	0000
Form	8868

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application	on for each return

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request 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.*

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.

Туре о	r Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identificati	on number (TIN)
print	WEST RIVER ELECTRIC ASSN, INC.					204517
File by the due date for filing your return. See PO BOX 412						
instructio	ns. City, town or post office, state, and ZIP code. For a for WALL, SD 57790					
Enter t	ne Return Code for the return that this application is for (file	e a separat	e application for each return)		<u></u>	01
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation)	07				
 If th If th box 1 t t J 	phone No. ► (605)279-2135 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the org. . X calendar year 2022 or . tax year beginning . The tax year entered in line 1 is for less than 12 months, c . Change in accounting period	Group Exe and atta NOVEN anization's , an	mption Number (GEN) If ch a list with the names and TINs of <u>(IBER 15, 2023</u> , to file return for: d ending	f this is fo all membe	r the whole ers the exte npt organiza	group, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter the	tentative tax, less			0
-	ny nonrefundable credits. See instructions.		· · · · · · ·	<u>3a</u>	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069				•	0
_	stimated tax payments made. Include any prior year overp			<u>3b</u>	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa				•	0.
	sing EFTPS (Electronic Federal Tax Payment System). See n: If you are going to make an electronic funds withdrawal tions.			3c 53-TE and	l ⊅ d Form 887	

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

Form 8868 (Rev. 1-2022)

Public Disclosure Cop	v
-----------------------	---

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury

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



A F	or the	2022 calendar year, or tax year beginning and endin	ng				
Bc	heck if	C Name of organization		D Employer identifie	cation number		
a	applicable:						
	Address WEST RIVER ELECTRIC ASSN, INC.						
	Name			46-02045	17		
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room,	/suite	E Telephone number	,		
-	Final	PO BOX 112		605-279-2			
	Lireturn/ termin ated			G Gross receipts \$ 45,570,202.			
	Amen			H(a) Is this a group return			
-	_lreturn ∏Applic			for subordinates			
L	_ tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in			
. T		empt status: 501(c)(3) X 501(c) (12) (insert no.) 4947(a)(1) or	527		list. See instructions		
	Vebsi		1 027	H(c) Group exemption			
			Vear o		State of legal domicile: SD		
	orm of	Summary	<u> </u>		State of legal dofinenc, DD		
Ta		Briefly describe the organization's mission or most significant activities: COOPERA!	Ψ Τ V Τ	E - ELECTRIC	ግፐጥፕ ጥር		
e							
Activities & Governance	1	MEMBERS Check this box if the organization discontinued its operations or disposed of	morot	then 25% of its not ass			
ern		•			9		
NOK VOK		Number of voting members of the governing body (Part VI, line 1a)			9		
8		Number of independent voting members of the governing body (Part VI, line 1b)			66		
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			00		
ivit		Total number of volunteers (estimate if necessary)			46,362.		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			44,842.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	1	Prior Year	Current Year		
				O.	O.		
ē		Contributions and grants (Part VIII, line 1h)			44,576,308.		
enu		Program service revenue (Part VIII, line 2g)	_	38,615,944.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	_	177,006.	130,100.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		81,139.	70,880.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,874,089.	44,777,288.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	_	3,379,790.	3,343,228.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	6,850,295.	7,592,819.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
- Ô	b	Total fundraising expenses (Part IX, column (D), line 25)					
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,338,658.	33,594,744.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,568,743.	44,530,791.		
	19	Revenue less expenses. Subtract line 18 from line 12		305,346.	246,497.		
Por Sec				inning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)	1	36,764,788.	152,133,230.		
AS	21	Total liabilities (Part X, line 26)		90,043,939.			
Fund	20 21 22	Net assets or fund balances. Subtract line 21 from line 20		46,720,849.	48,435,527.		
Pa	art II						
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	statemer	nts, and to the best of my	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of which pre-	eparer h	nas any knowledge.			
		A contant lask		7-14-2	023		
Sig	n	Signature of officer		Date			
Her		RICHARD JOHNSON, CEO/GENERAL MANAGER					
		Type or print name and title					
_		Print/Type preparer's name Preparer's signature		ate Check	PTIN		
Paid		LAURIE HANSON, CPA LAURIE HANSON, CPA	0	6/27/23 self-employ			
	arer	Firm's name EIDE BAILLY LLP			5-0250958		
	Only	Firm's address 200 E. 10TH ST., STE. 500					
	SIOUX FALLS, SD 57104-6375			Phone no.60	5-339-1999		

 May the IRS discuss this return with the preparer shown above? See instructions

 232001 12-13-22
 LHA
 For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No Form 990 (2022)

