director	In stitutional trustee	-	m ploy	st col	Ŀ	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			3
(1) TIM THOMPSON	50.00									
СЕО				Х				309,099.	0.	180,875.
(2) AL FAZIO	50.00									
VP OF OPERATIONS/ENGINEERING						X		159,266.	0.	101,770.
(3) JASON HAMAN	50.71									
LEAD LINEMAN						X		147,105.	0.	76,444.
(4) DONALD J. HANSON	50.54							400 470		<i></i>
LEAD LINEMAN						X		138,473.	0.	61,527.
(5) DYLAN AAFEDT	50.00							146 000	0	00 110
VP OF BUSINESS DEVELOPMENT	 _ _ _ _ _ _ _ _ _				<u> </u>	X		146,022.	0.	22,118.
(6) ERIK OLSON	50.30							142 077	0	10 510
JOURNEYMAN LINE WORKER (7) THOMAS JENNEN	2.60					X		143,977.	0.	18,512.
CHAIR	2.00	x		x				17,000.	0.	0.
(8) KURT KRUEGER	3.00			A				17,000.	0.	0.
DIRECTOR	5.00	x						15,370.	0.	0.
(9) SID WISNESS	4.31							10,010.		
VICE CHAIR		х		х				14,520.	0.	0.
(10) CECIL HENSEL	3.31									
DIRECTOR		х						14,380.	0.	0.
(11) EARL RYDELL	5.62							,		
DIRECTOR		х						12,940.	0.	0.
(12) PATRICK MEYERS	2.46									
DIRECTOR		Х						12,840.	Ο.	0.
(13) MICHAEL BRASEL	2.17									
DIRECTOR		Х						10,720.	0.	0.
(14) GARY OLSON	4.08									
DIRECTOR - PARTIAL YEAR		Х						9,520.	0.	0.
(15) CHARLIE BLIXT	4.15									
DIRECTOR - PARTIAL YEAR		Х						6,700.	0.	0.
(16) ROBERT SHAW	1.73									
TREASURER		Х		Х				5,960.	0.	0.
(17) JOYCE VALLEY	1.54								<u>,</u>	-
SECRETARY		Х		Х				5,600.	0.	0. Form 990 (2022)

232007 12-13-22

Form 990 (2022)

Form 990 (2022) LAKE REGION ELECTRIC COOPERATIVE 41-03								36302	0 г	Page 8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any	box, offic	F not ch unles: cer and	ieck r s per	ition more son is	than o s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	on amount of d other		of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	ompensa from tr organiza and rela rganizat	ne tion ted
1b Subtotal								1,169,492.			61,2	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 1,169,492.		0.4	61,2	0.46.
2 Total number of individuals (including but no compensation from the organization								eceived more than \$100	000 of reportable	e		28
3 Did the organization list any former officer,	director trust	oo k		mol		a or	hio	thest companyated emp	lovee on		Yes	No
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" со	mple	te S	Sche	edule	J f	for such individual		4	x	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	•							•		5		X
Section B. Independent Contractors	-											
 Complete this table for your five highest con the organization. Report compensation for f 	-									pensation	from	
(A) Name and business	address							(B) Description of s	services	Com	(C) pensatio	on
CARR'S TREE SERVICE, INC PO BOX 250, OTTERTAIL, MN	56571							TREE CLEARIN	C			
MVM CONTRACTING, INC	J0J/I							PLOWING/BORI		, <i>i</i>	78,3	05.
3350 35TH AVE S, FARGO, N HIGHLINE CONSTRUCTION, IN							_	UNDERGROUND POLE CHANGE		5	06,7	94.
						WORK ORDER,	-	3	45,9	14.		
ARNTSON CONSTRUCTION, INC, 16606 STATE HWY NEW SUBSTATION LAND 34, PELICAN RAPIDS, MN 56572 DEVELOPMENT SERVICES								39,4				
STAR ENERGY SERVICES 6841 POWER LANE SW, ALEXA		MN	56	530	08			CONSULTING S			12,7	
2 Total number of independent contractors (in					thos	_					,	
\$100,000 of compensation from the organiz	zation				5)						

Form 990 (2022)

