

Form **8868** 

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or EAST RIVER ELECTRIC POWER **Print** 46-0225402 COOPERATIVE, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 211 S. HARTH AVE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 57042 MADISON, SD Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of BARBARA STROM 211 S. HARTH AVE - MADISON, SD 57042 Telephone No. (605) 256-8081 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 . 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. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 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. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

Form 8868 (Rev. 1-2024)

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u> F	or the	2023 calendar year, or tax year beginning and	ending								
<b>B</b> c	heck if oplicable	EAST RIVER ELECTRIC POWER		D Employer identi	fication number						
	Addre:										
	Name chang	Doing business as		46-02254	102						
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 211 S. HARTH AVE		E Telephone number (605) 256-4536							
	termin ated			G Gross receipts \$	356,938,059.						
	Ameno			H(a) Is this a group							
	Applic tion	F Name and address of principal officer: ROBERT SAHR		for subordinate							
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No											
<u>1 T</u>	ax-exe	empt status: $\square$ 501(c)(3) $\square$ 501(c)( $\square$ 12 ) (insert no.) $\square$ 4947(a)(1) of	or 5	If "No," attach	a list. See instructions						
	Vebsit			H(c) Group exempti							
		organization: X Corporation Trust Association Other	<b>L</b> Ye	ar of formation: 1949	M State of legal domicile: SD						
Pa	rt I	Summary									
Ge		Briefly describe the organization's mission or most significant activities: <u>ACQUI</u>			SSION, AND						
nar		Check this box if the organization discontinued its operations or dispos			ssets.						
Governance				3	1						
		Number of independent voting members of the governing body (Part VI, line 1b)									
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			170						
/itie		Total number of volunteers (estimate if necessary)			0						
cţi		Total unrelated business revenue from Part VIII, column (C), line 12									
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7i							
			_	Prior Year	Current Year						
e		Contributions and grants (Part VIII, line 1h)		0.							
Revenue		Program service revenue (Part VIII, line 2g)			356,072,192.						
3e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		563,795							
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		149,043							
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		335,441,988. 68,294.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,162,618							
		Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		21,101,787							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.							
ben		Total fundraising expenses (Part IX, column (D), line 25)	0.	•							
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		279,109,289	307,128,978.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			356,938,059.						
		Revenue less expenses. Subtract line 18 from line 12		0.	•						
or		<u> </u>		Beginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		837,365,298	910,292,262.						
t As	21	Total liabilities (Part X, line 26)		571,593,806							
		Net assets or fund balances. Subtract line 21 from line 20		265,771,492	285,811,853.						
	rt II	Signature Block									
		lties of perjury, I declare that I have examined this return, including accompanying schedules		·	ny knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepar	er has any knowledge.							
Sign Signature of officer Date											
Sigr				Date							
Here ROBERT SAHR, CEO/GENERAL MANAGER  Type or print name and title											
Print/Type preparer's name Preparer's signature Date Check PTIN											
Paid			CPA	11/04/24 if self-empl							
Prep		Firm's name EIDE BAILLY LLP			45-0250958						
Use		Firm's address 345 N. REID PL., STE. 400		THIIIOLIN							
		SIOUX FALLS, SD 57103-7034		Phone no. 6	05-339-1999						
Mav	the IF	S discuss this return with the preparer shown above? See instructions		1	X Yes No						
		Paperwork Reduction Act Notice, see the separate instructions. 332001 12	2-21-23		Form <b>990</b> (2023)						

Form 990 (2023) COOPERATIVE, INC.

Part III | Statement of Program Service Accomplishments

46-0225402

Page 2

Га	Check if Schoolule O contains a response or note to any line in this Bart III	
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:	
•	EAST RIVER ELECTRIC POWER COOPERATIVE EXISTS TO ENHANCE THE VALUE OF	
	ITS MEMBERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Nο
	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?	Nο
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
	EAST RIVER ELECTRIC POWER COOPERATIVE IS A WHOLESALE ELECTRIC POWER	
	SUPPLY COOPERATIVE SERVING 24 RURAL ELECTRIC COOPERATIVES AND ONE	
	MUNICIPALLY-OWNED ELECTRIC SYSTEM, WHICH IN TURN SERVES MORE THAN	
	93,000 HOMES AND BUSINESSES AND ABOUT 250,000 CONSUMERS. THE	
	COOPERATIVE OPERATES AND MAINTAINS 3,236 MILES OF HIGH VOLTAGE	
	TRANSMISSION LINE, 261 SUBSTATIONS AND RELATED FACILITIES TO SERVE AN AREA OF 40,000 SQUARE MILES THAT COVERS THE RURAL AREAS OF 41 COUNTIES	•
	IN EASTERN SOUTH DAKOTA AND 22 COUNTIES IN WESTERN MINNESOTA. EAST	
	RIVER IS ALSO A TRANSMISSION OWNER IN THE SOUTHWEST POWER POOL.	
	RIVER 15 ALSO A TRANSMISSION OWNER IN THE SOUTHWEST FOWER FOOL:	
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	
	(Code	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
+u	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses	
	Form 990	(2023)

