



CliftonLarsonAllen LLP  
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**LAKE REGION ELECTRIC COOPERATIVE**  
**FORM 990 INCOME TAX RETURN**  
**FOR YEAR ENDED DECEMBER 31, 2021**

# IRS e-file Signature Authorization for a Tax Exempt Entity

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

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**LAKE REGION ELECTRIC COOPERATIVE**

EIN or SSN

\*\*\_\*\*\*\*020

Name and title of officer or person subject to tax

**TIM THOMPSON  
CEO**

## Part I Type of Return and Return Information

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

<b>1a</b> Form 990 check here ..... ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>56,997,078.</u>
<b>2a</b> Form 990-EZ check here ... ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ... ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ..... ▶ <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ..... ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ..... ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here ..... ▶ <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here ..... ▶ <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here ▶ <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or \_\_\_\_\_ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN  **Enter five numbers, but do not enter all zeros**

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

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

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

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

**Do not enter all zeros**

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

ERO's signature ▶ KATHERINE LUTZKE, CPA

Date ▶ 08/25/22

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

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

Form **8879-TE** (2021)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>LAKE REGION ELECTRIC COOPERATIVE</b>	Taxpayer identification number (TIN) <b>**_****020</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 643</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PELICAN RAPIDS, MN 56572-0643</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**AMANDA BUNKOWSKI**

- The books are in the care of ▶ **1401 S. BROADWAY - PELICAN RAPIDS, MN 56572**

Telephone No. ▶ **218-863-1171** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box  ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>LAKE REGION ELECTRIC COOPERATIVE</b>		<b>D</b> Employer identification number <b>**_***020</b>
	Doing business as		<b>E</b> Telephone number <b>218-863-1171</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>PO BOX 643</b> <b>PELICAN RAPIDS, MN 56572-0643</b>		<b>G</b> Gross receipts \$ <b>57,906,221.</b>
<b>F</b> Name and address of principal officer: <b>TIM THOMPSON</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 12 ) ◀ (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: ▶ <b>WWW.LREC.COOP</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			<b>L</b> Year of formation: <b>1937</b> <b>M</b> State of legal domicile: <b>MN</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE OUR MEMBERS WITH SAFE, RELIABLE, AFFORDABLE ELECTRICITY, AND LEAD BY OFFERING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>82</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-440.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>1,643,527.</b>	<b>0.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>53,258,273.</b>	<b>54,152,467.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>560,846.</b>	<b>312,750.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,344,872.</b>	<b>2,531,861.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>56,807,518.</b>	<b>56,997,078.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>3,729,347.</b>	<b>4,017,001.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>8,208,345.</b>	<b>8,472,446.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>41,980,390.</b>	<b>42,906,516.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>53,918,082.</b>	<b>55,395,963.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,889,436.</b>	<b>1,601,115.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>143,775,953.</b>	<b>End of Year</b> <b>144,282,112.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>81,055,143.</b>	<b>78,127,194.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>62,720,810.</b>	<b>66,154,918.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>TIM THOMPSON, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>KATHERINE LUTZKE, CPA</b>	<b>KATHERINE LUTZKE, CP</b>	<b>08/25/22</b>	<input type="checkbox"/>	
Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>			Firm's EIN ▶ <b>**_***749</b>		
Firm's address ▶ <b>2689 COMMERCE DRIVE NW, SUITE 201</b> <b>ROCHESTER, MN 55901</b>			Phone no. <b>507-280-2300</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) ELECTRICITY DISTRIBUTION - DISTRIBUTES ELECTRICITY TO 29,347 MEMBERS IN ITS 5,842 MILES OF LINES WITHIN THE SERVICE TERRITORY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) ETS HEATING (STEFFES)/WATER HEATERS/GENERATORS - MEMBERS ABLE TO PURCHASE STEFFES ETS HEATERS/WATER HEATERS AND GENERATORS THROUGH AN EASY PAY PURCHASE PROGRAM, THEN BILLED EACH MONTH ON ELECTRIC BILL.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.



Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website Another's website [X] Upon request Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records AMANDA BUNKOWSKI - 218-863-1171 1401 S. BROADWAY, PELICAN RAPIDS, MN 56572

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIM THOMPSON CEO	50.00 0.00			X			294,180.	0.	180,171.	
(2) AL FAZIO VP OF OPERATIONS/ENGINEERING	50.00 0.00				X		152,857.	0.	102,865.	
(3) JASON HAMAN LEAD LINEMAN	49.21 0.00				X		133,394.	0.	79,580.	
(4) DONALD J. HANSON LEAD LINEMAN	50.58 0.00				X		135,020.	0.	42,996.	
(5) DYLAN AAFEDT VP OF BUSINESS DEVELOPMENT	50.00 0.00				X		135,748.	0.	22,234.	
(6) JED EVENSON LEAD LINEMAN	58.67 0.00				X		130,022.	0.	20,368.	
(7) THOMAS JENNEN CHAIR	3.70 0.00	X		X			15,840.	0.	0.	
(8) SID WISNESS VICE CHAIR	4.19 0.00	X		X			13,200.	0.	0.	
(9) EARL RYDELL DIRECTOR	5.84 0.00	X					12,950.	0.	0.	
(10) ROBERT SHAW TREASURER	2.13 0.00	X		X			12,200.	0.	0.	
(11) CECIL HENSEL DIRECTOR	2.64 0.00	X					11,500.	0.	0.	
(12) JOYCE VALLEY SECRETARY	2.41 0.00	X		X			11,460.	0.	0.	
(13) MICHAEL BRASEL DIRECTOR	2.31 0.00	X					11,350.	0.	0.	
(14) PATRICK MEYERS DIRECTOR	2.49 0.00	X					10,860.	0.	0.	
(15) KURT KRUEGER DIRECTOR - PART YEAR	0.79 0.00	X					8,820.	0.	0.	
(16) DENNIS TOLLEFSON VICE CHAIR/DIRECTOR - PART YEAR	2.05 0.00	X		X			4,790.	0.	0.	

