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

Form **990** 

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

_	r Or till	e 2022 Calendar year, or tax year beginning an	ia enaing						
В	Check if applicabl	C Name of organization		D Employer identif	ication number				
	Addre	SOUTHEAST COLORADO POWER ASSOCIATION							
	Name			84-01476	05				
	lnitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	te E Telephone numbe	E Telephone number				
	∏Final return	PO BOX 521		719-384-	2551				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	G Gross receipts \$ 38,737,318.				
L	Amen	LA JUNIA, CO 81030		H(a) Is this a group r	H(a) Is this a group return				
L	Application pendication	Finame and address of principal officer: <b>AEVIN BRANDON</b>		for subordinates	s? Yes X No				
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates i	ncluded? Yes No				
		empt status: 501(c)(3) X 501(c) ( 12 ) (insert no.) 4947(a)(1	) or 5:		list. See instructions				
J Website: WWW.SECPA.COM H(c) Group exemption number									
	Form of art I	organization: X Corporation Trust Association Other	<b>L</b> Ye	ar of formation: 1939[1	M State of legal domicile: CO				
		Summary		THOMPTO GERLI	TOD MO				
ė	1	Briefly describe the organization's mission or most significant activities: $\begin{tabular}{l} \bf PROV \\ \bf MEMBERS & ON & NOT-FOR-PROFIT BASIS. \end{tabular}$	ATDE E	LECTRIC SERV	ICE TO				
Governance			1 (	N 050/ (2)	4				
/err	3	, which are the property of th			sets.				
. 6	4	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		3	7				
∞ŏ	5	Total number of individuals employed in calendar year 2022 (Part V, line 15)			68				
Activities &	6				0				
ξį	7 a				546,519.				
ĕ	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			102,657.				
		The state of the s	<u> </u>	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	-	1,047,803.	0.				
nue	9	Program service revenue (Part VIII, line 2g)		36,454,543.	37,815,328.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		321,554.	378,424.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,002,788.	543,566.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,826,688.	38,737,318.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		34,227.	39,740.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	Г	1,446,749.	3,602,402.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	1,385,611.	1,176,764.				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u> L						
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		33,084,082.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		35,950,669.	39,155,195.				
		Revenue less expenses. Subtract line 18 from line 12		2,876,019.	-417,877.				
sets or				Beginning of Current Year	End of Year				
Sset	g 20	Total assets (Part X, line 16)		108,651,331.	110,977,117.				
Net Ass	21	Total liabilities (Part X, line 26)		46,258,343.	45,582,577.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		62,392,988.	65,394,540.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedul	lee and etate	ments, and to the hest of my	u knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of v			y knowledge and belief, it is				
	,	gane competer econtration of property (early than officer) to below of all micrimation of a	minori propui	or mad any knowledge.					
Sig	n	Signature of officer		Date					
Her		KEVIN BRANDON, CEO		11-1	·3-23				
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	đ	LAURIE HANSON, CPA LAURIE HANSON,	11/13/23 self-emplo	yed ₽00851848					
Pre	parer	Firm's name EIDE BAILLY LLP	Firm's EIN 45-0250958						
Use	Only	Firm's address 345 N. REID PL., STE. 400							
	w	SIOUX FALLS, SD 57103-7034	Phone no. 60	5-339-1999					
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No				

Form 990 (2022)

			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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments?  f "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, 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	7.7	_X_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		**	
	Schedule D, Parts XI and XII	12a	<u>X</u>	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>X</u>
Ŋ	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		Х
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	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
			~~~	

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Form 990 (2022) SOUTHEAST COLORADO POWER ASSOCIATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
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?  f "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			İ
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			İ
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ĺ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 79			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	Ь

Form 990 (2022) SOUTHEAST COLORADO POWER ASSOCIATION

Part 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 68			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,,
	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).	_		٠,,
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		<u> </u>
IJ	were not tax deductible?	- Ch		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
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		х
	TO INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III INC. III	7b		<del></del>
	If "Yes," 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	<u>'                                   </u>		<b></b>
٠	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	<del></del>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a 38742114.	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)  11b 1,032,928.			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
о 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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.	134		
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			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			
	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.			

SOUTHEAST COLORADO POWER ASSOCIATION 84-0147605 Form 990 (2022) Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 7 1a 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. **b** Enter the number of voting members included on line 1a, above, who are independent ..... 7 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? Х 2 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? 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? Х 6 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? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? Х 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? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ..... Х Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a **b** Other officers or key employees of the organization X 15b 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? Х 16a 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 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Own 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 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

CRAIG MCBRAIN - 719-384-2551 PO BOX 521, LA JUNTA, CO

81050

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	ıniza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	ída	not c	Pos	itior more	ໄ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week		Cer ai	luau	T	7711 (18	100)	from	from related	other
	(list any hours for	lirecto				_	İ	the organization	organizations	compensation from the
	related	10 8	stee			satec		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	шрег		1099-NEC)	10001120)	and related
	below	idual	ution	75	Key employee	est co oyee	20	<b>'</b>		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	<b>Ротте</b> т			·
(1) KEVIN BRANDON	40.00									
INTERIM CEO / CEO (BEG. 04/22)		L		X				165,170.	0.	133,192.