232008 12-13-22

Check if Schedulo C contains a response or note to any line in the Part VII. (A) (C) (C) <th colspa<="" th=""><th></th><th></th><th></th><th>2022) LAKE REGION</th><th>ELECTRIC</th><th>C COOPERATIV</th><th>E</th><th>41-0363</th><th>020 Page 9</th></th>	<th></th> <th></th> <th></th> <th>2022) LAKE REGION</th> <th>ELECTRIC</th> <th>C COOPERATIV</th> <th>E</th> <th>41-0363</th> <th>020 Page 9</th>				2022) LAKE REGION	ELECTRIC	C COOPERATIV	E	41-0363	020 Page 9
and the second of the second the second of the second of the second of the se	Pa	rt V	/111	Statement of Revenue						
Total revenue Predict or exempt function revenue Unrelisted function revenue Repetted excluding function servenue 1 a b c				Check if Schedule O contains a respons	e or note to an			(0)		
Submission Submisi										
Bit Product Company in Service contributions in Service in Contributions in Service in						Total Tevenue			from tax under	
By Membership Ques Ib e Putated organizations Id d Beated organizations Id e Generation of parts (continuitions) If g Recent organizations If g All other program service revenue S4, 799, 770, S4799770, Im g All other program service revenue S4, 799, 770, S4799770, Im g Total, Add lines 2a? S4, 799, 770, Im g Income from Investment of the sempt bord proceeds S4, 799, 770, Im g G Grass rents G G g Grass rents G G Im g Grass rents G G Im				<u> </u>					sections 512 - 514	
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Business Code Code Code 2 a SALE OF POWER 221000 54,739,770. 54799770. 4	ran									
Business Code Code Code 2 a SALE OF POWER 221000 54,739,770. 54799770. 4	, G		с	Fundraising events 1c						
Business Code Code Code 2 a SALE OF POWER 221000 54,739,770. 54799770. 4	ifts ar A									
Business Code Code Code 2 a SALE OF POWER 221000 54,739,770. 54799770. 4	i, G nila									
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2 a SALE OF POWER 22100 54,799,770. 54799770. a	a C		n	Iotal. Add lines 1a-11	Ducino o Oc					
Bit State Control State State <thstate< th=""> State State</thstate<>		_					E 4 7 0 0 7 7 0			
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Image and the second	ו Si enu		С		_					
Image and the second	ran ev		d		_			ļ		
Image and the second	igo Bo		е							
3 Investment income (including dividends, interest, and other similar amounts) 189,902. 189,902. 4 Income from investment of tax exempt bond proceeds 6 189,902. 189,902. 5 Royalties 0) Real (ii) Personal 0 0 6 Gross rents 6b 0 0 0 6 Gross rents 6b 0 <td< td=""><td>Pr</td><td></td><td>f</td><td>All other program service revenue</td><td>_</td><td></td><td></td><td></td><td></td></td<>	Pr		f	All other program service revenue	_					
3 Investment income (including dividends, interest, and other similar amounts) 189,902. 189,902. 4 Income from investment of tax-exempt bond proceeds 0 189,902. 189,902. 5 Royaties 0 0 0 0 6 Gross rents 60 0 0 0 6 Gross rents 60 0 <td< td=""><td></td><td></td><td>g</td><td>Total. Add lines 2a-2f</td><td></td><td> 54,799,770.</td><td></td><td></td><td></td></td<>			g	Total. Add lines 2a-2f		54,799,770.				
other similar amounts) 189,902. 189,902. 4 income from investment of fax-exempt bond proceeds		3								
4 Income from investment of tax-exempt bond proceeds						189,902.			189,902.	
5 Royaties (i) Real (ii) Personal 6 a Gross rents 6a (i) Real (ii) Personal 6 a Gross rents 6a (i) Real (ii) Personal 6 b Less: rental expenses (ii) Real (iii) Personal 7 a Gross amount from sales of assets other than inventory (iii) Securities (iii) Other 7 a Gross amount from sales of assets other than inventory (iii) Securities (iii) Other assets other than inventory Ta (iii) Securities (iii) Other assets other than inventory Ta (iii) Securities (iii) Other assets other than inventory Ta (iii) Securities (iii) Other assets other than inventory Ta (iii) Securities (iii) Other assets other than inventory Securities (iii) Other (iii) Other asset other than inventory (iii) Securities (iii) Other (iii) Securities (iii) Securities 9 a Gross income from fundraising events (iii) Securities (iiii) Securities (iiii) Securities		4		,						
Bit Less: rental expenses (i) Real (ii) Personal b Less: rental expenses (iii) Che (iiii) Che c Rental income or (loss) (iiii) Che (iiii) Che 7 Gross amout from sales of assets other than inventory b (iii) Che (iiii) Che 7 Gross amout from sales of assets other than inventory b (iiii) Che (iiiiii) Che a Gain or (loss) (iiiiiiiii) Che (iiiiiiii) Che (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				-	-					
6 a Gross rents 6a 6a 6a b Less: rental expenses 6b 6c		0		(i) Beal		 al				
b Less: rental expenses b C c Rental income or (loss) Ge Ge Ge d Net rental income or (loss) Image: comparison of the transmit of transmit		6	-							
a C Rental income or (loss) Gc Image: Construction of the set o		0								
d Net rental income or (loss) Image: constraint of the state of t						-				