46-0225402 Page **3** 

# Form 990 (2023) COOPERATIVE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			_ <u></u>
	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	<u></u>		
	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	<b>–</b> "		<u> </u>
10		10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		
19		40		y
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\stackrel{\Delta}{\vdash}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04	Х	1
33200	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	Щ

COOPERATIVE, INC. 46-0225402 Page 4 Form 990 (2023) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **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 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 ....... Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ...... Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a 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 section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 134 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Page 5

Form	990 (2023) COOPERATIVE, INC. 46-0225	402	Р	age 5
Par	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	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		
	Teller III III III III III III III III III I	7b		
	Did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
·	to file Form 8282?	7c		
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
	,	7e		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <del>e</del> 7f		
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) <u>11b</u> 9,114,561.			
	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.			
а	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			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u>-</u> _
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	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			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023)

COOPERATIVE, INC. 46-0225402

Page 6

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 Section A. Governing Body and Management Yes No 22 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 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? Х 7a **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		X
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?	16b		

### Section C. Disclosure

18	Section 6104 requires an organi	zation to make its Forms 1	1023 (1024 or 1024-A, if	applicable), 990, an	nd 990-T (section 501(c)(3)s only) availa	ble
	for public inspection. Indicate he	ow you made these availab	ole. Check all that apply	<i>'</i> .		
	Own website A	nother's website	Upon request	Other (explain	on Schedule O)	

NONE

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.

State the name, address, and telephone number of the person who possesses the organization's books and records BARBARA STROM - (605) 256-8081

57042 211 s. HARTH AVE, MADISON, SD

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

Form 990 (2023) COOPERATIVE, INC. 46-0225402 Page 7

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

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

X

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

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

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	Jiga	IIIZA	((		ірсп	Jac	(D)	(E)	(F)
Name and title	Average	e (do		Posi	tion	l than c	one	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	son is	s both	an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		oloyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT SAHR	47.00	=	_=_	0	<u>×</u>	Ξ ω	4			
CEO/GENERAL MANAGER				Х				545,859.	0.	150,740.
(2) SCOTT SHEWEY	44.00									
CHIEF FINANCIAL OFFICER				Х				337,928.	0.	74,814.
(3) ELIZABETH AVERY, CHIEF	41.00									
HUMAN RESOURCES OFFICER						Х		205,086.	0.	167,502.
(4) JEFFREY MAY	44.00									
CHIEF INFORMATION OFFICER						X		234,084.	0.	126,768.
(5) MARK HOFFMAN	41.00									
CHIEF OPERATIONS OFFICER					X			260,959.	0.	85,339.
(6) CHRIS STUDER, CHIEF	45.00									
MEMBER & PUBLIC RELATIONS						Х		236,360.	0.	65,898.
(7) MICHAEL JASPERS	42.00								_	
BUSINESS DEVELOPMENT DIRECTOR						Х		230,291.	0.	56,504.
(8) DANIEL BROWN	44.00								_	
GENERAL COUNSEL						X		204,050.	0.	41,255.
(9) DUANE WOLBRINK	4.00								_	_
SECRETARY		Х		Х				18,932.	0.	0.
(10) BERT ROGNESS	3.00								_	
TREASURER		Х		Х				18,658.	0.	0.
(11) DARREL RASCHKE	3.00								_	
DIRECTOR		Х						18,121.	0.	0.
(12) ALAN HINDERMAN	3.00							10 055	•	
DIRECTOR	2 00	Х						18,057.	0.	0.
(13) DARREN STRASSER	3.00							10 000	•	•
DIRECTOR	2 00	Х						18,020.	0.	0.
(14) GARY BACHMAN	3.00	7,7						17 470	0	0
DIRECTOR	2 00	X						17,478.	0.	0.
(15) JAMES RYKEN	3.00	7.7		37				17 240	0	0
PRESIDENT	2 00	Х		Х				17,249.	0.	0.
(16) DOUG DIEKMANN	3.00	v						16 000	0.	^
DIRECTOR (17) TEER HIERORD	3.00	Х						16,899.	U •	0.
(17) JEFF HUFFORD	3.00	v						16 501	_	^
DIRECTOR		X						16,581.	0.	0.