(2) MIKE TRUMBLE	40.00									
LINE SUPERINTENDENT						X		130,478.	0.	163,358.
(3) MARK HALL	40.00									
CHIEF OPERATING OFFICER						X		151,164.	0.	133,706.
(4) JACK JOHNSTON	40.00									
FORMER CEO							Х	218,257.	0.	0.
(5) GARRETT WERTZ	40.00									
WORKING FOREMAN						X		128,831.	0.	63,465.
(6) CRAIG MCBRAIN	40.00									
CHIEF FINANCIAL OFFICER				Х				127,463.	0.	59,705.
(7) KEENAN DAVIS	40.00									
JOURNEYMAN LINEMAN						X		134,683.	0.	41,033.
(8) JOHN JACKSON	40.00									
WORKING FOREMAN						Х		128,542.	0.	26,582.
(9) LAWRENCE BRASE	1.50									
DIRECTOR	0.80	Х						6,900.	0.	0.
(10) RANDY PHILLIPS	1.50									
PRESIDENT / DIRECTOR (BEG 4/22)	0.80	X		X				6,450.	0.	0.
(11) BRAD BUCK	1.50									
DIRECTOR	0.80	Х						6,450.	0.	0.
(12) CLINT ANDERSON	0.65									
SECRETARY / VP (BEG. 05/22)	0.35	X		Х				6,450.	0.	0.
(13) KEVIN KARNEY	1.50									
DIRECTOR	0.80	X			<u> </u>			6,450.	0.	0.
(14) TRUMAN WRIGHT	1.20									
VICE PRES. / PRES. (BEG. 05/22)	0.65	X		Х	<u> </u>			6,375.	0.	0.
(15) MERLIN RUSHTON	1.50	,,		**				6 200		•
DIRECTOR / SECRETARY (BEG. 05/22)	0.80	X		X	ļ			6,300.	0.	0.
		1								
MINIMA STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH		<del> </del>								
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292007 12-13-22 Form **990** (2022)

art VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	<b>.</b>			itior			Reportable	Reportable				ed
	hours per					than d is both		compensation	compensatio		ar	nount	of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	l t		other	
	(list any	ector						the	organization		com	pensa	ation
	hours for	or dir	۵			ted g		organization	(W-2/1099-MIS		fi	om th	е
	related organizations	stee	truste		١.,	bens		(W-2/1099-MISC/	1099-NEC)		-	anizat	
	below	nal tru	onal		ploye	E 00 99		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons
		_=	드	Ö	75	王岛	<u> </u>			$\longrightarrow$			
		ł											
			-	_	┞	┼	-						
	<u>,</u>												
					ļ	<del> </del>							
		<u> </u>				<del> </del>	-						
		_			-	_	<u> </u>						
				<u> </u>		ļ							
				İ									
					ļ	<u> </u>							
					<u> </u>				MANA.				
				<u> </u>									
1b Subtotal								1,229,963.		0.	62	1,0	41.
c Total from continuation sheets to Part VI	l, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								1,229,963.		0.	62	1,0	41.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable	9			
compensation from the organization													12
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	loye	e, or	hig	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for s											3	Х	
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization	····			
and related organizations greater than \$150	),000? <i>If</i> "Yes.	" co	mple	ete S	Sche	edule	Jf	or such individual	3		4	X	
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	anv	unre	late	ed organization or individ	ual for services		-		
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors					00.0								
1 Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of com	pensat	ion fro		
the organization. Report compensation for										7017001		,,,,	
(A)							- 1	(B)			((	2)	
Name and business	address							Description of s	ervices	C		nsatio	n
STAMPEDE SERVICES		CONTRACT											
PO BOX 311, WILEY, CO 810	92						- 1	CONSTRUCTION		1	. 23	1,1	53.
ALTITUDE ENERGY, LLC	$\neg$				,	_ , _							
PO BOX 359, KEENESBURG, C	k	CONSTRUCTION			22	2,7	53.						
SUNBELT SOLOMON SERVICES		TRANSFORMER/	OCR / ETC			_ , .							
1922 S MLK JR DRIVE, TEMP		REPAIRS			20.	4 . 1	02.						
1922 S MLK JR DRIVE, TEMPLE , TX 76504 REPAIRS ASPLUNDH TREE EXPERT CO											20	<del>-,-</del>	<u> </u>
PO BOX 827464, PHILADELPHIA , PA 19182 TREE TRIMMING											19	6,0	41
	/		J 4.	<u></u>			-					J , U	
2 Total number of independent contractors (in	acludina hut na	ot lin	nitoo	1 to	thes	ما م	ادم 1	ahove) who received ma	re than				
\$100,000 of compensation from the organiz		יו וווו	mec		inos 4		ıeu	above, who received mo	ne triair				
wide, ode or compensation from the organiz	auvu					Ξ							

Form 990 (2022) SOUTHEA
Part VIII Statement of Revenue

		Check if Schedule O	conta	ins a re	sponse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								anotion revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns		1	а					
Contributions, Gifts, Grants and Other Similar Amounts.	b	Membership dues		[1	b					
Ę,º	С	Fundraising events		1	С					
##	d				d					
s, G	е	Government grants (contr	ibutio	ons) [1	е					
S.	f	All other contributions, gifts,	grants	s, and						
but		similar amounts not included	above	e   1	f					
들의	g	Noncash contributions included in			g \$					
Ö	h	Total. Add lines 1a-1f								
						Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
g	2 a	SALE OF ELECTRICITY				221000	37,146,383.	37146383.		