	1990 (2022) WEST RIVER ELECTRIC ASSN, INC. 46-020	4517	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
-	TO PROVIDE SAFE, RELIABLE, EFFICIENT, AND REASONABLY PRICED		
	ELECTRICITY AND SERVICES, WHILE LEADING IN THE DEVELOPMENT OF O	UR	
	COMMUNITY FOR THE WELL BEING OF OUR MEMBERS.	011	
	Did the exercite the undertake any configurations are inceded wing the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the		V
	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?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex		ł
	revenue, if any, for each program service reported.		-
4a			<u> </u>
44	(Code:) (Expenses \$ including grants of \$) (Revenue \$) PROVIDED ELECTRIC SERVICE TO APPROXIMATELY 14,911 MEMBERS AND)
		1 MTT 1	
	MAINTAINED 2,055 OF MILES. ADDED 48 MILES OF LINE AND REMOVED 2	т ытгр	5
	OF LINE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)		
4u	Other program services (Describe on Schedule O.)	`	
A :=	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	Form 99	0 (0000)
		Form 99	• (2022)

Form 990 (2022)	WEST	RIVER	ELECTRIC	ASSN,	INC.
Part IV Checklist	of Required	Schedule	s		

Fai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
•	If "Yes," complete Schedule A	1 2		X X
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		
3	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	- U		_ <u></u>
	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	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		<u> </u>
2	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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
	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	21		x
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>		990	(2022)
_J∠UU3				()

Form 990 (2022) WEST RIVER ELECTRIC ASSN, INC. Part IV Checklist of Required Schedules (continued)

Form **990** (2022)

	(continued)		V	
00	Did the exercited in report more than \$5,000 of events or other equiptered to ar fer demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
2 4a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
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			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05	Part V, line 1	34	X X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	^	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of acetion 512(b)(12)2. (Fillow Received and the D. D. (14) Fillow Received and the D. D. (14) Fillow Received and the D. D. (14) Fillow Received and the	254		х
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 51		
00	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 77			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	10	x	

46-0204517	Page 5
------------	--------

Form	990 (2022) WEST RIVER ELECTRIC ASSN, INC. 46-0204	517	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 66			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a 43344872.			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
.5	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16		16		х
10		0		- 23
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Public Disclosure	Сору
-------------------	------

WEST RIVER ELECTRIC ASSN, INC.

	990 (2022) WEST RIVER ELECTRIC ASSN, INC. 46-02		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	ra "No" r	respon	ise
	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	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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 appoint one or			
	more members of the governing body?	. 7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	. 7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?		Х	L
b	Each committee with authority to act on behalf of the governing body?	. 8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			<u></u>
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	. <u>10a</u>		X
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?	<u>10b</u>	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	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		X X	
		12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	v	
40	on Schedule O how this was done	. <u>12c</u>	X X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.0	х	
	The organization's CEO, Executive Director, or top management official	1 4	X	
a	Other officers or key employees of the organization	. <u>15b</u>	Λ	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		x
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. <u>16a</u>		
a	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16h		
Sec	exempt status with respect to such arrangements?	. 16b		
17 18	List the states with which a copy of this Form 990 is required to be filed	(3)e ophy)	availa	blo
10	for public inspection. Indicate how you made these available. Check all that apply.	(JS UNIY)	avalidi	
19	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finan	rial	
19	statements available to the public during the tax year.		Jial	
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	DAWN HILGENKAMP - (605)279-2135			
	PO BOX 412, WALL, SD 57790			

Page **6**

46-0204517

Form 990 (2022) WEST RIVE								<u>46-0204</u> mpensated	517 _{Page} 7	
Employees, and Independen					-	•		•		
Check if Schedule O contains a respo			ne in	this	Part	VII			X	
Section A. Officers, Directors, Trustees, Key	Employees, a	nd Hig	hest	t Co	mper	nsate	ed Employees		<u></u>	
 1a Complete this table for all persons required to List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compension 	s, directors, tru ation was paic	istees I.	(whe	ether	indiv	idua	ls or organizations), reg	ardless of amount of c	,	
 List all of the organization's current key employees, if any. See the instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related 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)	(B)	Jiganiz		(C)	mpor	ioute	(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related organizations below	ridual trustee or director intronal trustee intronal trustee	Pc t chec nless p and a	Bitio ck mor berson direct	e than is both tor/trus	h an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations	