**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 hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							1,094,191.	0.	448,214.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,094,191.	0.	448,214.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **19**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CARR'S TREE SERVICE, INC. PO BOX 250, OTTERTAIL, MN 56571	TREE CLEARING	1,537,279.
HIGHLINE CONSTRUCTION INC 16124 OLD LAKE ROAD, PAYNESVILLE, MN 56362	POLE CHANGE OUTS	387,552.
MVM CONTRACTING INC 3350 35TH AVE S, FARGO, ND 58104	PLOWING/BORING FOR UNDERGROUND CABLE	336,214.
ARVIG CONSTRUCTION INC. 150 2ND ST SW, PERHAM, MN 56573	PLOWING/BORING FOR UNDERGROUND CABLE	178,420.
EGGE CONSTRUCTION, INC 42665 CO HWY 9, PELICAN RAPIDS, MN 56572	REPLACE FACILITY PARKING LOTS	133,405.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f					
Program Service Revenue	<b>2 a</b>	SALE OF POWER	Business Code 221000	54,152,467.	54152467.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		54,152,467.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		231,871.		231,871.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		84,570.		
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>		3,691.		
<b>c</b>	Gain or (loss)	<b>7c</b>		80,879.			
<b>d</b>	Net gain or (loss)		80,879.		80,879.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
				970,802.			
<b>b</b>	Less: cost of goods sold	<b>10b</b>		905,452.			
<b>c</b>	Net income or (loss) from sales of inventory		65,350.	65,523.	-173.		
Miscellaneous Revenue	<b>11 a</b>	CAPITAL CREDITS	Business Code 900099	2,055,111.	2,055,111.		
	<b>b</b>	MISCELLANEOUS	900099	411,400.	411,667.	-267.	
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		2,466,511.			
<b>12</b>	<b>Total revenue.</b> See instructions		56,997,078.	56684768.	-440.	312,750.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 .....	4,017,001.			
5 Compensation of current officers, directors, trustees, and key employees .....	587,321.			
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 .....	6,039,329.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,349,139.			
9 Other employee benefits .....				
10 Payroll taxes .....	496,657.			
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c 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, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion .....				
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	1,993,396.			
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	4,419,148.			
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>COST OF POWER</b>	33,330,978.			
b <b>DIST EXP - OPERATIONS</b>	6,140,122.			
c <b>ADMIN &amp; GENERAL EXPENSE</b>	2,902,321.			
d <b>CONSUMER ACCT EXPENSE</b>	2,190,527.			
e All other expenses _____	-8,069,976.			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>55,395,963.</b>			
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,793,138.	<b>1</b>	1,252,477.
	<b>2</b> Savings and temporary cash investments .....	3,345,583.	<b>2</b>	1,521,105.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	4,999,086.	<b>4</b>	5,458,649.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,478,006.	<b>8</b>	1,808,186.
	<b>9</b> Prepaid expenses and deferred charges .....	2,653,282.	<b>9</b>	1,999,963.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 150,200,552.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 55,837,300.		
	<b>11</b> Investments - publicly traded securities .....	91,124,831.	<b>10c</b>	94,363,252.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	621,944.	<b>11</b>	701,074.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	32,210,100.	<b>12</b>	34,638,514.
	<b>14</b> Intangible assets .....	2,107.	<b>13</b>	2,107.
	<b>15</b> Other assets. See Part IV, line 11 .....	5,547,876.	<b>14</b>	2,536,785.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	143,775,953.	<b>15</b>	144,282,112.	
<b>17</b> Accounts payable and accrued expenses .....	7,584,502.	<b>16</b>	7,864,170.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....	2,547,420.	<b>18</b>	1,860,173.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	70,444,293.	<b>22</b>	67,903,694.	
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	478,928.	<b>24</b>	499,157.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	81,055,143.	<b>25</b>	78,127,194.	
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> ▶ <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>		
<b>28</b> Net assets without donor restrictions .....		<b>27</b>		
<b>29</b> <b>Organizations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>		<b>28</b>		
<b>30</b> Capital stock or trust principal, or current funds .....	0.	<b>29</b>	0.	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	62,720,810.	<b>31</b>	66,154,918.	
<b>33</b> <b>Total net assets or fund balances</b> .....	62,720,810.	<b>32</b>	66,154,918.	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	143,775,953.	<b>33</b>	144,282,112.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,997,078.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,395,963.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,601,115.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,720,810.
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	1,832,993.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,154,918.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization LAKE REGION ELECTRIC COOPERATIVE Employer identification number \*\*-\*\*\*020

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and a table for revenue and assets.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
  - b Scholarly research
  - c Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		435,809.		435,809.
b Buildings		9,262,496.	4,345,466.	4,917,030.
c Leasehold improvements				
d Equipment		138,174,214.	51,491,834.	86,682,380.
e Other		2,328,033.		2,328,033.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>94,363,252.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) GRE - CAP CREDITS	22,247,117.	COST
(2) NRUCFC - CAP CREDITS	689,743.	COST
(3) NRUCFC - CAP TERM CERTS	980,309.	COST
(4) NRUCFC - MEMBER CAP SECS	2,600,000.	COST
(5) FREIC	314,661.	COST
(6) OTHER INVESTMENTS	7,806,684.	COST
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	34,638,514.	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONSUMER DEPOSITS	369,662.
(3) ACCUMULATED PROVISION FOR PENSION	
(4) & BENEFITS	129,495.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	499,157.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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, 2021 AND 2020.