Program Service Revenue	b	CAPITAL CREDITS				221000	370,849.	370,849.		
Samu	С	RENTAL REVENUE				221000	246,000.		246,000.	
am	d	EQUITY EARNINGS/(LOS	SES	)		221000	26,221.	26,221.		
p <sub>0</sub>	е	POLE RENTAL REVENUE				221000	25,875.	25,875.		
à	f	All other program service	reven	ue		221000				
$\Box$	g	Total. Add lines 2a-2f				143/	37,815,328.			
	3	Investment income (includ	ling d	lividend	s, intere	est, and				
		other similar amounts)				• • • • • • • • • • • • • • • • • • • •	269,807.	234,701.	24,337.	10,769.
	4	Income from investment of	f tax-	exempt	bond p	roceeds				
	5	Royalties	·							
				(i) F	Real	(ii) Personal				
İ	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income or (loss)	ببننيا							
	7 a	Gross amount from sales of	l L	(i) Sec	urities	(ii) Other				
		assets other than inventory	7a			108,617.				
	b	Less: cost or other basis								
e le		and sales expenses	7b			0.				
Other Revenue	С	Gain or (loss)	7с			108,617.				
Be	d	Net gain or (loss)			<u></u>		108,617.			108,617.
her	8 a	Gross income from fundraising	ig eve	nts (not						
₫		including \$			ıf					
		contributions reported on	line 1	c). See						
		Part IV, line 18			8a					
	b	, ,,								
	С	Net income or (loss) from		_		T				
ŀ	9 a	Gross income from gamin	_							
		Part IV, line 19	<i>.</i>							
		Net income or (loss) from	-	-	ities	<del> </del>				
	10 a	Gross sales of inventory, le								
		and allowances								
		-								<del></del>
	С	Net income or (loss) from :	sales	of inve	ntory	T				
<u>s</u>		WTGGTT T TITLE TO	•••			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENU	ıΕ			221000	543,566.	188,442.	276,182.	78,942.
lan	b									
Sce.	C	A.B. a.l.								
Σ̈́	d	All other revenue				1	F 10 F 20 -			
	<u>е</u>	Total. Add lines 11a-11d					543,566.	25000451	# 10 m n n n	400 000
	12	Total revenue. See instructio	ns .				38,737,318.	37992471.	546,519.	198,328.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com <sub>l</sub>	***************************************			
	Check if Schedule O contains a respor		this Part IX	,,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	30,740.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,000.			İ
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	3,602,402.			
5	Compensation of current officers, directors,				
	trustees, and key employees	722,276.			
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	454,488.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
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				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				***************************************
20	Interest	1,220,059.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,099,663.			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	600			
a	FEDERAL INCOME TAXES	-698.			
b	COST OF POWER PURCHASED	21,920,918.			<del></del>
C	DISTRIBUTION MAINTENANC	2,597,108.	WHATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE		
d	DISTRIBUTION OPERATIONS	2,303,894.			
е	All other expenses SEE SCH O	2,195,345.			
25	Total functional expenses. Add lines 1 through 24e	39,155,195.			
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			1	

# Form 990 (2022) Part X | Balance Sheet

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	790,461.	1	1,451,879
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,890,890.	4	2,770,643
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net	176,000.	7	147,000
Assets	8	Inventories for sale or use	1,265,068.	8	1,771,533
Ä	9	Prepaid expenses and deferred charges	6,919,477.	9	6,417,202
	10 a	, , , , , , , , , , , , , , , , , , , ,			
		basis. Complete Part VI of Schedule D 10a 129,162,011.			
	b	Less: accumulated depreciation 10b 58,792,657.	68,503,283.	10c	70,369,354
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	8,668,392.	12	8,694,613
	13	Investments - program-related. See Part IV, line 11	18,622,407.	13	18,619,764
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	815,353.	15	735,129
	16	Total assets. Add lines 1 through 15 (must equal line 33)	108,651,331.	16	110,977,117
	17	Accounts payable and accrued expenses	3,368,925.	17	2,875,438
	18	Grants payable		18	40= 044
	19	Deferred revenue		19	135,941
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia	00	controlled entity or family member of any of these persons	42 050 020	22	40 214 244
	23	Secured mortgages and notes payable to unrelated third parties	42,059,029.	23	40,314,344 1,557,922
	24 25	Unsecured notes and loans payable to unrelated third parties	<b>U</b> •	24	1,557,944
	23	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Colombia D	830,389.	0.5	698,932
	26	Total liabilities. Add lines 17 through 25	46,258,343.	25 26	45,582,577
		Organizations that follow FASB ASC 958, check here	40,230,343.	26	45,502,511
S		and complete lines 27, 28, 32, and 33.			
n n	27	Net assets without donor restrictions		27	
Bak	28	Net assets with donor restrictions		28	***************************************
Pu		Organizations that do not follow FASB ASC 958, check here			
T.		and complete lines 29 through 33.			
, o	29	Capital stock or trust principal, or current funds	0.	29	0
Set	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0
As	31	Retained earnings, endowment, accumulated income, or other funds	0.	31	0.