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		ne	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week			uau	recio	i/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	im per		1099-NEC)		and related
	below	vidual	nstitutional trustee	er	Key employee	Highest compensated employee	ler	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) RICHARD JOHNSON	60.00									
CEO/GENERAL MANAGER				Х				270,187.	0.	215,409.
(2) DAWN HILGENKAMP	50.00									
CFO/MANAGER OF FINANCE				Х				144,261.	0.	125,741.
(3) MATT SCHMAHL	50.00									
CONSTRUCTION PROJECT MANAGER						Х		126,558.	0.	88,113.
(4) JENNY PATTERSON	50.00									
OFFICE SERVICES MANAGER						Х		134,113.	0.	71,697.
(5) LANCE STEIGER	50.00									
STAKING FORMAN						Х		132,374.	0.	67,248.
(6) MIKE LETCHER	50.00									
MANAGER OF OPERATIONS						Х		158,545.	0.	38,182.
(7) VERONICA KUSSER	50.00									
MARKETING MANAGER						Х		139,887.	0.	15,382.
(8) SUE PETERS	8.20									
DIRECTOR		Х						17,550.	0.	0.
(9) STAN ANDERS	10.60									
VICE-PRESIDENT		Х		Х				16,200.	0.	0.
(10) ANDY MOON	6.60									
PRESIDENT		Х		Х				15,725.	0.	0.
(11) MARCIA M. ARNESON	5.60									
DIRECTOR		Х						15,575.	0.	0.
(12) JAMIE LEWIS	7.30									
SECRETARY		Х		Х				15,425.	0.	0.
(13) LARRY EISENBRAUN	6.90									
TREASURER		Х		Х				14,650.	0.	0.
(14) CHUCK SLOAN	11.80									
DIRECTOR		Х						13,975.	0.	0.
(15) HOWARD KNUPPE	3.60									
DIRECTOR		Х						12,750.	0.	0.
(16) JERRY HAMMERQUIST	4.60									
DIRECTOR		Х						12,400.	0.	0.

Form 990 (2022) WEST RIVE									46-02	0453	17 1	-age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,			
(A) Name and title	(B) Average		not cł		ition	than o		(D) Reportable	(E) Reportable		(F) Estima	
	hours per week					s both r/trust		compensation from	compensation from related	1	amoun othe	
	(list any	rector						the	organizations		compens	ation
	hours for related	e or dir	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	2/	from t organiza	
	organizations	truste	al trus		yee	mpen		1099-NEC)	1033-1120)		and rela	
	below	In dividual trustee or director	Institutional trustee	cer	ƙey employee	Highest compensated employee	Former				organiza	tions
	line)	Indi	Inst	Officer	Key	Hig emi	For			-+		
										-		
										\rightarrow		
										\rightarrow		
										-+		
										-		
1b Subtotal								1,240,175.			621,7	
c Total from continuation sheets to Part VI							-	0.		0.0	521,7	$\frac{0}{172}$
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 										0.10	021,1	14.
compensation from the organization		030	notes	u ab	000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	510					31
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oyee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s										_	3	X
4 For any individual listed on line 1a, is the su											4 X	
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	,		•								4 1	
rendered to the organization? If "Yes." com					-			-		🔽	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-								ensatio	n from	
the organization. Report compensation for	the calendar ye	ear e	endin	ig wi	ith o	or wit	hin T		ear.		(0)	
(A) Name and business	address							(B) Description of s	services	Cor	(C) npensati	on
KAINZ POWERLINES, INC.											•	
PO BOX 748, CUSTER, SD 57	730							LINE CONSTRU	CTION	1,	309,5	560.
BESLER INC.		_										
PO BOX 1527, RAPID CITY,	<u>SD 5770</u>	9					_	BUILD SUBSTA	TIONS		464,6	548.
SUMMIT INC. 2830 DEADWOOD AVE. N, RAF			dח	5'	77	٥٩		CONTRACTOR			175,0	124
ASPLUNDH TREE EXPERT CO		/	עפ	5	///	09	-	CONTRACTOR			1/5,0	124.
708 BLAIR MILL ROAD, WILL	OW GROV	Е,	P	A :	19	090		TREE TRIMMIN	G		167,7	38.
WAL-EAST DEVELOPMENT		,		-								
502 WEST BLVD, RAPID CITY	, SD 57	70	1					INSTALL BILL	BOARD		131,2	298.
2 Total number of independent contractors (ii	-	ot lin	nited	l to t	_	-	ed	above) who received m	ore than			
\$100,000 of compensation from the organized	zation				- 5)						