THE COOPERATIVE HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2021.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**LAKE REGION ELECTRIC COOPERATIVE**

Employer identification number  
\*\*-\*\*\*020

**Part I Questions Regarding Compensation**

	Yes	No								
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.										
<table border="0"> <tr> <td>First-class or charter travel</td> <td>Housing allowance or residence for personal use</td> </tr> <tr> <td>Travel for companions</td> <td>Payments for business use of personal residence</td> </tr> <tr> <td>Tax indemnification and gross-up payments</td> <td>Health or social club dues or initiation fees</td> </tr> <tr> <td>Discretionary spending account</td> <td>Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	First-class or charter travel	Housing allowance or residence for personal use	Travel for companions	Payments for business use of personal residence	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	Discretionary spending account	Personal services (such as maid, chauffeur, chef)		
First-class or charter travel	Housing allowance or residence for personal use									
Travel for companions	Payments for business use of personal residence									
Tax indemnification and gross-up payments	Health or social club dues or initiation fees									
Discretionary spending account	Personal services (such as maid, chauffeur, chef)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>									
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.										
<table border="0"> <tr> <td>Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td>Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td>Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	Compensation committee	<input checked="" type="checkbox"/> Written employment contract	Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<input checked="" type="checkbox"/>								
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<input checked="" type="checkbox"/>								
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<input checked="" type="checkbox"/>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization? .....	<b>5a</b>									
<b>b</b> Any related organization? .....	<b>5b</b>									
If "Yes" on line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization? .....	<b>6a</b>									
<b>b</b> Any related organization? .....	<b>6b</b>									
If "Yes" on line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>									
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>									
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2021

**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.

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIM THOMPSON CEO	(i)	246,833.	34,547.	12,800.	146,197.	33,974.	474,351.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AL FAZIO VP OF OPERATIONS/ENGINEERING	(i)	144,502.	5,792.	2,563.	71,715.	31,150.	255,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JASON HAMAN LEAD LINEMAN	(i)	131,198.	800.	1,396.	50,839.	28,741.	212,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DONALD J. HANSON LEAD LINEMAN	(i)	132,253.	500.	2,267.	12,535.	30,461.	178,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DYLAN AAFEDT VP OF BUSINESS DEVELOPMENT	(i)	125,872.	4,440.	5,436.	11,434.	10,800.	157,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JED EVENSON LEAD LINEMAN	(i)	128,509.	300.	1,213.	9,036.	11,332.	150,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2021**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **LAKE REGION ELECTRIC COOPERATIVE** Employer identification number **\*\*\_\*\*\*\*020**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....						▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance



**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) Sharing of organization's revenues?	
				Yes	No
TIM THOMPSON	SEE BELOW	2,095,864.	SEE BELOW		X
TIM THOMPSON	SEE BELOW	508,444.	SEE BELOW	X	
DENNIS TOLLEFSON	SEE BELOW	33,563,534.	SEE BELOW		X
MICHAEL BRASEL	SEE BELOW	33,563,534.	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: DENNIS TOLLEFSON

(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

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

ELECTRIC COOPERATIVE POWER SUPPLIER. LREC PURCHASES POWER FROM GREAT RIVER ENERGY. LREC ALSO MAKES PAYMENT TO GRE FOR SUBSTATION POOL CHARGES, SCADA CHARGES, MNTCE TO RADIO SYSTEMS, ACCESS C&I ACCOUNTS ON WEB, MIDWEST ELEC. CONSUMER DUES.

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 ELECTRIC COOPERATIVE POWER SUPPLIER. LREC PURCHASES POWER FROM GREAT RIVER ENERGY. LREC ALSO MAKES PAYMENT TO GRE FOR SUBSTATION POOL CHARGES, SCADA CHARGES, MNTCE TO RADIO SYSTEMS, ACCESS C&I ACCOUNTS ON WEB, MIDWEST ELEC. CONSUMER DUES.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

LAKE REGION ELECTRIC COOPERATIVE

Employer identification number  
\*\*-\*\*\*020

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:

MANAGEMENT REVIEWS THE COMPLETED FORM FOR ACCURACY AND THEN IT IS PRESENTED

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

Schedule O (Form 990) 2021

Name of the organization

LAKE REGION ELECTRIC COOPERATIVE

Employer identification number

\*\*-\*\*\*\*020

TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL PRIOR TO THE FORM BEING FILED WITH THE IRS. THE 990 WILL BE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AT THE SEPTEMBER 2022 BOARD MEETING.