Net Assets or Fund Balances	32	Total net assets or fund balances	62,392,988.	32	65,394,540
-	33	Total liabilities and net assets/fund balances	108,651,331.	33	110,977,117

	1990 (2022) SOUTHEAST COLORADO POWER ASSOCIATION	04-	014/6	000	Pa	ge I₄
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	38	73	7,3	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,15		
3	Revenue less expenses. Subtract line 2 from line 1	3	_	-41	7,8	77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62	, 392	2,9	88.
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	3	,419	7,4	29.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	65,	, 394	1,5	40.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Marie and J. Ma			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis			1		
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	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule 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?			За		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		į

Form **990** (2022)

## **SCHEDULE D**

**Supplemental Financial Statements** 

Department of the Treasury Internal Revenue Service

(Form 990)

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SOUTHEAST COLORADO POWER ASSOCIATION

Employer identification number 84-0147605

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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		ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, f	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	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		•••••	
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, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri	- · · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservat	ion easements during the year
_			
8	Does each conservation easement reported on line 2(d) above		
_	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 footne	ote to the organization's financial stateme	nts that describes the
Pai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art Historical Treasures or Ot	ser Similar Assats
L. u.	Complete if the organization answered "Yes" on Form		iei Sillillai Assets.
12	If the organization elected, as permitted under FASB ASC 958		
Ia	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		•
h	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in furth	erance of public service,
	- · · · · · · · · · · · · · · · · · · ·		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	sures or other similar assets for financial	
_	the following amounts required to be reported under FASB AS		gain, provide
9			¢
a h	Revenue included on Form 990, Part VIII, line 1		<b>a</b>

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection kmis (check all that apply):  a		dule D (Form 990) 2022 SOUTHEA	ST COLORADO								Page 2		
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Part IV Exercised an amount on Form 990, Part X, line 21.  Is the organization amount on Form 990, Part X, line 21.  Is the organization and amount on Form 990, Part X, line 21.  Is the organization and amount on Form 990, Part X, line 21.  Is the organization and spent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is the organization and spent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is genining balance  C Beginning balance  It Amount  It I I I I I I I I I I I I I I I I I	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following tha	ıt make siç	gnificant i	use of its				
b Scholarly research   Preservation for future generations   Preservation for future generations    4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld for size funds after than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X. line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Inc 21.  1b If "Yes", explain the arrangement in Part XIII and complete the following table:    C Beginning balance		collection items (check all that apply):											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scollaction receive donations of art, historical treasures, or other similar assets to be sold to raise funds rether than to be maintained as part of the organization's collection?  Part IV   Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X. line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves	а	Public exhibition	c	<u> </u>	Loan or exc	hange progr	am						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solioti or receive donations of art, historical treasures, or other similar assets to be gold to raise funds without the maintained as part of the organization answered "Yea" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b Is the organization and the year 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d	b		e	,	Other								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as pant of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?  It is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X lill and complete the following table:  Beginning balance  Beginning balance  Beginning balance  Beginning balance  Bif "Yes," explain the arrangement in Part XIII of the part of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  Bif "Yes," oxplain the arrangement in Part XIII. Check here if the explanation has been provised on Part XIII.  Beginning of year balance  Beginning of year balance  Calcurrent year  Beginning of year balance  Calcurrent year  Beginning of year balance  Calcurrent year  Calcurrent year  Calcurrent year  Calcurrent year  Calcurrent year  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent years  Calcurrent year	С												
The Beach of a raise funds rather than to be maintained as part of the organization's collection?   Yes   No	4								se in Part	XIII.			
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X   ine 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X     Yes   No bit 1 'Yes' explain the arrangement in Part XIII and complete the following table:    C	5									_			
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  c Other expenditures for facilities  and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasive-modwment  f Administrative expenses  g End of year balance  1 Permanent endowment  f Administrative expenses  g End of year balance  1 Permanent endowment funds not in the possession of the organization that are held and administered for the organization by:  (a) Unrelated organizations  (b) Inrelated organizations  (c) In Inrelated organizations  (d) Related organizations  (e) Inrelated organizations  (f) Related organizations  (g) Inrelated organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if t		to be sold to raise funds rather than to be m	aintained as part of t	he orgar	nization's co	llection?				Yes	No_		
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves	Pai	TIV Escrow and Custodial Arran	gements. Compli	ete if the	organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or			
on Form 990, Part X?  b If Yes, 'explain the arrangement in Part XIII and complete the following table:  Amount  d Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2 Distributions during the year  f Ending balance  1 Distributions during the year  f Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e)	1-			liam e fam		41		[					
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f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		Distributions during the year						10					