\$100,000 of compensation from the organization

	n 990 (i				R EL	ECTRIC A	SSN,	INC.		46-0204	517 Page 9
Pa	rt VII	I Statement of Re	ven	ue							
		Check if Schedule O	conta	ains a res	ponse	or note to any lir					
								A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Totarr	evenue		business revenue	
											sections 512 - 514
nts Its	1 a	Federated campaigns		<u>1</u> a	a 📃						
irar oun	b	Membership dues		11)						
Amo G	с	Fundraising events		10							
Sift: ar /	d	Related organizations		10	1						
s, (imil	е	Government grants (conti	ributio	ons) 1e	•						
tion r S	f	All other contributions, gifts,	grant	s, and							
ibui		similar amounts not included	l abov	/e 11			4				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in	lines 1	a-1f 1	3 \$						
an	h	Total. Add lines 1a-1f									
						Business Code					
e	2 a	SALE OF POWER				221000	· · ·	506,307.	41606307.		
e vic	b	CAPITAL CREDITS				221000	2,	590,146.	2,690,146.		
Program Service Revenue	с	OTHER OPERATING				221000		279,855.	279,855.		
am	d										
ogr	е										
Ъ	f	All other program service	rever	nue							
	g						44,	576,308.			
	3	Investment income (inclue	ding o	dividends	s, intere	st, and					
							:	108,713.			108,713.
	4	Income from investment of	of tax	-exempt	bond p	roceeds					
	5	Royalties									
				(i) R		(ii) Personal	4				
	6 a	Gross rents	6a		,507.		4				
	b	Less: rental expenses \dots	6b		3,145.		4				
	С	Rental income or (loss)	6c	46	,362.						
	d	Net rental income or (loss	;)					46,362.		46,362.	
	7 a	Gross amount from sales of		(i) Secu	urities	(ii) Other	-				
		assets other than inventory	7a			21,387.	-				
	b	Less: cost or other basis									
venue		and sales expenses	7b			0.	4				
ver	С	Gain or (loss)	7c			21,387.					
Re		Net gain or (loss)						21,387.			21,387.
Other Re	8 a	Gross income from fundraisi	-								
δ		including \$			f						
		contributions reported on		-							
		Part IV, line 18					4				
		Less: direct expenses									
		Net income or (loss) from									
	9 a	Gross income from gamir	-								
		Part IV, line 19					-				
		Less: direct expenses									
		Net income or (loss) from	-	-	ties						
	10 a	Gross sales of inventory,				co : 00=					
		and allowances					-				
		Less: cost of goods sold						04 540	A. 515		
	С	Net income or (loss) from	sales	s of inven	tory			24,518.	24,518.		
S						Business Code					
Miscellaneous Revenue	11 a										
lan	b										
Sev	C										
Mis	d	All other revenue									
	е	Total. Add lines 11a-11d						799 000		10.000	100.105
	12	Total revenue. See instruction	ons				44,	777,288.	44600826.	46,362.	130,100.

WEST RIVER ELECTRIC ASSN, INC. 46-0204517 Page 10 Form 990 (2022) 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). Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 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 3,343,228. Benefits paid to or for members 4 5 Compensation of current officers, directors, 718,004. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,262,558. Other salaries and wages 7 8 Pension plan accruals and contributions (include 1,185,688. section 401(k) and 403(b) employer contributions) Other employee benefits 9 426,569. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,689,973. 20 Interest Payments to affiliates 21 4,369,951. Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 9,543. UBI TAX а 22,554,281. COST OF POWER h ADMIN & GENERAL 3,030,001. С 3,001,216. DISTRIBUTION-OPERATIONS d -2,060,221. All other expenses е 44,530,791. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

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

WEST RIVER ELECTRIC ASSN, INC.

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 1 Cash - non-interest-bearing 3,017,766. 2,054,034. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4,856,008. 2,871,445. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 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 disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 180,000. 232,500. Notes and loans receivable, net 7 7 Assets 3,796,735. 4,303,043. 8 Inventories for sale or use 8 210,531. 148,344. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 168,806,846. b Less: accumulated depreciation 10b 49,550,666. 108,023,986. 119,256,180. 10c Investments - publicly traded securities 11 11 1,751,444. 2,589,444. Investments - other securities. See Part IV, line 11 12 12 16,904,858. Investments - program-related. See Part IV, line 11 13 18,649,410. 13 14 Intangible assets 14 8,023. 44,267. Other assets. See Part IV, line 11 15 15 136,764,788. 152,133,230. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 4,042,203. 4,810,068. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 16,256. 15,134. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 82,541,603. 94,588,242. Secured mortgages and notes payable to unrelated third parties 23 23 807,374. 734,808. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,637,625. 3,548,329. 25 of Schedule D 90,043,939. 26 103,697,703. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 X Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 0. 30 30 46,720,849. 48,435,527. 31 31 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 46,720,849. 48,435,527. 32 32 136,764,788. 152,133,230. 33 33 Total liabilities and net assets/fund balances