332007 12-21-23 Form **990** (2023)

46-0225402 P

Page 8

	1 1 1 1 1 1 1 1 1								40 0225	TOZ Fage O
Part VII Section A. Officers, Directors, True	II	oloy	ees,			ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of
	week	_	Cei ai	lu a u	liecto	T	(66)	from	from related	other 
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	l trus		ee (ee	mpen		1099-NEC)	1099-1420)	and related
	below	dual t	utiona	_	nploy	st co	er	10001120,		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(18) KIRK SCHAUNAMAN	3.00									
DIRECTOR		Х						16,237.	0.	0.
(19) DAVID NEUGEBAUER	3.00									
DIRECTOR		Х						16,141.	0.	0.
(20) JOHN OSTRAAT	3.00									
DIRECTOR		Х						15,682.	0.	0.
(21) RODNEY DEMENT	3.00									
DIRECTOR		Х						15,107.	0.	0.
(22) PAUL VOIGT	3.00									
DIRECTOR		Х						15,049.	0.	0.
(23) ALAN VEDVEI	3.00									
VICE PRESIDENT		Х		X				14,704.	0.	0.
(24) DAVE WARKENTHIEN	3.00									
DIRECTOR		Х						14,492.	0.	0.
(25) RON SAMUELSON	3.00									
DIRECTOR		Х				_		13,832.	0.	0.
(26) DON SCHURDEVIN	3.00	<b> </b>							_	_
DIRECTOR		Х						13,782.	0.	0.
1b Subtotal								2,549,638.	0.	768,820.
c Total from continuation sheets to Part \							• •	37,754.	0.	0.
d Total (add lines 1b and 1c)								2,587,392.	0.	768,820.

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

88

			Yes	No
3	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	3		_X_
4	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	4	Х	
5	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	5		X

### Section B. Independent Contractors

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
HIGHMARK ERECTORS, INC.	SUBSTATION	
PO BOX 491, BLACK HAWK, SD 57718	CONSTRUCTION	5,618,249.
KEY CONTRACTING, INC	TRANSMISSION LINE	
245 7TH AVE NE, WEST FARGO, ND 58078	CONSTRUCTION	3,879,047.
DGR ENGINEERING, 1302 SOUTH UNION STREET,		
PO BOX 511, ROCK RAPIDS, IA 51246	ENGINEERING SERVICES	3,315,593.
PUETZ CORPORATION, 800 NORTH KIMBALL, PO	TRANSMISSION LINE	
BOX 968, MITCHELL, SD 57301	CONSTRUCTION	2,923,177.
KARIAN PETERSON POWER LINE	TRANSMISSION LINE	
PO BOX 345, MONTEVIDEO, MN 56265	CONSTRUCTION	2,672,949.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 24		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

# EAST RIVER ELECTRIC POWER COOPERATIVE. INC.

Form 990 COOPERATIVE, INC. 46-0225402

Average   Position   Crisical state apply)   Reportable   Compensation   Crisical state apply)   Compensation   Crisical state apply)   Reportable   Compensation   Crisical state apply)   Reportable   Compensation   Compen	Form 990 COOPERAT:	IVE, INC	<i>.</i>							46-022	5402
Name and title	Part VII   Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	es (continued)	
Per   week (Ist any) hours for related organization below line)   2.00   X   12,084.   0.   (271099-MISC)   (W-2/1099-MISC)   (W-2/1099-	(A)	(B) Average			(C Pos	C) ition			<b>(D)</b> Reportable	Reportable	Estimated
NIRECTOR		per week (list any hours for related organizations below line)							from the organization	from related organizations	other compensation
2.00   X		2.00							10.004		•
X		0.00	X						12,084.	0.	0
3.00   X   8,831.   0.   (1)		2.00	3,7						10 050	_	•
X		2 00	Λ						10,850.	0.	U
30) MICHAEL LONGTIN   4.00   X     5,989.   0.   ()		3.00	v						0 021	_	^
X		1 00	Λ	$\vdash$			$\vdash$		0,031.	U •	
31) TREVOR JOB  IRECTOR  2.00  X  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		4.00	v						5 989	n	0
X 0. 0. (		2.00	- 25	$\vdash$			$\vdash$		3,303.	· · ·	U
		2.00	x						0.	0.	0
			1								
27.754											
27. 754											
27. 754											
27.754											
27.754											
27.754			_								
27.754											
27.754											
27 754											
	Total to Part VII, Section A, line 1c	1	1					1	37,754.		