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.    Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back		Ending balance						1f			-		
Describe in Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the explanation has been provided on Part XIII   Check here if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization's endowment funds.   Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) Four years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f) Two years back   (f		Did the organization include an amount on F	orm 990. Part X. line	21 for 6	escrow or cu	stodial acco	unt liahilit	v2		Vac	No		
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								-		<del>_</del>			
a   Beginning of year balance													
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y b Permanent endowment y The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  A Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated deprecation (d) Book value deprecation  1a Land (E) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated deprecation (d) Book value deprecation (d) Book value deprecation (d) Book value deprecation (e) Accumulated deprecation (f) Accumulated deprecation (f) Book value deprecation (f) Accumulated deprecation (f) Book value deprecation (f) Accumulated deprecation (f) Accumulated deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value depre							·····		years back	(e) Four	ears back		
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y b Permanent endowment y The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  A Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated deprecation (d) Book value deprecation  1a Land (E) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated deprecation (d) Book value deprecation (d) Book value deprecation (d) Book value deprecation (e) Accumulated deprecation (f) Accumulated deprecation (f) Book value deprecation (f) Accumulated deprecation (f) Book value deprecation (f) Accumulated deprecation (f) Accumulated deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value deprecation (f) Book value depre	1a	Beginning of year balance											
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment													
Complete if the organization so in Part XIII the intended uses of the organization's endowment funds.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "	С												
Complete if the organization so in Part XIII the intended uses of the organization's endowment funds.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Complete if the organization answered "	d	Grants or scholarships			1,444,444,444,444,444,444,444,444,444,4								
## Administrative expenses			,,										
per End of year balance		and programs											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f	Administrative expenses							***************************************				
Board designated or quasi-endowment	g	End of year balance											
to Term endowment	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)	) held as:							
The percentages on lines 2a, 2b, and 2c should equal 100%.    The percentages on lines 2a, 2b, and 2c should equal 100%.   Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   No   Sa(i)   Unrelated organizations   Sa(ii)         Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       Belated organizations   Sa(ii)       B	а	Board designated or quasi-endowment		_%									
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  625,927.  625,927.  b Buildings  9,345,679. 1,198,625. 8,147,054.  c Leasehold improvements  d Equipment  6,289,767. 4,746,311. 1,543,456.  e Other  112,900,638. 52,847,721. 60,052,917.	b	Permanent endowment	%										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related or	С	Term endowment	%										
Ves   No   (i)   Unrelated organizations   3a(i)   Unrelated organizations   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   Selated   3a(i)   3a(i)   Selated   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)   3a(i)			•										
(ii) Unrelated organizations (iii) Related organizations (iv) Related organizations (iv) Related organizations (iv) Related organizations (iv)	За	Are there endowment funds not in the posse	ssion of the organiza	tion that	t are held an	d administe	red for the	÷		_			
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       625,927.       625,927.         b Buildings       9,345,679.       1,198,625.       8,147,054.         c Leasehold improvements       6,289,767.       4,746,311.       1,543,456.         d Equipment       6,289,767.       4,746,311.       1,543,456.         e Other       112,900,638.       52,847,721.       60,052,917.		-								\	/es No		
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       625,927.       625,927.         b Buildings       9,345,679.       1,198,625.       8,147,054.         c Leasehold improvements       6,289,767.       4,746,311.       1,543,456.         d Equipment       6,289,767.       4,746,311.       1,543,456.         e Other       112,900,638.       52,847,721.       60,052,917.		(i) Unrelated organizations								3a(i)			
Part VI   Land, Buildings, and Equipment.		(ii) Related organizations								3a(ii)			
Part VI	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  5 Equipment  Condition (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  625,927.  625,927.  625,927.  625,927.  625,927.  625,927.  625,927.  625,927.  626,289,767.  627,927.  628,927.  629,927.  629,927.  620,927.  620,927.				wment fu	unds.								
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         625,927.         625,927.         625,927.           b Buildings         9,345,679.         1,198,625.         8,147,054.           c Leasehold improvements         6,289,767.         4,746,311.         1,543,456.           e Other         112,900,638.         52,847,721.         60,052,917.	Fai			. D-+ 1\	i line dde O	5 000	\ D4 \	40					
basis (investment)         basis (other)         depreciation           1a Land         625,927.         625,927.           b Buildings         9,345,679.         1,198,625.         8,147,054.           c Leasehold improvements         6,289,767.         4,746,311.         1,543,456.           e Other         112,900,638.         52,847,721.         60,052,917.							f	***************************************	. 1				
1a Land       625,927.       625,927.         b Buildings       9,345,679.       1,198,625.       8,147,054.         c Leasehold improvements       6,289,767.       4,746,311.       1,543,456.         e Other       112,900,638.       52,847,721.       60,052,917.		Description of property	1 ''						ed	(d) Book	value		
b Buildings       9,345,679.       1,198,625.       8,147,054.         c Leasehold improvements       6,289,767.       4,746,311.       1,543,456.         e Other       112,900,638.       52,847,721.       60,052,917.	12	Land		nonc)		· · ·	uep	- CIALION		625	927		
c Leasehold improvements       6,289,767.       4,746,311.       1,543,456.         e Other       112,900,638.       52,847,721.       60,052,917.							1 1	98 6	25				
d Equipment       6,289,767.       4,746,311.       1,543,456.         e Other       112,900,638.       52,847,721.       60,052,917.	~ c	Leasehold improvements	•••		<i></i>	<u> </u>	<u> </u>	<i></i>		<u>,,,4/</u>	,004.		
e Other 112,900,638. 52,847,721. 60,052,917.					6.28	9.767	4 7	46 31	11.	1 542	456		

Schedule D (Form 990) 2022

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

(H)

Part VII	Investments -	Other Securities.