Form 990 (2022)

Form 990 (2022)

Form	990 (2022) WEST RIVER ELECTRIC ASSN, INC.	46-0	204517	Pa	_{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	44,777	7,2	88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,530		
3	Revenue less expenses. Subtract line 2 from line 1	3			97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,720),8	<u>49.</u>
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	1,468	3,1	81.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	48,435	5,5	27.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

Supplemental Financial Statements

	SCHEDULE D	
--	------------	--

Department of the Treasury Internal Revenue Service

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.



mpioy	/er	Ide	entiti	cati	on r	number
		-	~ ~	~ 4	- 4	-

Nam	e of the organization	O ACCN THO		Emp	bloyer identification n $46-020451$	
De	WEST RIVER ELECTRIC		01 40			1
Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		or AC	coun	LS. Complete if the	
		(a) Donor advised funds	//		ds and other accounts	
	-	(a) Donor advised funds	, (I	o) Full		>
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v					
	are the organization's property, subject to the organization's				Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o			Ũ		
Pa	impermissible private benefit?					No
			Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea			-	important land area	
	Protection of natural habitat	Preservation of	a certif	ied his	storic structure	
•	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form	of a con	iservat	Held at the End of the T	
	day of the tax year.			•		ax i cai
a	Total number of conservation easements			2a		
b				2b		
с	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a					
•	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	zation (during the tax	
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
0	Stan and volunteer hours devoted to monitoring, inspecting,	nanding of violations, and enforcing cons	ervation	i case	ments during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion one	omont	s during the year	
'	Amount of expenses incurred in monitoring, inspecting, nand	and entorcing conserva	lion eas	ement	s during the year	
8	Does each conservation easement reported on line 2(d) abov	$r_{\rm e}$ satisfy the requirements of section 170(h)(4)(B)(i	i)		
U	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	on essements in its revenue and expense	stateme	ent and		
Ŭ	balance sheet, and include, if applicable, the text of the footr					
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Si	milar	r Assets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95		nd bala	nce sh	eet works	
	of art, historical treasures, or other similar assets held for put	•				
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95			sheet	works of	
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	,		- -	,	
	(i) Revenue included on Form 990, Part VIII, line 1			9	\$	
	AND A A A A A A A A A A A A A A A A A A 				\$	
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB A		5 /F			
а	Revenue included on Form 990, Part VIII, line 1				\$	

\$

	dule D (Form 990) 2022 WEST RI	VER ELECTR			r Other S			4517	
3	Using the organization's acquisition, accessi								
	collection items (check all that apply):		,,,,	· · · · · · · · · · · · · · · · · · ·	j-				
а	Public exhibition	c	Loan or ex	change progra	am				
b	Scholarly research	e							
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	the organizatio	on's exemp	t purpose ii	n Part X		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?				Yes	No
Pa	t IV Escrow and Custodial Arran	gements. Compl	ete if the organizati	on answered	"Yes" on Fo	orm 990, Pa	art IV, lir	ne 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contributior	ns or other as	sets not inc	luded			
	on Form 990, Part X?						🗆	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F				-	?	🛛 🗶	Yes	No
b Pa	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	n provided on	Part XIII .				X
Га	t V Endowment Funds. Complete			orm 990, Part (c) Two yea) Three years	back		ware back
		(a) Current year	(b) Prior year	(C) TWO yea	IS DACK (U	I Thee years	SUACK	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g 2	End of year balance Provide the estimated percentage of the curr		l o (lipo 1 g. oolump (r						
2	Board designated or quasi-endowment								
a b			70						
0		%							
v	The percentages on lines 2a, 2b, and 2c sho	- · -							
3a	Are there endowment funds not in the posse		ation that are held a	and administer	red for the				
ou	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the							L	I
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990), Part X, lin	e 10.			
	Description of property	(a) Cost or o basis (investr		st or other s (other)		umulated eciation		(d) Book	value
1a	Land		89	90,221.				890	,221.
b				85,282.	5,53	3,342	. 10).751	,940.
				05,202.					/ 2 2 0 0
С	Buildings Leasehold improvements								<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
c d	Buildings		19,14	43,730.	5,95	59,962	. 13	3,183	,768.
	Buildings Leasehold improvements		19,14		5,95		• 13 • 94	8,183 1,430	