Form	n 990 (í	EAST RIVER 2023) COOPERATIVE		JWEK		46-0225	402 Page <b>9</b>
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a respor	se or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
fts, Grants	1 a b c	Federated campaigns  Membership dues  Fundraising events  Related organizations  1a  1b  1c  1d					
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  16					
Sont	g h	Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f					
		SALE OF POWER	Business Code	302220512.	302220512.		
/ice	2 a b	RTO & WHEELING REVENUE	221000	33,203,598.	33203598.		
ser.	C	G&T CAPITAL CREDITS	221000	20,648,082.	20648082.		
Program Service Revenue	d			20,010,002.	20010002.		
ogr R	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f		356072192.			
	3	Investment income (including dividends, in other similar amounts)	· .	610,163.			610,163.
	4	other similar amounts) Income from investment of tax-exempt bor		,			
	5	Royalties	· .				
		(i) Real	(ii) Personal				
	6 a	<b>a</b> Gross rents <b>6a</b> 156,931.					
	b	Less: rental expenses 6b	0.				
	С	Rental income or (loss) 6c 156,93	31.				
	d			156,931.			156,931.
	7 a	Gross amount from sales of (i) Securitie	<u> </u>				
		assets other than inventory 7a	30,959.				
е	D	Less: cost or other basis and sales expenses	0.				
enne	С	Gain or (loss) 7c	30,959.				
3ev		Net gain or (loss)	· ·	30,959.			30,959.
Other Rev		Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
		Net income or (loss) from fundraising event					
		Gross income from gaming activities. See					
		Part IV, line 19	9a				
			9b				
		Net income or (loss) from gaming activities					
		***************************************	10a 10b				
		Less: cost of goods sold					
	Ŭ	Net income or (loss) from sales of inventor	Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	67,814.			67,814.
ane	b						
cell	С		_				
Mis	d	All other revenue					
_	е	Total. Add lines 11a-11d		67,814.	356050403	_	065.065
	<b>12</b> 9 12-21-	Total revenue. See instructions		356938059.	356072192.	0.	865,867. Form <b>990</b> (2023)

46-0225402 Page **10** 

Form 990 (2023) COOPERATIVE, INC.
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							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	68,390.					
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	27,750,309.					
5	Compensation of current officers, directors,						
	trustees, and key employees	1,776,962.					
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	15,667,407.					
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	3,314,446.					
9	Other employee benefits						
10	Payroll taxes	1,231,567.					
11	Fees for services (nonemployees):						
а	Management						
b	Legal						
С	Accounting						
d	Lobbying						
е	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						
40	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	17,321,873.					
20	Interest Payments to affiliates	11,321,013.					
21 22	Depreciation, depletion, and amortization	16,246,989.					
23	Insurance	10/210/3031					
24	Other expenses. Itemize expenses not covered						
	above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)						
а		264,558,585.					
b	TRANSMISSION - OPERATIO	11,398,268.					
c	TRANSMISSION - MAINTENA	3,898,680.					
d	DISTRIBUTION - OPERATIO	2,165,487.					
е	All other expenses	-8,460,904.					
25		356,938,059.					
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						

Form 990 (2023)
Part X Balance Sheet

COOPERATIVE, INC.

46-0225402 Page **11** 

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	9,939,777.	2	8,838,848.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			35,599,010.	4	32,472,060.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	•			5	
	6	Loans and other receivables from other disqualifi	-	•			
		under section 4958(f)(1)), and persons described				6	
ets	7	Notes and loans receivable, net			15 620 026	7	22 262 746
Assets	8	Inventories for sale or use			15,638,936.	8	22,969,746.
٩	9	_			5,711,597.	9	4,550,077.
	10a	Land, buildings, and equipment: cost or other		700 067 000			
	_	basis. Complete Part VI of Schedule D	10a	150,007,090.	E70 100 010		640 544 055
		Less: accumulated depreciation		158,322,243.	578,128,813.	10c	640,544,855.
	11	Investments - publicly traded securities			12 224 627	11	6 072 624
	12	Investments - other securities. See Part IV, line 1			13,334,637. 179,012,528.	12	6,973,624. 193,943,052.
	13	Investments - program-related. See Part IV, line 1			1/9,012,320.	13	193,943,052.
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			837,365,298.	15 16	910,292,262.
	16 17	Total assets. Add lines 1 through 15 (must equa	41,386,893.	17	40,635,791.		
	18	Accounts payable and accrued expenses	41,300,033.	18	40,033,731		
	19	Grants payable  Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
"	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa					
iliqu		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelat			484,684,554.	23	487,114,022.
	24	Unsecured notes and loans payable to unrelated	third p	parties	30,000,000.	24	88,000,000.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			15,522,359.	25	8,730,596.
	26	Total liabilities. Add lines 17 through 25			571,593,806.	26	624,480,409.
		Organizations that follow FASB ASC 958, chec	k her	e			
ces		and complete lines 27, 28, 32, and 33.					
ılan	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions				28	
nu		Organizations that do not follow FASB ASC 95	8, che	eck here X			
ř		and complete lines 29 through 33.			0 500		0.500
ts c	29	Capital stock or trust principal, or current funds			2,500.	29	2,500.
sse.	30	Paid-in or capital surplus, or land, building, or equ			0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			265,768,992.	31	285,809,353.
Se	32	Total net assets or fund balances			265,771,492.	32	285,811,853.
	33	Total liabilities and net assets/fund balances			837,365,298.	33	910,292,262. Form <b>990</b> (2023)
							Form <b>990</b> (2023)

Form **990** (2023)

Form 990 (2023) COOPERATIVE, INC. 46-0225402 Page 12

Pai	rt XI   Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	356			
2	Total expenses (must equal Part IX, column (A), line 25)	2	356	<u>,93</u>	<u>8,0</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>0.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 265</u>	<u>,77</u>	1,4	<u>92.</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	20	,04	0,3	61.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	285	,81	1,8	53.
Pa	t 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	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	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 required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

### 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.

2023
Open to Public Inspection

Name of the organization

EAST RIVER ELECTRIC POWER COOPERATIVE, INC.