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(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) INVESTMENT IN SECOM	8 694 613	COST

(3) Othe (A) (B) (C) (D) (E) (F) (G)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 8,694,613.

### 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) FEDERATED RURAL ELECTRIC		
(2) INSURANCE EXCHANGE		
(3) PATRONAGE CAPITAL	392,866.	COST
(4) NATIONAL INFORMATION		
(5) SOLUTIONS COOPERATIVE		
(6) PATRONAGE CAPITAL	166,793.	COST
(7) NRUCFC	702,407.	COST
(8) OTHER	26,795.	COST
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	18,619,764.	

### Other Assets. Part IX

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

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

### Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATED COMPANY	1,488.
(3) CONSUMER DEPOSITS	633,823.
(4) DEFERRED CREDITS	63,621.
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	698,932.

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) 2022 SOUTHEAST COLORADO POWER ASSOCIATION 84-0147605 Page 4

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

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements		***************************************	1	38,371,846.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	{			
е	Add lines 2a through 2d	<u> </u>		2e	0.
3	Subtract line 2e from line 1			3	38,371,846.
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.)		365,472.	1	
c	Add lines 4a and 4b			4c	365,472.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	38,737,318.
	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per f		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		, ,		
1	Total expenses and losses per audited financial statements			1	35,187,321.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
а	Donated services and use of facilities	2a			
b	Prior year adjustments			1	
c	Other losses			1	
d	Other (Describe in Part XIII.)			1	
e	Add lines 2a through 2d			2e	n
3	Subtract line 2e from line 1			3	35,187,321.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	33,101,321.
		1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		3,967,874.	-	
b	Other (Describe in Part XIII.)			┨. │	2 067 074
	Add lines 4a and 4b			4c	3,967,874.
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) . t XIII Supplemental Information.	***************************************		5	39,155,195.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part	X, line 2; Part XI,
ıınes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional infor	mation.		
DAE	TX, LINE 2:				
TVI	I A, DINE Z.				
тит	ASSOCIATION IS ORGANIZED UNDER THE COOPER	בו עד בווו ער כ	T 7 W.C. O.D. 10011	ne di	mama on
T 111	ASSOCIATION IS ORGANIZED UNDER THE COUPER	XAIIVE	LAWS OF TH	E S	TATE OF
രവ	ORADO AND HAS OBTAINED AN EXEMPTION FROM I	א משרושם	T TNCOME DA	VEC	TIMDED
COL	ORADO AND HAD OBTAINED AN EXEMPTION FROM I	CEDEKA	L INCOME TA	AES	UNDER
COT	E SECTION 501(C)(12).				
	DECITOR SOLVE, (12).	*			
			· · · · · · · · · · · · · · · · · · ·		
PAF	T XI, LINE 4B - OTHER ADJUSTMENTS:				
				***************************************	
INI	'ERCOMPANY LABOR				22,853.
					, , , , , , , , , , , , , , , , , , , ,
REC	LASSIFY EXPENSES OUT OF REVENUE				342,619.
TOT	AL TO SCHEDULE D, PART XI, LINE 4B				365,472.
			***************************************		
PAF	T XII, LINE 4B - OTHER ADJUSTMENTS:				
ALI	OCATION OF MEMBER BENEFIT				3,602,402.
222054	N9-01-22			School	tule D (Form 990) 2022

Schedule D (Form 990) 2022 Part XIII Supplemental Info	SOUTHEAST	COLORADO	POWER	ASSOCIATION	84-0147605 Page 5
Part XIII   Supplemental Info	rmation (continued)				
INTERCOMPANY LABOR					22,853.
RECLASSIFY EXPENSES	OUT OF REV	ENUE			342,619.
TOTAL TO SCHEDULE D	. PART XII.	LINE 4B			3,967,874.
					3/30//0/20
		***************************************			
, , , , , , , , , , , , , , , , , , ,					
					- THE THE THE THE THE THE THE THE THE THE
			10.		
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			· · · · · · · · · · · · · · · · · · ·		- 14-14-14-14-14-14-14-14-14-14-14-14-14-1
		**************************************			
			WWW.NUMANA		

Part XIII Supplemental Information (continued)

Part VIII   Investments - Program Related. See Form 990, Part X, line 1	3.	(-) N (-+tt
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
WESTERN UNITED ELECTRIC SUPPLY	1,133,424.	COST
INVESTMENT IN TRI-STATE G&T COOPERATIVE	16,197,479.	COST
		7,000,000,000

### SCHEDULE I (Form 990)

# 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number SOUTHEAST COLORADO POWER ASSOCIATION 84-0147605 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (h) Purpose of grant or assistance (e) Amount of (g) Description of noncash noncash assistance assistance

\_3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2022

232101 10-31-22

Schedule I (Form 990) 2022 SOUTHEAST COLOR	RADO POWEI	R ASSOCIAT	ION		84-0147605 Pa	ge 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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	;
SCHOLARSHIPS	9	9,000.	0.			
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
SCHOLARSHIP PAYMENTS ARE MADE PAYA	BLE TO TH	E SCHOOL A	AND THE REC	IPIENT. THE		
SCHOOL WILL PROVIDE CONFIRMATION T	HAT THE P	AYMENT WAS	USED FOR	TUITION IF		
REQUESTED BY THE COOPERATIVE.						