Schedule D (Form 990) 2022

WEST RIVER ELECTRIC ASSN, INC. Schedule D (Form 990) 2022

Part	VII Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
(a) De	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Fina	ancial derivatives			
(2) Clo	sely held equity interests			
(3) Oth	ner			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	VIII Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)	RUSHMORE ELECTRIC POWER			
(2)	COOPERATIVE, INC.	16,362,895.	COST	
	NATIONAL RURAL UTILITIES			
(4)	COOPERATIVE FINANCE			
(5)	CORPORATION	1,350,843.	COST	
	FEDERATED RURAL ELECTRIC			
(7)	INSURANCE	355,179.	COST	
	RURAL ELECTRIC SUPPLY			
(9)	COOPERATIVE	281,073.	COST	
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)	18,649,410.		
Part		10,040,410.		
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
		Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)				
(2)				
(3)				
<u>(3)</u> (4)				
<u>(5)</u> (6)				
<u>(7)</u> (8)				
(9) Total ((Osturne (k) south south France 000 Dout V. sol. (D) liss	15)		
Part	Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	10.)		
. are	Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
-	(a) Description of liability			(b) Book value
<u>1.</u>	() 1)			
	Federal income taxes CUSTOMER DEPOSITS			151 836
(2)				<u>454,836.</u> 2,646,419.
	DEFERRED CREDITS			
	POSTRETIREMENT BENEFITS			404,321.
(5)	OTHER LIABILITIES			6,510.
(6)	LEASE LIABILITY			36,243.
(7)				
(8)				
(9)				
Total. (<u> Column (b) must equal Form 990. Part X. col. (B) line</u>	25.)		3,548,329.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 WEST RIVER ELECTRIC ASSN,	INC.		46-	0204517 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem		h Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	44,813,260.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		35,972.		
е	Add lines 2a through 2d			2e	35,972.
3	Subtract line 2e from line 1			3	44,777,288.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	44,777,288.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		-	
1	Total expenses and losses per audited financial statements			1	41,223,535.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		4	
b	Prior year adjustments	2 b		4	
с	Other losses	. 2c		4	
d	Other (Describe in Part XIII.)	2d	45,515.		
е	Add lines 2a through 2d			2e	45,515.
3	Subtract line 2e from line 1			3	41,178,020.
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			4	
b	Other (Describe in Part XIII.)	4b	3,352,771.		
с	Add lines 4a and 4b			4c	3,352,771.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	44,530,791.
Pa	t 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 IV, LINE 2B:

THE COOPERATIVE COLLECTS MONEY FROM MEMBERS FOR THE WEST RIVER CHARITABLE

TRUST INC. THE TRUST HAS A SEPARATE BOARD OF DIRECTORS THAT IS RESPONSIBLE

FOR DISTRIBUTING THE FUNDS.

PART X, LINE 2:

THE ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE

ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE ASSOCIATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES

RELATED TO THE UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF SUCH

INTEREST AND PENALTIES ARE INCURRED.

Schedule D (Form 990) 2022 WEST RIVER ELECTRIC ASSN, INC. Part XIII Supplemental Information (continued)	46-0204517 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
INTEREST EXPENSE ATTRIBUTED TO RENTAL PROPERTY	45,515.
RECLASSIFICATION OF TAXES	-9,543.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	35,972.
DADT VII IINE 2D - OTHED ADTHEMMENTS.	
INTEREST EXPENSE ATTRIBUTED TO RENTAL PROPERTY	45,515.
ALLOCATION OF 2022 MARGINS TO MEMBERS IN 2023	3,343,228.
RECLASSIFICATION OF TAXES	9,543.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	

Schedule D (Form 990) WEST RIVER ELECTRIC ASSN, INC.

Schedule D (Form 990) WEST RIVER ELECTRIC ASSN, I	.NC•	46-020451/ Page
Part XIII Supplemental Information (continued)		
Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
NATIONAL INFORMATION SOLUTIONS COOPERATIVE	164,009.	COST
OTHER MEMBERSHIPS	15,176.	COST
GOLDEN WEST TELECOMMUNICATIONS COOPERATIVE	120,235.	COST

SC	SCHEDULE J Compensation Information		OMB No. 1545-0047					
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20	ດດ					
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	22					
Depa	Attach to Form 990.	Open to		•				
Interr	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	-	Inspection					
Nan	•	identificatio		lber				
		20451	/					
Pa	Int I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
L.	If any of the bayes on line to are abacked, did the examination follows a written policy recording normality and							
a	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursomeet or provision of all of the expenses described above? If "No " complete Part III to explain	1b	x					
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	ui						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	x					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
Ŭ	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.							
	Compensation committee Written employment contract							
	Independent compensation consultant Independent compensation consultant							
	Form 990 of other organizations							
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 related organization:							
а	Receive a severance payment or change-of-control payment?	4a		Х				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4		Х				
с	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х				
	If "Yes" to any of lines 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
	The organization?							
	Any related organization?							
	If "Yes" on line 5a or 5b, describe in Part III.							
6	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:							
а	The organization?	<u>6a</u>						
b	Any related organization?	6b						
_	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
-	not described on lines 5 and 6? If "Yes," describe in Part III	7						
8	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	8						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

 $\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

WEST RIVER ELECTRIC ASSN, INC.