Employer identification number 46-0225402

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recreating		f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			4.
С	Number of conservation easements on a certified historic stru		0-
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year	, 3	3
4	Number of states where property subject to conservation eas	sement is located	
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,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	<sup>·</sup> Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
L	Assets included in Form 900 Part V		Φ

Schedule D (Form 990) 2023

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COOPERATIVE,	INC.	46-0225402	Page 2

Par	t III Organizations Maintaining Coll	ections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	Assets	(continue	ed)
3	Using the organization's acquisition, accession,	and other record	s, check	any of the t	following tha	t make sig	nificant u	ise of its		
	collection items (check all that apply).									
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research	е	, 🔲 (	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explair	n how the	ey further th	ne organizatio	on's exem	ot purpos	se in Part	XIII.	
5	During the year, did the organization solicit or re	ceive donations o	of art, his	torical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be maint								Yes	No
Pai	t IV Escrow and Custodial Arrange		te if the	organizatior	n answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Part X	, line 21.								
1a	Is the organization an agent, trustee, custodian,	or other intermed	diary for o	contribution	s or other as	sets not ir	ncluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII and	I complete the fol	llowing ta	able:						
							$\vdash$		Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		7	
	Did the organization include an amount on Form						y?	L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. Ch									
Pai	55				m 990, Part (c) Two yea			vooro hook	(e) Four ye	oro book
	<del></del>	a) Current year	(b) P	rior year	(C) Two yea	IS DACK (	<b>a)</b> Tillee y	ears back	(e) Four ye	ars 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									
Ť	Administrative expenses									
g	End of year balance		- /1:		\\					
2	Provide the estimated percentage of the current			, column (a	)) held as:					
a	Board designated or quasi-endowment		_%							
D	Permanent endowment  Term endowment %	%								
С										
20	The percentages on lines 2a, 2b, and 2c should		tion that	oro bold or	ad administa	rad far tha				
Sa	Are there endowment funds not in the possession	on or the organiza	illon mai	. are rielu ai	iu auriiriistei	red for the			[v	es No
	organization by:  (i) Unrelated organizations?								3a(i)	- 110
									3a(ii)	
h	If "Yes" on line 3a(ii), are the related organization	ne lietod ae roquir							3b	
1	Describe in Part XIII the intended uses of the org								30	
Par	t VI Land, Buildings, and Equipmen		willelit it	irius.						
	Complete if the organization answered "		). Part IV	. line 11a. S	See Form 990	). Part X. li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book v	/alue
		basis (investr	nent)		(other)	dep	reciation		0 000	<u> </u>
	Land				3,563.		FO 11		8,023	
	Buildings			32,62	<u>4,123.</u>	3,7	59,18	30. 2	8,864	,943.
	Leasehold improvements			440 1=		<b></b>		10 2 5	4 54 4	005
	Equipment				5,567.				4,719	
	Other				3,845.				8,936	
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part	X. line 10	Oc. column	<i>(</i> B))			64	0,544	, <u>855.</u>

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023 COOPERATIVE	, INC.	4	46-0225402 <sub>Page</sub> <b>3</b>
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	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) BASIN ELECTRIC POWER			
(2) COOPERATIVE	183,407,981.	COST	
(3) NATIONAL RURAL UTILITIES	200710775020	0021	
(4) COOPERATIVE FINANCE			
(5) CORPORATION	5,357,065.	COST	
(6) OTHER INVESTMENTS	946,635.	COST	
	740,033.	COD1	
THE THE TANK OF THE TANK	938,845.	COST	
(8) INSURANCE CORPORATION (9) COBANK	2,863,083.		
	193,943,052.	COST	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets	133,343,032.		
	on Form 000 Dort IV line	11d Coo Form 000 Bort V line 15	
Complete if the organization answered "Yes"		TTu. See Form 990, Part A, line 15.	(h) Dook value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
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) DEFERRED CREDITS			6,026,905.
(3) POSTRETIREMENT BENEFIT OB	LIGATIONS		1,454,532.
(4) CAPITAL LEASE LIABILITY			1,249,159.
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	/ <i>(</i> B))		8,730,596.
1001011111 (b) 11100t equal 1 01111 000, 1 art A. IIIIe 20, CO			

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 COOPERATIVE, INC. 46-0225402 Page 4