						·

Schedule I (Form 990) 2022

232102 10-31-22

### SCHEDULE J (Form 990)

# **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.

**2022** 

OMB No. 1545-0047

open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHEAST COLORADO POWER ASSOCIATION

Employer identification number 84-0147605

Part 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 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 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 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 X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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: a Receive a severance payment or change-of-control payment? 4a **b** Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 4c 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: a The organization? 5a **b** Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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: a The organization? 6a Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2022

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KEVIN BRANDON	(i)	163,512.	0.	1,658.	108,559.	26,127.	299,856.	0.
INTERIM CEO / CEO (BEG. 04/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MIKE TRUMBLE	(i)	128,841.	0.	1,637.	137,510.	27,529.	295,517.	0.
LINE SUPERINTENDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARK HALL	(i)	149,757.	0.	1,407.	112,454.	23,090.	286,708.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JACK JOHNSTON	(i)	0.	99,092.	119,165.	0.	0.	218,257.	0.
FORMER CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GARRETT WERTZ	(i)	125,171.	0.	3,660.	36,189.	28,472.	193,492.	0.
WORKING FOREMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CRAIG MCBRAIN	(i)	121,910.	5,000.	553.	31,193.	30,064.	188,720.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEENAN DAVIS	(i)	132,139.	0.	2,544.	19,781.	22,316.	176,780.	0.
JOURNEYMAN LINEMAN	(0)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN JACKSON	(i)	125,520.	0.	3,022.	15,592.	12,143.	156,277.	0.
WORKING FOREMAN	(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) 2022

232112 10-18-22

	LORADO POWER ASSOCIATION	84-0147605	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 Par	t II. Also complete this part for any additional information.	
PART I, LINE 4A:			
JACK JOHNSTON RECEIVED A SEVERA	NCE PAYMENT IN THE AMOUNT OF \$119,16	5 IN	
2022.			
SCHEDULE J, PART II, COLUMN C			
COLUMN C INCLUDES THE CHANGE IN	ACTUARIAL VALUE OF THE DEFINED BENE	FIT	
PLAN FOR EACH PARTICIPANT RATHE	R THAN THE ACTUAL CONTRIBUTION PAID	то	
THE PLAN.			
THE CHANGE IN ACTUARIAL CALUE I	N THE DEFINED BENEFIT PLAN ARE AS		
FOLLOWS:			
- KEVIN BRANDON \$51,796			
- MIKE TRUMBLE \$66,765			
- MARK HALL \$53,998			
- GARRET WERTZ \$16,414			
- CRAIG MCBRAIN \$13,619			
- KEENAN DAVIS \$8,329			
- JOHN JACKSON \$6,150			

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 SO	UTHEAST COLORADO POWER ASSOCIATION	84-0147605	Page 3
Part III   Supplemental Information			
Provide the information, explanation, or de	escriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete thi	is part for any additional information.	
THE ACTUAL EXPENSE OF	THE ASSOCIATION FOR DEFINED BENEFIT PLAN ARE AS		
FOLLOWS:			
- KEVIN BRANDON	\$22,010		
- MIKE TRUMBLE	\$26,241		
- MARK HALL	\$29,391		
- GARRET WERTZ	\$19,394		
- CRAIG MCBRAIN	\$13,472		
- KEENAN DAVIS	\$10,014		
- JOHN JACKSON	\$10,372		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

# **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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

SOUTHEAST COLORADO POWER ASSOCIATION	84-0147605
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
AND RESPONSIVENESS.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS INDIVIDUAL, JOINT, AND BUSINESS MEMBERS	S. EACH
MEMBERSHIP IS ALLOWED ONE VOTE.	
FORM 990, PART VI, SECTION A, LINE 7A:	
EACH MEMBER OF THE COOPERATIVE SHALL BE ENTITLED TO VOTE IN	THE ELECTION OF
THE BOARD OF DIRECTORS. THE BOARD CONSISTS OF 7 DIRECTORS WE	HO ARE ELECTED
BY THE MEMBERSHIP TO SERVE MEMBERS BY RESPONDING TO AND SUPP	PORTING MEMBER
NEEDS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
MEMBER APPROVAL IS NEEDED FOR ACTIONS RELATED TO CAPITAL CRE	EDITS AND
SIGNIFICANT PROPERTY DISPOSITIONS.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH BROAD AUTHORI	ITY TO ACT ON
BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
MANAGEMENT AND PAID PREPARER REVIEW DRAFTS OF FORM 990 PRIOR	R TO FILING. A
COPY OF THE 990 IS PROVIDED TO BOARD MEMBERS PRIOR TO FILING	WITH THE IRS.
	111

Schedule O (Form 990) 2022	Page 2
Name of the organization SOUTHEAST COLORADO POWER ASSOCIATION	Employer identification number 84-0147605
CONFLICT OF INTEREST POLICY:	
BOARD MEMBERS AND EMPLOYEES ARE COVERED BY THE CONFLICT OF	' INTEREST POLICY.