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

ANNUALLY, EVERY DIRECTOR, OFFICER AND ALL EMPLOYEES MUST COMPLETE AND SIGN A "CONFLICT OF INTEREST DISCLOSURE STATEMENT". THE STATEMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS FOR ALL DIRECTORS AND OFFICERS AND THE STATEMENTS ARE REVIEWED BY THE CEO FOR THE EMPLOYEES. BOARD MEMBERS WITH CONFLICTS ARE ASKED TO ABSTAIN FROM VOTING ON CONFLICTING ISSUES AND THEY ARE ASKED TO LEAVE THE ROOM. POTENTIAL CONFLICT OF INTEREST FOR EMPLOYEES IS DETERMINED BY THE CEO FOR REVIEW AND ACTION IF NECESSARY. ANY CONFLICT OF INTERESTS WILL BE DOCUMENTED IN THE BOARD MINUTES OR THE EMPLOYEE PERSONAL 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 2021.

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.

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

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL

Name of the organization

LAKE REGION ELECTRIC COOPERATIVE

Employer identification number

\*\*-\*\*\*\*020

STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, ALLOCATION OF PAYROLL AND BENEFITS TO LINES 5, 7, 8, 10:

-\$587,321 COMPENSATION OF CURRENT OFFICERS, DIRECTORS

-6,039,329 W-3 WAGES EXCLUDING CEO

-1,349,139 EMPLOYER CONTRIBUTIONS FOR PENSION AND 401K PLANS

-496,657 EMPLOYER PAYROLL TAXES

-8,472,446 TOTAL ALLOCATED COSTS

FORM 990, PART IX, LINE 24E

-\$8,472,446 ALLOCATION OF PAYROLL AND BENEFITS

+ \$402,470 TAXES

-8,069,976 TOTAL LINE 24E

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PATRONAGE DIVIDENDS ALLOCATED 4,017,001.

CAPITAL CREDITS RETIRED -2,034,082.

CHANGE IN OTHER EQUITIES -149,926.

TOTAL TO FORM 990, PART XI, LINE 9 1,832,993.

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

Name of the organization

LAKE REGION ELECTRIC COOPERATIVE

Employer identification number

\*\*\_\*\*\*\*020

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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **LAKE REGION ELECTRIC COOPERATIVE** Employer identification number **\*\*\_\*\*\*020**

**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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LAKE REGION ELECTRIC TRUST - **_***301 P.O. BOX 643 PELICAN RAPIDS, MN 56572	TO ACCUMULATE AND DISTRIBUTE FUNDS FOR CHARITABLE AND EDUCATIONAL	MINNESOTA	501(C)(3)	LINE 7	LAKE REGION ELECTRIC COOPERATIVE	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FEDERATED ACQUISITIONS LLC - **_***544, PO BOX 485, OWATONNA, MN 56572	OWNER OF CARR'S TREE SERVICE - TREE CLEARING	MN			-267.	871,953.		X	N/A		X	11.11%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LAKE REGION ELECTRIC HOLDING COMPANY LLC - **_***348, 1401 S BROADWAY, PELICAN RAPIDS, MN 56572	SOLAR ENERGY GENERATION & NATURAL GAS DISTRIBUTION	MN	LAKE REGION ELECTRIC COOPERATIVE	C CORP	25,181.	5,532,089.	100%	X	



**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....	X	
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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 transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LAKE REGION ELECTRIC HOLDING COMPANY LLC	B	1,046,275.	ACTUAL AMOUNT
(2) FEDERATED ACQUISITIONS LLC	F	124,500.	ACTUAL AMOUNT
(3) FEDERATED ACQUISITIONS LLC	L	1,620,174.	ACTUAL AMOUNT
(4)			
(5)			
(6)			

**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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**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.**