7 a Gross amount from sales of assets other than inventory <u>7a</u> <u>(i) Securities</u> <u>(ii) Other <u>7a</u> <u>188,447.</u> <u>7a</u> <u>138,942.</u> 6 Gain or (loss) <u>7b</u> <u>55,505.</u> <u>7c</u> <u>132,942.</u> <u>132,942.</u> 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 <u>8a</u> <u>8b</u> <u>55,505.</u> <u>7c</u> <u>7d</u> </u>										
assets other than inventory Ta Ta 188,447. b Less: cost or other basis and sales expenses Tb 55,505. c Gain or (loss) Tc 132,942. 132,942. d Net gain or (loss)										
Bit Less: cost or other basis and sales expenses Tb 55, 505. c Gain or (loss) Tc 132, 942. d Net gain or (loss) 132, 942. 132, 942. a R Gross income from fundraising events including \$		7	а							
Built and sales expenses Tb 55,505. c Gain or (loss) Tc 132,942. 132,942. d Net gain or (loss)				assets other than inventory 7a	188,44	<u>17.</u>				
End C Gain or (loss) Tc 132,942. d Net gain or (loss)			b	Less: cost or other basis						
a Net gain or (loss) 132,942. 132,942. 132,942. B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Ba 132,942. 132,942. B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Ba 132,942. 132,942. B Less: direct expenses Bb 132,942. 132,942. 132,942. C Net gain or (loss) of contributions reported on line 1c). See Ba 132,942. 132,942. B Less: direct expenses Bb 132,942. 132,942. 132,942. Gross sincome from gaming activities. See Part IV, line 18 Ba 100 100 C Net income or (loss) from gaming activities 100 793,889. 100 100 C Net income or (loss) from sales of inventory 113,906. 4,777. 109,129 B Less: cost of goods sold 100 679,983. 113,906. 4,777. C Net income or (loss) from sales of inventory 113,906. 4,777. 109,129 B MISCELLANEOUS <	ne									
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contributions reported on line 1c). See Ba part IV, line 18 Bb b Less: direct expenses Bb c Net income or (loss) from fundraising events Image: Contribution of the second of	er	8	а	Gross income from fundraising events (not						
secontributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses c Net income or (loss) from fundraising events g Gross sincome from gaming activities. See Part IV, line 19 9a b Less: direct expenses g Gross sincome from gaming activities. See Part IV, line 19 9a b Less: direct expenses g Less: direct expenses g Less: direct expenses g Main component (loss) from gaming activities and allowances 10a and allowances 10a g 10b 679,983. c Net income or (loss) from sales of inventory 113,906. t At provide and inventory 113,906. g 900099 923,073. g 900099 923,073. g 900099 316,073. g All other revenue 1,239,146. e Total Add lines 11a-11d 1,239,146. t Total revenue. See instructions 56,475,666. 560	Oth									
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solution c Net income or (loss) from fundraising events Image: construction of the second seco			h							
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b Less: direct expenses 9b Image: section of the sectin of the sectin of the sectin of the section of the sect		Э	d							
c Net income or (loss) from gaming activities and allowances and						_				
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b Less: cost of goods sold 10b 679,983. 113,906. 4,777. 109,129 Source of loss from sales of inventory 113,906. 4,777. 109,129 In a CAPITAL CREDITS 900099 923,073. 923,073. b MISCELLANEOUS 900099 316,073. 316,073. c		10	а							
Business Code 4,777. 109,129 8 900099 923,073. 923,073. 9 900099 923,073. 923,073. 0 MISCELLANEOUS 900099 916,073. 316,073. 0 All other revenue 11,239,146. 1,239,146. 12 Total revenue. See instructions 56,475,666. 56038916. 4,777. 431,973										
Business Code Business Code 11 a CAPITAL CREDITS 900099 923,073. 923,073. b MISCELLANEOUS 900099 316,073. 316,073. c			b	Less: cost of goods sold1	Ob 679,98					
11 a CAPITAL CREDITS 900099 923,073. 923,073. b MISCELLANEOUS 900099 316,073. 316,073. c			с	Net income or (loss) from sales of inventory		113,906.		4,777.	109,129.	
e Total. Add lines 11a-11d 1,239,146. 12 Total revenue. See instructions 56,475,666. 56038916. 4,777. 431,973	6				Business Co	ode				
e Total. Add lines 11a-11d 1,239,146. 12 Total revenue. See instructions 56,475,666. 56038916. 4,777. 431,973	ŝno	11	а	CAPITAL CREDITS	900099	923,073.	923,073.			
e Total. Add lines 11a-11d 1,239,146. 12 Total revenue. See instructions 56,475,666. 56038916. 4,777. 431,973	ane		b	MISCELLANEOUS	900099	316,073.	316,073.			
e Total. Add lines 11a-11d 1,239,146. 12 Total revenue. See instructions 56,475,666. 56038916. 4,777. 431,973	ellé		с							
e Total. Add lines 11a-11d 1,239,146. 12 Total revenue. See instructions 56,475,666. 56038916. 4,777. 431,973	lisc B			All other revenue						
12 Total revenue. See instructions 56,475,666. 56038916. 4,777. 431,973	Σ					1,239,146.				
		12						4,777.	431,973.	
	23200						•	. ,	,	