POTENTIAL CONFLICTS WITH BOARD MEMBERS ARE TAKEN TO THE CE	O AND/OR THE
BOARD OF DIRECTORS FOR REVIEW. IF A TRANSACTION IS DETERMI	NED TO BE IN THE
BEST INTEREST OF THE ORGANIZATION, A VOTE IS TAKEN TO APPR	OVE THE
TRANSACTION.	
IF A BOARD MEMBER IS DETERMINED TO HAVE A CONFLICT OF INTE	REST, THE BOARD
MEMBER IS REQUIRED TO ABSTAIN FROM DISCUSSION AND VOTING O	N THE MATTER.
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD REVIEWS A SALARY SURVEY FOR COOPERATIVE CEOS, AS	SESSING THE CEO
PERFORMANCE AND EVALUATING COMPENSATION. FOR OFFICERS' SAL	ARIES, THE HR
DEPARTMENT UTILIZES AN INDUSTRY-SPECIFIC SALARY SURVEY TO	ASSIST IN
EVALUATING ANNUAL SALARY ADJUSTMENTS. THE SALARIES OF BOTH	THE CEO AND CFO
ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
BYLAWS, RATES, TERMS OF SERVICE, AND TAX RETURNS ARE MADE	AVAILABLE TO THE
PUBLIC UPON REQUEST. AUDITED AND INTERIM FINANCIAL INFORMA	TION IS PROVIDED
TO COOPERATIVE MEMBERS UPON REQUEST.	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	:
ADMIN AND GENERAL EXPENSES	890,156.
COLLECTION EXPENSES	734,836.
ALL OTHER EXPENSES	567,453.
GENERAL TAXES	
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	2,195,345.

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of	the organization SOUTHEAST COL	ORADO POWER ASSOCI	ATION			E	mployer identific 84-01476		umber
Part I	Identification of Disregarded Entities. Comp	lete if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year	assets	s Direct c	(f) ontrolling itity	g
Part II	Identification of Related Tax-Exempt Organic organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990	), Part IV, line 34, t	ecause it had one c	or mor	e related tax-exen	npt	
	(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	Dir	(f) rect controlling entity		g) 512(b)(13) rolled tity?
					501(c)(3))			Yes	No

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

Schedule R (Form 990) 2022

232161 09-14-22 LHA

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.

Organizations treated as a pa	Title ship during the ta	A year.									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca		Code V-UBI amount in box 20 of Schedule	managin partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
					****						
											İ

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	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	Sec.	(i) ction (b)(13) trolled
of related organization	Timary activity	(state or foreign	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	cont en	trolled
		country)		<u> </u>				Yes	No
SECOM, INC - 48-0707018			SOUTHEAST		ļ				
27850 HARRIS ROAD			COLORADO POWER						
LA JUNTA, CO 81050	TELECOMMUNICATION	CO	ASSOCIATION	C CORP	13,140,886.	24,629,441.	100%	Х	
									П

232162 09-14-22

Schedule R (Form 990) 2022

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	s with one or more re	lated organizations listed	in Parts II-IV?		1,00	1
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				ia i	X	$\vdash$
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				16		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		X
h					1h		X
i	Exchange of assets with related organization(s)				1i	1	Х
j	Lease of facilities, equipment, or other assets to related organization(s)	***************************************			1i		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		x
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	Х	$\overline{}$
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)		***************************************	1m	1	Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X
0					10		X
						1	
р	Reimbursement paid to related organization(s) for expenses				qt		x
а	Reimbursement paid by related organization(s) for expenses	***************************************			1q	x	<del>                                     </del>
		***************************************		***************************************		† <u> </u>	1
r	Other transfer of cash or property to related organization(s)				1r		x
	Other transfer of cash or property from related organization(s)					T <sub>X</sub>	<del> </del> -
2	If the answer to any of the above is "Yes," see the instructions for information on wi	ho must complete th	is line including covered	relationships and transaction the	rasholds	1	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) nining amount involved		
-		1)   0 (0 0)					
(4) 5	SECOM INC	A	270 337	BOOK BASIS			
10.	JHCON INC	A	2/0,33/.	BOOK BASIS			
(0)	SECOM INC	L	276 102	BOOK BASIS			
12) 1	JBCON INC	и	270,102.	BOOK BASIS			
(3)	SECOM INC	Q	59,329.	BOOK BASIS			
(4)	SECOM INC	ន	63,360.	BOOK BASIS			
(5)			-				
<u> </u>							
(6)							
23216	3 09-14-22			**************************************	Schedule R (For	m 990	2022

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)	(b)	(c)	(d)	(e	)_	(f)	(g)	(	h)	(i)	(i	)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partners 501(c orgs	ali S SCC. 1/31	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	al or	Percentage
of entity		(state or foreign	excluded from tax under	orgs		total income	end-of-year	alloca	lions?	of Schedule K-1	parir	er?	ownership
		country)	sections 512-514)	Yes	Νo	income	assets	Yes	No	(Form 1065)	Yes	No	
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# UNRELATED BUSINESS INCOME

# **CARRYOVER DATA TO 2023**

Name SOUTHEAST COLORADO POWER ASSOCIATION	Employer Identification Number 84-0147605
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - REVENUE FOR SHA	RED MA 382.
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ear rigi- ated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amour Used fo
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'ear )rigi- ated	Original Carryover Amount		Amount Used for 12/31/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2021	1,450.	1,450.	1,450.								
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