46-0204517 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 (1) RICHARD JOHNSON (i)		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RICHARD JOHNSON	(i)	267,887.	2,300.	0.	190,146.	26,830.	487,163.	0.
CEO/GENERAL MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAWN HILGENKAMP	(i)	141,961.	2,300.	0.	93,568.	33,089.	270,918.	0.
CFO/MANAGER OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATT SCHMAHL	(i)	123,758.	2,800.	0.	56,816.	31,886.	215,260.	0.
CONSTRUCTION PROJECT MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNY PATTERSON	(i)	131,813.	2,300.	0.	46,059.	26,449.	206,621.	0.
OFFICE SERVICES MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LANCE STEIGER	(i)	129,974.	2,400.	0.	35,992.	31,819.	200,185.	0.
STAKING FORMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MIKE LETCHER	(i)	156,245.	2,300.	0.	6,288.	32,860.	197,693.	0.
MANAGER OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VERONICA KUSSER	(i)	89,467.	50,420.	0.	2,952.	12,888.	155,727.	0.
MARKETING MANAGER	(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)							

Schedule J (Form 990) 2022 WEST RIVER ELECTRIC ASSN, INC.

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.

PART I, LINE 1A:

WE REIMBURSE ALL EMPLOYEES FOR GYM MEMBERSHIPS, THIS IS PART OF OUR

WELLNESS ACTIVITIES.

SCHEDULE J, PART II, COLUMN C

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

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

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

RICHARD JOHNSON: CHANGE IN ACTUARIAL VALUE INCLUDED IN COLUMN C IS

\$179,879. ACTUAL EXPENSE OF THE COOPERATIVE IS \$58,797.

DAWN HILGENKAMP: CHANGE IN ACTUARIAL VALUE INCLUDED IN COLUMN C IS

\$87,622. ACTUAL EXPENSE OF THE COOPERATIVE IS \$34,302.

MIKE LETCHER: CHANGE IN ACTUARIAL VALUE INCLUDED IN COLUMN C IS \$0.

ACTUAL EXPENSE OF THE COOPERATIVE IS \$36,254.

VERONICA KUSSER: CHANGE IN ACTUARIAL VALUE INCLUDED IN COLUMN C IS \$0.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 WEST RIVER ELECTRIC ASSN, INC.

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.

ACTUAL EXPENSE OF THE COOPERATIVE IS \$17,151.

JENNY PATTERSON: CHANGE IN ACTUARIAL VALUE INCLUDED IN COLUMN C IS

\$40,790. ACTUAL EXPENSE OF THE COOPERATIVE IS \$30,398.

LANCE STEIGER: CHANGE IN ACTUARIAL VALUE INCLUDED IN COLUMN C IS

\$32,198. ACTUAL EXPENSE OF THE COOPERATIVE IS \$20,965.

MATT SCHMAHL: CHANGE IN ACTUARIAL VALUE INCLUDED IN COLUMN C IS \$52,117

ACTUAL EXPENSE OF THE COOPERATIVE IS \$21,960.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on OMB No.

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



46-0204517

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

1 CLASS OF MEMBERS. ALL COOPERATIVE MEMBERS WITH EQUAL VOTING RIGHTS.

WEST RIVER ELECTRIC ASSN,

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

ALL MEMBERS HAVE EQUAL VOTING RIGHTS TO VOTE FOR MEMBERS OF THE BOARD.

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

BYLAWS AND ARTICLES OF INCORPORATION CHANGES MUST BE APPROVED BY THE

MEMBERSHIP.

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:

REVIEW WILL BE DONE AT THE REGULAR BOARD MEETING PRIOR TO SIGNING THE FINAL

FORM. THE GENERAL MANAGER AND DIRECTOR OF FINANCE WILL REVIEW THE FORM 990 WITH THE BOARD.