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Form 990 (2022) LAKE REGION ELECTRIC COOPERATIVE

Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members	3,050,784.							
5	Compensation of current officers, directors,								
	trustees, and key employees	615,525.							
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								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):								
a	Management								
b	Legal								
с.	Accounting								
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
40	column (A), amount, list line 11g expenses on Sch 0.)								
12	Advertising and promotion								
13 14	Office expenses Information technology								
14 15									
15 16	Royalties								
17	Occupancy Travel								
18	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest	1,955,677.							
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	4,565,528.							
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.)								
а	COST OF POWER	34,120,319.							
b	DISTRIBUTION EXPENSE	7,024,168.							
С	ADMIN & GENERAL EXPENSE	2,340,679.							
d	CONSUMER ACCT EXPENSE	2,198,935.							
е	All other expenses	328,706.							
25	Total functional expenses. Add lines 1 through 24e	56,200,321.							
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)								

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232010 12-13-22

Form **990** (2022)

Form 990 (2022)

LAKE REGION ELECTRIC COOPERATIVE

	rt X	Balance Sheet			COCCE Fage II
		Check if Schedule O contains a response or note to any line in this Part X	·····	<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,252,477.	1	2,005,489.
	2	Savings and temporary cash investments	1,521,105.	2	1,427,170.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,458,649.	4	5,961,300.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,808,186.	8	2,392,484.
Ä	9	Prepaid expenses and deferred charges	1,999,963.	9	1,857,573.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 153,742,999.	04 060 050		05 001 050
		Less: accumulated depreciation 10b 57,761,139.	94,363,252.	10c	95,981,860.
	11	Investments - publicly traded securities	701,074.	11	701,635.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	34,638,514.	13	35,167,308.
	14	Intangible assets	<u>2,107.</u> 2,536,785.	14	2,107. 973,760.
	15	Other assets. See Part IV, line 11	144,282,112.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,864,170.	16 17	<u>146,470,686.</u> 6,998,839.
	17 18	Accounts payable and accrued expenses	/,004,1/0.	17	0,990,039.
	10	Grants payable	1,860,173.	19	3,806,028.
	20	Deferred revenue	1,000,173.	20	5,000,020.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,		21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iliq		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	67,903,694.	23	67,780,317.
	24	Unsecured notes and loans payable to unrelated third parties		24	· · ·
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	499,157.	25	476,490.
	26	Total liabilities. Add lines 17 through 25	78,127,194.	26	79,061,674.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
aŭ	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
pun		Organizations that do not follow FASB ASC 958, check here X			
Ē		and complete lines 29 through 33.	-		
s o	29	Capital stock or trust principal, or current funds	0.	29	0.
sset	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	66,154,918.	31	67,409,012.
Ne	32	Total net assets or fund balances	66,154,918.	32	67,409,012.
	33	Total liabilities and net assets/fund balances	144,282,112.	33	146,470,686.

Form 990 (2022)

232011 12-13-22

Form	1990 (2022) LAKE REGION ELECTRIC COOPERATIVE	41-	0363020	Pag	_{ge} 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	56,475		
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,200		
3	Revenue less expenses. Subtract line 2 from line 1	3	275		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,154	. , 91	18.
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	978	;,7·	<u>49.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	67,409	, 01	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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				I
	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 requi	red audit			I
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

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		Supplementa	al Financial S		OMB No. 1545-0047
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11		2022
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and t	he latest information.	Open to Public Inspection
Nam	e of the organization				Employer identification number
Der		LAKE REGION ELECTR			41-0363020
Par		tions Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		Similar Funds of A	CCOUNTS. Complete if the
	organization		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at en	d of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		end of year			
5		n inform all donors and donor advisors in v		eld in donor advised fun	ds
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that gr	ant funds can be used o	only
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for ar	ny other purpose confer	ring
Dec	impermissible priva				
Par		ation Easements. Complete if the org			, line 7.
1		ervation easements held by the organization	· · · · ·	-	
		of land for public use (for example, recrea	tion or education)	-	orically important land area
		f natural habitat		Preservation of a cert	ified historic structure
•		of open space			
2	day of the tax year	through 2d if the organization held a qualif	ied conservation contrib	oution in the form of a co	Held at the End of the Tax Year
-					
a L		nservation easements			
b	-	icted by conservation easements	ucture included in (a)		2b 2c
c d		vation easements included in (c) acquired a			
u					2d
3		vation easements modified, transferred, rel			
-	year		eacea, changalonea, cr	terminated by the english	
4	-	where property subject to conservation eas	ement is located		
5		ion have a written policy regarding the per		tion, handling of	
	violations, and enfo	prcement of the conservation easements it	holds?		Yes 📃 No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conservation	on easements during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and er	nforcing conservation ea	sements during the year
8		vation easement reported on line 2(d) abov			
		(4)(B)(ii)?			
9		e how the organization reports conservation			
		I include, if applicable, the text of the footn	ote to the organization's	s financial statements th	at describes the
Da	organization's according termination organization organiz	ounting for conservation easements. Itions Maintaining Collections of	Art Historical Tra	asures or Other 9	Similar Assots
Fai		-			Similar Assets.
4.		the organization answered "Yes" on Form			
18		elected, as permitted under FASB ASC 95			
		asures, or other similar assets held for put			
h		Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95			a sheet works of
D.	-	ures, or other similar assets held for public			
		ng amounts relating to these items:			
	•	ded on Form 990, Part VIII, line 1			\$
		d in Form 990, Part X			
2		received or held works of art, historical trea			
	•	ints required to be reported under FASB A		U ,	
а	-	on Form 990, Part VIII, line 1	-		\$
		Form 990, Part X			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022
232051	09-01-22				
		- 455004	14		