Par	t XI	Reconciliation of Revenue per Audited Financial Statement	s Wi	th Revenue per Ret	turn	<b>.</b>
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	revenue, gains, and other support per audited financial statements			1	356,938,059.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b		ed services and use of facilities	<b>2</b> b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	<b>2</b> d			
е	Add lii	nes <b>2a</b> through <b>2d</b>			2e	0.
3		act line 2e from line 1			3	356,938,059.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b		_	_
		nes 4a and 4b			4c	356,938,059.
5 Par		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconciliation of Expenses per Audited Financial Statemen				
ı aı	LAII	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	113 44	itii Expenses per ii	Ctui	"
_	Takalı	· · · · · · · · · · · · · · · · · · ·			_	329,187,750.
1		expenses and losses per audited financial statements				525,107,750.
2			2a			
		ed services and use of facilities vear adjustments	2b			
		losses	2c			
		(Describe in Part XIII.)				
		nes 2a through 2d			2e	0.
3		act line <b>2e</b> from line <b>1</b>				329,187,750.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b	27,750,309.		
С	Add lii	nes <b>4a</b> and <b>4b</b>			4c	27,750,309.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	356,938,059.
Par	t XIII	Supplemental Information				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			Part	X, line 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal int	formation.		
D 7 E	m v	TIME 2.				
PAF	11 A	, LINE 2:				
гнг	: CO	OPERATIVE BELIEVES IT HAS APPROPRIATE SU	IPPΩ	RT FOR ANY T	ΔX	POSTTTONS
				111 1 011 1111 11		1001110110
ΓΑΚ	EN .	AFFECTING ITS ANNUAL FILING REQUIREMENTS	. A	ND AS SUCH,	DOE	S NOT HAVE
		~		•		
ANY	UN	CERTAIN TAX POSITIONS THAT ARE MATERIAL	то	THE FINANCIA	L S	TATEMENTS.
THE	CO	OPERATIVE WOULD RECOGNIZE FUTURE ACCRUED	IN	TEREST AND P	ENA	LTIES
REI	ATE	D TO UNRECOGNIZED TAX BENEFITS IN INCOME	TA	X EXPENSE IF	SU	CH
LNI	ERE	ST AND PENALTIES ARE INCURRED.				
РАБ	א עו	II, LINE 4B - OTHER ADJUSTMENTS:				
- 411		11, 21M2 45 OTHER ADOUGHERID.				
ALI	OCA	TION OF 2023 MARGINS TO MEMBERS IN 2024				27,750,309.
						, ,

### Public Disxlosure Copy

## EAST RIVER ELECTRIC POWER

Schedule D (Form 990) 2023	COOPERATIVE,	INC.	46-0225402	Page 5
Schedule D (Form 990) 2023  Part XIII   Supplemental Info	rmation (continued)			
	(continued)			

Schedule D (Form 990)

COOPERATIVE, INC.

46-0225402 Page **5** 

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				
LOANS TO MEMBERS	429,443.	COST				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

COOPERATI		C POWER					46-0225402
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's property.	tance?cedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "1	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DAKOTA STATE UNIVERSITY FOUNDATION 2ND ST. NE MADISON, SD 57042	23-7299995	501(C)(3)	6,800.	0.			COMMUNITY SUPPORT
FORWARD SIOUX FALLS PO BOX 907 SIOUX FALLS, SD 57101	46-0396647	OTHER	6,667.	0.			ECONOMIC DEVELOPMENT
GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT - 711 E WELLS AVE - PIERRE, SD 57501	46-6000364	GOVERNMENT	5,500.	0.			ECONOMIC DEVELOPMENT
LAKE AREA IMPROVEMENT CORPORATION PO BOX 32 MADISON, SD 57042	51-0183368	501(C)(3)	10,000.	0.			ECONOMIC DEVELOPMENT
SOUTH DAKOTA AGRICULTURAL AND RURAL LEADERSHIP FOUNDATION - PO BOX 2170, ANIMAL SCIENCE CENTER 132 - BROOKINGS, SD 57007	36-4293293	501(C)(3)	7,500.	0.			ECONOMIC DEVELOPMENT
·							
2 Enter total number of section 501(c)(3) ar	nd government org	ı ganizations listed in th	e line 1 table		I.		4.
3 Enter total number of other organizations	listed in the line	1 table					

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

COOPERATIVE, INC. 46-0225402

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.				
PART I, LINE 2:								
THE ORGANIZATION MAKES GRANTS TO V	ARIOUS FI	SCALLY RES	PONSIBLE A	ND				
TRUSTWORTHY ORGANIZATIONS IN SOUTH DAKOTA AND MINNESOTA. THE GRANTS ARE								
APPROVED BY THE ORGANIZATION'S BOAI	RD OF DIR	ECTORS IN	THE YEARLY	BUDGET AND				
ALSO AUTHORIZED FOR DISBURSEMENT BY	Y MANAGEM	ENT UPON R	ECEIPT OF	INVOICE.				
THERE ARE NO RESTRICTIONS ON THE GRANTS EXCEPT FOR THE RECIPIENTS TO USE								
THE FUNDS AS REPRESENTED IN THE INVOICE TO PROMOTE EDUCATION OR TO PROMOTE								
ECONOMIC DEVELOPMENT IN THE AREAS	ECONOMIC DEVELOPMENT IN THE AREAS SERVED BY EAST RIVER ELECTRIC.							