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

ALL DIRECTORS AND EMPLOYEES ARE COVERED UNDER THE CONFLICT OF INTEREST

POLICY. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE DETERMINATION OF

WHETHER A CONFLICT EXISTS, AND FOR REVIEW OF POTENTIAL CONFLICTS. BOARD

MEMBERS WITH CONFLICTS OF INTEREST MUST ABSTAIN FROM DISCUSSION AND VOTING

ON THE ITEM. DIRECTORS ARE ASKED ANNUALLY TO DOCUMENT ANY CONFLICTS THEY

MAY HAVE.

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

AN INDEPENDENT CONSULTANT, UTILIZING NATIONAL AND REGIONAL WAGE INFORMATION

FOR EACH POSITION WITHIN THE COOPERATIVE, PROVIDES A RECOMMENDATION FOR

COMPENSATION TO THE BOARD OF DIRECTORS. THE BOARD REVIEWS THE

RECOMMENDATIONS AND PROVIDES FINAL APPROVAL. THE PROCESS IS COMPLETED ON AN ANNUAL BASIS.

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

AVAILABLE UPON REQUEST AND ON OUR WEBSITE.

FORM 990, PART VII, COLUMN F, OTHER COMPENSATION:

INCLUDED IN OTHER COMPENSATION IS THE ESTIMATED CURRENT YEAR INCREASE

OR DECREASE IN THE ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN FOR THE

CEO/GENERAL MANAGER, CFO/MANAGER OF FINANCE, MANAGER OF OPERATIONS,

MARKETING MANAGER, OFFICE SERVICES MANAGER, STAKING FOREMAN AND

CONSTRUCTION PROJECT MANAGER. THE CURRENT YEAR INCREASE OR DECREASE

DOES NOT REPRESENT CURRENT YEAR CONTRIBUTIONS TO THE PLAN. RATHER, IT

IS AN ESTIMATE OF THE INCREASE OR DECREASE IN THE ACTUARIAL VALUE OF

THE PLAN AS CALCULATED BY THE PLAN ADMINISTRATOR.

FORM 990, PART IX, LINE 24E STATEMENT OF FUNCTIONAL EXPENSES: THE LABOR, PENSION AND PAYROLL TAXES REPORTED ON LINES 6-10 ARE INCLUDED IN DISTRIBUTION EXPENSE, ADMINISTRATIVE & GENERAL EXPENSE AND CUSTOMER EXPENSE. THEREFORE, LABOR, PENSION AND PAYROLL TAXES ARE SHOWN AS A REDUCTION TO OTHER EXPENSES ON LINE 24E.

Schedule O (Form 990) 2022
Name of the organization

WEST RIVER ELECTRIC ASSN, INC.

46-0204517

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ALLOCATION OF 2022 MARGINS TO MEMBERS IN 2023	3,343,228.
RETIREMENT OF CAPITAL CREDITS	-1,875,047.
TOTAL TO FORM 990, PART XI, LINE 9	1,468,181.

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

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

MEAN PATRONAGE CAPITAL ALLOCATED FOR THE YEAR, RATHER THAN PATRONAGE

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

COOPERATIVE.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service 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.

Related Organizations and Unrelated Partnerships

Inspection Employer identification number 46-0204517

OMB No. 1545-0047

Open to Public

22

Name of the organization

WEST RIVER ELECTRIC ASSN, INC.

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		g) 512(b)(13) folled ity?
				501(c)(3))		Yes	No
WEST RIVER ELECTRIC CHARITABLE TRUST INC - 46-0454370, PO BOX 412, WALL, SD 57790	CHARITABLE	SOUTH DAKOTA	501(C)(3)		WEST RIVER ELECTRIC ASSOCIATION, INC.	x	
		DOUTH DANOTA	501(0)(3)		abberriton, inc.		
	-						
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 WEST RIVER ELECTRIC ASSN, INC.

46-0204517 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)	(1	h)	(i)	((k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Iing Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Disproportionate allocations? Code V-UB amount in builty 20 of Schedu K-1 (Form 10)				Code V-UBI amount in box 20 of Schedule	General or managing partner?	Percentage ownership				
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No			
	-													
	4													

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	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

Schedule R (Form 990) 2022 WEST RIVER ELECTRIC ASSN, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	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?		103	
' 	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
		1c		X
	Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
e		le		
f	Dividends from related organization(s)	1f		х
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)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	<u> </u>
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		Х
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)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2022 WEST RIVER ELECTRIC ASSN, INC.

46-0204517 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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

Schedule I	R (Form 990) 2022	WEST R	IVER 1	ELECTRIC	ASSN,	INC.	46-0204517	Page 5
Part VI	Supplemental Info	rmation						·
	Provide additional inform		onses to au	lestions on Sche	dule R. See	instructions		