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Sche		GION ELECT							<u>63020</u>		age 2	
Par	t III Organizations Maintaining C	ollections of Ar	rt, Hist	orical Tre	easures, o	r Other	Similar A	Assets	contin	ued)		
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	t make sig	nificant use	e of its				
	collection items (check all that apply):				-	-						
а	Public exhibition		d 🗌	Loan or exc	hange progra	am						
b	Scholarly research		• 🗌									
c	Preservation for future generations	·										
4	Provide a description of the organization's co	lloctions and ovalai	n how th	ov furthor th	o organizati	on's oxom	nt nurnaca	in Dart	VIII			
		-		-	-			IIIFail	AIII.			
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
Dar	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or											
I UI	reported an amount on Form 990, Par			e organizatio	on answered	res on r	-onn 990, F	rart IV,	line 9, or			
	· · · ·		diam.fau				ماريمامما					
18	Is the organization an agent, trustee, custodi		•					_	7.4	_	٦	
	on Form 990, Part X?							∟	Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					A			
									Amount			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for	escrow or cu	ustodial acco	unt liabilit	y?	🗆	Yes		No	
b	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	t IV, line 10).					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three yea	rs back	(e) Four	years	back	
1a	Beginning of year balance											
b	Contributions											
c	Net investment earnings, gains, and losses											
- h	Grants or scholarships											
e	Other expenditures for facilities											
e												
4	and programs											
	Administrative expenses											
g	End of year balance		- (1))) In a list in a s							
2	Provide the estimated percentage of the curr		e (line 1)	g, column (a)) neid as:							
a	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С		%										
	The percentages on lines 2a, 2b, and 2c show											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held ar	nd administe	red for the			г			
	organization by:									Yes	No	
	(i) Unrelated organizations								3a(i)			
	(ii) Related organizations								3a(ii)			
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R?					3b			
	Describe in Part XIII the intended uses of the		wment	funds.								
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990), Part X, li	ne 10.					
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Ac	cumulated		(d) Bool	k valu	е	
		basis (investi	ment)	basis	(other)	dep	reciation					
1 a	Land			43	5,809.				435	5,8	09.	
	Buildings				8,407.	4,5	71,021		4,857			
	Leasehold improvements				-				-	-		
	Equipment			142,57	7,667.	53.1	90,118	3. 8	9,387	7,5	49.	
e	Other				1,116.		.,		1,301			
	. Add lines 1a through 1e. (Column (d) must e		V ach			1			5,981			
Total	. Aud miles ra through re. (Column (d) MUSI e	<u>qual Form 990, Part</u>	A, COIUR	<u>шп (в), Iine T</u>	UC.)				D (Form	-		
							30	neuule	וווטיון שי	່ວວບ)	LULL	

232052 09-01-22

Part VII Investments - Other Securities.

LAKE REGION ELECTRIC COOPERATIVE Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

1 5	, , , , ,	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) GRE - CAP CREDITS	22,189,336.	COST
(2) NRUCFC - CAP CREDITS	705,371.	COST
(3) NRUCFC - CAP TERM CERTS	980,309.	COST
(4) NRUCFC - MEMBER CAP SECS	2,600,000.	COST
(5) FREIC	344,301.	COST
(6) OTHER INVESTMENTS	8,347,991.	COST
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	35,167,308.	

Part IX Other Assets.

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

(a) Description	on (b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 9	990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONSUMER DEPOSITS	350,655
(3) ACCUMULATED PROVISION FOR PENS	TON

(3) ACCUMULATED PROVISION FOR PENSION	
(4) & BENEFITS	125,835.
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	476,490.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 LAKE REGION ELECTRIC COC	PERATIVE	41-0363020 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	tements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,)	5

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE	COOPERATIVE	IS	EXEMPT	FROM	INCOME	TAXES	UNDER	SECTION	501	(C)	(12)) OF
-----	-------------	----	--------	------	--------	-------	-------	---------	-----	-----	------	------

THE INTERNAL REVENUE CODE.

NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED AT DECEMBER 31, 2022 AND

2021.

THE COOPERATIVE HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT HAS

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NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022.

232054 09-01-22

Schedule D (Form 990) 2022

Schedule D (Form 990) 202	22 LAKE	<u>REGI</u> ON	ELECTRIC	COOPERATIVE	C	41-0363020	Page 5
Schedule D (Form 990) 202 Part XIII Suppleme	ntal Information (continued)					
						Schedule D (Form 9	90) 2022
232055 09-01-22							,

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SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization		Employer in			mber
		LAKE REGION ELECTRIC COOPERATIVE	41-0	36302	0	
Pa	rt I Question	s Regarding Compensation				T
					Yes	No
па		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.	naluaa			
	First-class or c					
	Travel for com					
		ation and gross-up payments pending account Health or social club dues or initiation fee Personal services (such as maid, chauffeu				
			ur, chei)			
h	If any of the boyos	on line 1a are checked, did the organization follow a written policy regarding payment or				
D	,	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	indsiees, and onice			2		
3	Indicate which if ar	y, of the following the organization used to establish the compensation of the organization's				
Ŭ		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of				
		tion of the CEO/Executive Director, but explain in Part III.	01110			
	Compensation					
	·	ompensation consultant X Compensation survey or study				
		ther organizations I I I I I I I I I I I I I I I I I I I	ommittee			
			onninittee			
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					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		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 compensatic	on			
	contingent on the re	evenues of:				
а	The organization?			. 5a		
b	Any related organiz	ation?		5b		
		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 compensatic	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		
b	Any related organiz	ation?		6b		
		r 6b, describe in Part III.				
7	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2022

232111 10-18-22

Schedule J (Form 990) 2022 LAKE REGION ELECTRIC COOPERATIVE

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.