Schedule I (Form 990) 2023 332102 11-01-23

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EAST RIVER ELECTRIC POWER COOPERATIVE, INC.

Employer identification number 46-0225402

Pa	rt 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.			
	X First-class or charter travel			
	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	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	1b	Х	
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	Х	
	tradicios, and onlocis, modeling the object birotics, regarding the tonic choice on line far.	_		
3	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Tom 550 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	Description of the second of t	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
	Delicinate in a constant of the constant of th	4c		Х
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The foot to daily of lines to o, not the personic and provide the approache amounts for each from the first inc			
	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:			
а	The organization?	5a		
	Any related organization?	5b		
	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?	6a		
	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/2	a		

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

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT SAHR	(i)	537,288.	0.	8,571.	119,770.	34,644.	700,273.	0.
CEO/GENERAL MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT SHEWEY	(i)	335,877.	0.	2,051.	54,557.	23,177.	415,662.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH AVERY, CHIEF	(i)	201,491.	0.	3,595.	150,331.	19,085.	374,502.	0.
HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY MAY	(i)	232,925.	0.	1,159.	112,783.	16,186.	363,053.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARK HOFFMAN	(i)	259,456.	0.	1,503.	54,844.	33,065.	348,868.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRIS STUDER, CHIEF	(i)	235,632.	0.	728.	36,377.	31,856.	304,593.	0.
MEMBER & PUBLIC RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL JASPERS	(i)	229,041.	0.	1,250.	41,566.	17,129.	288,986.	0.
BUSINESS DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL BROWN	(i)	202,400.	0.	1,650.	28,797.	14,335.	247,182.	0.
GENERAL COUNSEL	(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 J (Form 990) 2023

COOPERATIVE, INC.

46-0225402

Page 3

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:
USE OF CHARTER AIR IS ALLOWED ONLY WHEN COMMERCIAL AIRLINE SERVICE IS NOT
AVAILABLE OR PRACTICAL.
PART I, LINE 4B:
ROBERT SAHR RECEIVED A PAYMENT OF \$25,860 AS A PERFORMANCE INCENTIVE 457(F)
TO SUPPLEMENT HIS COMPENSATION FOR A SPECIFIC TIME FRAME.
SCHEDULE J, PART II, COLUMN C
SCHEDULE J, PART II, COLUMN C INCLUDES THE CHANGE IN ACTUARIAL VALUE IN
THE DEFINED BENEFIT PLAN PER THE 990 INSTRUCTIONS. THIS AMOUNT DOES NOT
REPRESENT THE ACTUAL CONTRIBUTIONS MADE TO THE PLAN BY THE COOPERATIVE.

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 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EAST RIVER ELECTRIC POWER COOPERATIVE, INC.

Employer identification number 46-0225402

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

THE COOPERATIVE SHALL HAVE NO STOCK, BUT MEMBERSHIP IN THE COOPERATIVE

SHALL BE EVIDENCED BY A MEMBERSHIP CERTIFICATE. MEMBERSHIP IN THE

COOPERATIVE SHALL BE OF FOUR CLASSES AS FOLLOWS:

(A)CLASS "A" MEMBERSHIP. ANY INCORPORATED COOPERATIVE ASSOCIATION

ORGANIZED UNDER STATE LAWS GOVERNING RURAL ELECTRIC COOPERATIVES, FOR THE

PURPOSES OF CONSTRUCTING, OPERATING AND MAINTAINING ELECTRIC DISTRIBUTION

LINES OR SYSTEMS MAY BECOME A CLASS "A" MEMBER UPON COMPLIANCE WITH THE

OTHER MEMBERSHIP REQUIREMENTS OF THESE BYLAWS. EACH CLASS "A" MEMBER SHALL

BE ENTITLED TO ONE (1) DIRECTOR AND ONE (1) VOTE AT ANY COOPERATIVE

MEETING.

(B)CLASS "B" MEMBERSHIP. ANY MUNICIPALITY OR OTHER BODY POLITIC MAY BECOME

A CLASS "B" MEMBER UPON COMPLIANCE WITH THE OTHER MEMBERSHIP REQUIREMENTS

OF THESE BYLAWS. CLASS "B" MEMBERS SHALL COLLECTIVELY BE ENTITLED TO ONE

(1) DIRECTOR AND ONE (1) VOTE AT ANY COOPERATIVE MEETING.

(C)CLASS "C" MEMBERSHIP. ANY FIRM, ASSOCIATION, CORPORATION, BUSINESS

TRUST, LIMITED LIABILITY COMPANY OR OTHER ENTITY NOT FITTING THE

REQUIREMENTS OF CLASS "A" OR "B" MEMBERSHIP MAY BECOME A CLASS "C" MEMBER

UPON COMPLIANCE WITH THE OTHER MEMBERSHIP REQUIREMENTS OF THESE BYLAWS.