41-0363020

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) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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 THOMPSON	(i)	255,282.	42,361.	11,456.	149,643.	31,232.	489,974.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AL FAZIO	(i)	150,061.	6,571.	2,634.	73,450.	28,320.	261,036.	0.
VP OF OPERATIONS/ENGINEERING	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JASON HAMAN	(i)	144,797.	700.	1,608.	50,608.	25,836.	223,549.	0.
LEAD LINEMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DONALD J. HANSON	(i)	135,401.	700.	2,372.	33,971.	27,556.	200,000.	0.
LEAD LINEMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DYLAN AAFEDT	(i)	134,943.	5,524.	5,555.	12,246.	9,872.	168,140.	0.
VP OF BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIK OLSON	(i)	142,026.	900.	1,051.	9,443.	9,069.	162,489.	0.
JOURNEYMAN LINE WORKER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 2

Schedule J (Form 990) 2022 LAKE REGION ELECTRIC COOPERATIVE

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 (Form 990) 2022

SCHEDULE L	7	Fransactio	ns V	Vith	Int	erested	Ρ	ersons			0	MB No. ⁻	1545-00)47
(Form 990)	Complete if the	e organization ans							27, 2	8a,		2	02	2
Development of the Terror						art V, line 38a Form 990-EZ.	or 4	40b.			0	pen To		
Department of the Treasury Internal Revenue Service	Go to	o www.irs.gov/Forr	n990 fe	or inst	ructio	ns and the lat	est	information.				spect		
Name of the organization				~ ~ ~						-	r ident		on nu	mber
Part I Excess E		GION ELECT actions (section 5					otion				<u>630</u>	20		
		answered "Yes" on												
1		(b) Relationship bet									0.	(d)	Corre	ected?
(a) Name of disqual	ified person	person and o	organiza	ation		(0	c) De	escription of tran	sactio	n		Y	es	No
												+		
												+		
												+		
2 Enter the amount o section 4958	2	0	Ŭ		•	•	Ũ	2		¢				
3 Enter the amount o		e 2. above. reimburs												
					,									
		Interested Per												
	0	answered "Yes" on			, Part V	V, line 38a or F	orm	990, Part IV, lin	e 26; d	or if th	e orga	nizatic	on	
(a) Name of	(b) Relation	990, Part X, line 5, ship (c) Purpose		≥. Dan to or	(6	e) Original	(f) Balance due	(a)	In		proved	(i) V	Vritten
interested person	with organiza			n the zation?		cipal amount	(i) Balance due					ny noarn or i s		ement?
			То	From					Yes	No	Yes	No	Yes	No
												<u> </u>		<u> </u>
														+
			_									<u> </u>		<u> </u>
												<u> </u>		<u> </u>
Total						\$								
		Benefiting Inter												
(a) Name of intere	-	answered "Yes" on (b) Relationship				c) Amount of		(d) Type	of		(6) Purp	056.0	f
		interested per	son an		`	assistance		assistan			•	assista		1
		the organiz	ation											
LHA For Paperwork Re	eduction Act Not	ice, see the Instruc	ctions f	for For	m 990) or 990-EZ.				Sche	dule L	. (Forr	n 990) 2022

232131 11-01-22

Schedule L (Form 990) 2022 LAKE REGION ELECTRIC COOPERATIVE Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's nues?
				Yes	No
TIM THOMPSON	SEE BELOW	2,622,976.	SEE BELOW		X
TIM THOMPSON	SEE BELOW	189,853.	SEE BELOW	X	
MICHAEL BRASEL	SEE BELOW	33,642,704.	SEE BELOW		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TIM THOMPSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CEO OF LREC AND BOARD MEMBER OF RESCO

(D) DESCRIPTION OF TRANSACTION: RESCO IS A MAJOR SUPPLIER TO THE

ORGANIZATION OF METERS, TRANSFORMERS, AND LINE MATERIAL.

(A) NAME OF PERSON: TIM THOMPSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: CEO OF

LREC AND BOARD MEMBER OF FEDAC

(D) DESCRIPTION OF TRANSACTION: FEDAC IS THE PARENT COMPANY OF CARR'S

TREE SERVICE. CARR'S TREE SERVICE ALSO PROVIDES VEGETATION MANAGEMENT

TREE CLEARING SERVICES TO LREC. THERE ARE A TOTAL OF 10 COOPERATIVE

OWNERS WHO SPLIT PROFITS 9 WAYS, WITH THE LAST 2 COOPERATIVES TO JOIN

SPLIT 1/2 SHARE EACH.

A) NAME OF PERSON: MICHAEL BRASEL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD

MEMBER OF LREC AND BOARD MEMBER OF GREAT RIVER ENERGY

(D) DESCRIPTION OF TRANSACTION: GREAT RIVER ENERGY IS A NOT-FOR-PROFIT

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Schedule L (Form 990) 2022

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Schedule L (Form 990) LAKE REGION ELECTRIC COOPERATIVE Part V Supplemental Information	41-0363020	Page 2
Complete this part to provide additional information for responses to questions on Schedule L (see instru-	ructions).	
ELECTRIC COOPERATIVE POWER SUPPLIER. LREC PURCHASES POWER	FROM GREAT	
RIVER ENERGY. LREC ALSO MAKES PAYMENT TO GRE FOR SUBSTATIO	ON POOL	
CHARGES, SCADA CHARGES, MNTCE TO RADIO SYSTEMS, ACCESS C&I	ACCOUNTS ON	
WEB, MIDWEST ELEC. CONSUMER DUES.		
232461 04-01-22	Schedule L (Fo	orm 990)
24 2022.04020 LAKE REGION E		

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2022.04020 LAKE REGION ELECTRIC COOP A4550841

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OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Employer identification number Name of the organization LAKE REGION ELECTRIC COOPERATIVE 41-0363020

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INNOVATIVE ENERGY SERVICES TO GROW THE COOPERATIVE.

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

ONE CLASS OF MEMBERS AND EACH MEMBER RECEIVES ONE VOTE, EVEN IF THEY HAVE

MULTIPLE ELECTRICAL CONNECTIONS.

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

THE MEMBERS OF THE ORGANIZATION ELECT THE MEMBERS OF THE GOVERNING BODY.

ONE CLASS OF MEMBERS AND EACH MEMBER IS ENTITLED TO ONE VOTE. HUSBAND AND

WIFE ONLY GET ONE VOTE FOR THEIR JOINT MEMBERSHIP. MEMBERS CAN ONLY VOTE

WITHIN THEIR OWN DISTRICT.

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

THE BYLAWS MUST BE APPROVED BY A MAJORITY VOTE OF THE MEMBERS. THE FOLLOWING ITEMS MUST BE APPROVED BY TWO-THIRDS VOTE OF ITS MEMBERS: 1) SALE, LEASE OR EXCHANGE OF MORE THAN 25% OF ITS PROPERTY, PRIVILEGES, AND FRANCHISES; 2) MERGE OR CONSOLIDATE INTO ANOTHER ENTITY THAT IS NOT A RURAL ELECTRIC COOPERATIVE ASSOCIATION AND 3) DISSOLUTION OF THE COOPERATIVE.

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

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS REVIEWED BY INTERNAL ACCOUNTING DEPARTMENT AND THEN

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization LAKE REGION ELECTRIC COOPERATIVE	Employer identification number 41-0363020
PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO	BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY, EVERY DIRECTOR, OFFICER AND ALL EMPLOYEES MUST C	OMPLETE AND SIGN
A "CONFLICT OF INTEREST DISCLOSURE STATEMENT". THE STATEM	ENTS ARE REVIEWED
BY THE BOARD OF DIRECTORS FOR ALL DIRECTORS AND OFFICERS	AND THE
STATEMENTS ARE REVIEWED BY THE CEO FOR THE EMPLOYEES. BOA	RD MEMBERS WITH
CONFLICTS ARE ASKED TO ABSTAIN FROM VOTING ON CONFLICTING	ISSUES AND THEY
ARE ASKED TO LEAVE THE ROOM. POTENTIAL CONFLICT OF INTERES	T FOR EMPLOYEES
IS DETERMINED BY THE CEO FOR REVIEW AND ACTION IF NECESSAR	Y. ANY CONFLICT
OF INTERESTS WILL BE DOCUMENTED IN THE BOARD MINUTES OR TH	E EMPLOYEE
PERSONNAL FILE.	

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS APPROVES THE CEO'S COMPENSATION. NRECA SALARY SURVEY'S ARE USED AS COMPARABILITY DATA AND WRITTEN MINUTES ARE TAKEN WHEN DETERMINING THE CEO'S COMPENSATION. THE CEO'S COMPENSATION WAS LAST REVIEWED IN NOVEMBER 2022.

THE BOARD DOES NOT APPROVE SALARIES AND BENEFITS FOR ANY OTHER POSITIONS. THE CEO APPROVES THE COMPENSATION FOR OFFICERS OR KEY EMPLOYEES OF LREC. WAGE RANGES ARE ESTABLISHED USING NRECA SURVEYS, LOCAL MARKET DATA, COST OF LIVING, AND TRENDS IN THE INDUSTRY.

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

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

232212 10-28-22

Name of the organization	Employer identification number
LAKE REGION ELECTRIC COOPERATIVE	41-0363020
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PATRONAGE DIVIDENDS ALLOCATED	3,050,784.
CAPITAL CREDITS RETIRED	-1,928,979.
CHANGE IN OTHER EQUITIES	-143,056.
TOTAL TO FORM 990, PART XI, LINE 9	978,749.

FORM 990, PART IX, LINE 4:

THE IRS INSTRUCTIONS STATE THAT PATRONAGE DIVIDENDS PAID BY SECTION

501(C)(12) ORGANIZATIONS TO THEIR MEMBERS SHOULD BE REPORTED ON LINE 4.

THE ORGANIZATION HAS INTERPRETED PATRONAGE DIVIDENDS PAID TO MEAN

PATRONAGE DIVIDENDS ALLOCATED OR TO BE ALLOCATED FOR THE CURRENT YEAR.