CLASS "C" MEMBERS SHALL COLLECTIVELY BE ENTITLED TO ONE (1) DIRECTOR AND

ONE (1) VOTE AT ANY COOPERATIVE MEETING.

(D)CLASS "D" MEMBERSHIP. ANY COOPERATIVE, FIRM, ASSOCIATION, CORPORATION,

Schedule O (Form 990) 2023 Page **2** 

Name of the organization EAST RIVER ELECTRIC POWER COOPERATIVE, INC.

Employer identification number 46-0225402

BUSINESS TRUST, LIMITED LIABILITY COMPANY OR OTHER ENTITY NOT FITTING THE

REQUIREMENTS OF CLASS "A", "B", OR "C" MEMBERSHIP MAY BECOME A CLASS "D"

MEMBER UPON COMPLIANCE WITH THE OTHER MEMBERSHIP REQUIREMENTS OF THESE

BYLAWS. CLASS "D" MEMBERS SHALL COLLECTIVELY BE ENTITLED TO ONE (1)

DIRECTOR AND ONE (1) VOTE AT ANY COOPERATIVE MEETING.

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:

UPON COMPLETION OF EAST RIVER'S 990, THE RETURN WILL BE POSTED TO THE

SECURE AREA OF EAST RIVER'S WEB SITE FOR THE DIRECTORS, OFFICERS, AND

MANAGEMENTS REVIEW. ANY QUESTIONS OR CONCERNS WILL BE ADDRESSED AND THE 990

WILL BE FILED WITH THE IRS.

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

ALL DIRECTORS AND EMPLOYEES ARE COVERED BY THE CONFLICT OF INTEREST POLICY.

AN EMPLOYEE OR DIRECTOR SHALL MAKE PROMPT AND FULL DISCLOSURE TO THE BOARD

OR TO THE EMPLOYEE'S SUPERVISOR OF ANY POTENTIAL SITUATION WHICH MAY

INVOLVE A CONFLICT OF INTEREST. DETERMINATION OF WHETHER A CONFLICT EXISTS

AND REVIEW OF THE CONFLICT WILL BE MADE BY THE BOARD IF THE PERSON INVOLVED

IS A BOARD MEMBER OR GENERAL MANAGER; IF THE PERSON INVOLVED IS AN

EMPLOYEE, THE EMPLOYEE'S SUPERVISOR WILL MAKE THIS DETERMINATION. ANY

EMPLOYEE OR DIRECTOR WHOSE CONDUCT VIOLATES THE CONFLICT OF INTEREST POLICY

SHALL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING EXPULSION FROM

THE BOARD OR TERMINATION; THIS IS DETERMINED BY THE BOARD OR GENERAL

Schedule O (Form 990) 2023 Page 2 EAST RIVER ELECTRIC POWER Name of the organization **Employer identification number** 46-0225402 COOPERATIVE, INC. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION PLAN IS BASED ON A COMPILATION OF SALARY SURVEY DATA ACQUIRED THROUGH THE SERVICES OF A PROFESSIONAL CONSULTANT. AN AVERAGE OF THE MEDIAN RATES IN THE VARIOUS SURVEYS IS USED TO DETERMINE THE EAST RIVER MARKET RATE. THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE MARKET DATA AND APPROVES ANY CHANGES. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST BY CALLING THE OFFICE, STOPPING IN, OR VIA EMAIL. 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 GENERAL MANAGER, ASSISTANT GENERAL MANAGERS AND OTHER HIGHLY COMPENSATED EMPLOYEES. 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 XI, LINE 9, CHANGES IN NET ASSETS: RETIREMENT OF CAPITAL -7,709,948. ALLOCATION OF 2023 MARGINS TO MEMBERS IN 2024 27,750,309. TOTAL TO FORM 990, PART XI, LINE 9 20,040,361. 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

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization EAST RIVER ELECTRIC POWER	Employer identification number 46-0225402
COOPERATIVE, INC.	40-0223402
CAPITAL RETIRED. THIS IS CONSISTENT WITH THE BY-LAWS OF TH	E
COOPERATIVE.	
FORM 990, PART IX, LINE 24E STATEMENT OF FUNCTIONAL EXPENS	ES:
THE LABOR, PENSION AND PAYROLL TAXES REPORTED ON LINES 5-1	0 ARE
INCLUDED IN DISTRIBUTION EXPENSE, ADMINISTRATIVE & GENERAL	EXPENSE AND
CUSTOMER EXPENSE. THEREFORE, LABOR, PENSION AND PAYROLL TA	XES ARE SHOWN
AS A REDUCTION TO OTHER EXPENSES ON LINE 24E.	
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