SINCE THIS ALLOCATION IS NOT AN EXPENSE UNDER GENERALLY ACCEPTED

ACCOUNTING PRINCIPLES (GAAP), THIS HAS RESULTED IN A RECONCILING ITEM

TO NET ASSETS IN PART XI, ON PAGE 12 OF THE FORM 990.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT TO PERFORM THE AUDIT OF THE FINANCIAL STATEMENTS BY THE BOARD OF DIRECTORS HAS NOT CHANGED.

27

232212 10-28-22

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public

Employer identification number

41-0363020

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

LAKE REGION ELECTRIC COOPERATIVE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
LAKE REGION ELECTRIC TRUST - 20-5114301	TO ACCUMULATE AND				LAKE REGION		
1401 S BROADWAY	DISTRIBUTE FUNDS FOR				ELECTRIC		
PELICAN RAPIDS, MN 56572	CHARITABLE AND EDUCATIONAL	MINNESOTA	501(C)(3)	LINE 7	COOPERATIVE	Х	
	-						

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 LAKE REGION ELECTRIC COOPERATIVE

41-0363020 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	0	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No		Yes I	lo
FEDERATED ACQUISITIONS LLC - 41-1911544, PO BOX 485,	OWNER OF CARR'S TREE SERVICE -										
OWATONNA, MN 56572	TREE CLEARING	MN			-62.	871,891.		x	N/A	Þ	11.11%
	-										
	1										
	-										
	-										
	_										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	i) b)(13) rolled tity?
		country)		,				Yes	No
LAKE REGION ELECTRIC HOLDING COMPANY LLC -			LAKE REGION						
46-3931348, 1401 S BROADWAY, PELICAN RAPIDS,	NATURAL GAS		ELECTRIC						
MN 56572	DISTRIBUTION	MN	COOPERATIVE	C CORP	195,984.	5,998,045.	100%	X	
	-								
	-								
	-								

Schedule R (Form 990) 2022 LAKE REGION ELECTRIC COOPERATIVE

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)			Х
e Loans or loan guarantees by related organization(s)	-		X
f Dividends from related organization(s)	1f	x	
g Sale of assets to related organization(s)	1g		Х
h Purchase of assets from related organization(s)	1h		Х
i Exchange of assets with related organization(s)			Х
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)		X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
o Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses	1p	x	
q Reimbursement paid by related organization(s) for expenses		X	
r Other transfer of cash or property to related organization(s)	1r	x	
s Other transfer of cash or property from related organization(s)		X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and	nd transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FEDERATED ACQUISITIONS LLC	F	75,000.	ACTUAL AMOUNT
(2) FEDERATED ACQUISITIONS LLC	L	1,636,304.	ACTUAL AMOUNT
(3) LAKE REGION ELECTRIC HOLDING COMPANY LLC	В	438,052.	ACTUAL AMOUNT
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2022 LAKE REGION ELECTRIC COOPERATIVE

41-0363020 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 LAKE REGION ELECTRIC COOPERATIVE

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

LAKE REGION ELECTRIC TRUST

PRIMARY ACTIVITY: TO ACCUMULATE AND DISTRIBUTE FUNDS FOR CHARITABLE AND

EDUCATIONAL PURPOSES

Schedule R (Form 990) 2022

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232165 09-14-22

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UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name LAKE REGION ELECTRIC COOPERATIVE	Employer Identificat $41 - 03630$	
Based on the information provided with this return, the following are possible carryover amounts to next ye	ear.	
FEDERAL POST-2017 NET OPERATING LOSS - FEDERATED A	ACQUISITION	702.
FEDERAL POST-2017 NET OPERATING LOSS - SALE OF MEN	RCHANDISE T	173.
FEDERAL PRE-2018 NET OPERATING LOSS		12,445.

219341 04-01-22

Name:	LAKE REGION E	LECTRIC COOPER	RATIVE							FEIN:	41-0363020		
	Type and Entity: FEDERATED ACQUISITIONS POST-2017 NO DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover												
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for										
2018	154.	0360											
2019	58.												
2020 2021	161. 267.												
2022	62.												
,													
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount		
Detail Type	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for		
r													
L										1	1		

212571 04-01-22

lame:	LAKE REGION EI	ECTRIC COOPER	RATIVE							FEIN:	41-03630
	nd Entity: SALI 82 Annual Limitation	E OF MERCHAND	ISE TO POST-20 Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used fo
2021	173.										
_											
etail	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amou Used
уре	S Used for B						·				

N	ame:	LAKE REGION E	LECTRIC COOPERA	ATIVE							FEIN:	41-0363020
	Type and Entity: PRE-2018 NOL FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover											
) (Year Drigi- lated	Original Carryover	Total Amount	Amount Used for 12/31/17	Amount Used for 12/31/18	Amount Used for 12/31/19	Amount Used for 12/31/20	Amount Used for 12/31/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for
BCDEFGHJKL	2012 2013 2014 2015 2016	1,913. 1,834. 2,600. 11,852. 4,936.	1,913. 1,834. 2,600. 4,343.	1,143.	770. 1,777.	57. 1,404.	1,196. 1,700.	2,643.				
M N O P Q R S T U V W	Detail	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C D E F G H I J K L M N O P Q R S T U V W	Гуре	B C C C C C C C C C C C C C C C C C C C										