	~	20				-		OMB No. 1545-0047
Form	99	90	Returi	n of Organization Exe	mpt From Incon	ne Tax		2016
			Under section 501(c), 527, or 4947(a)(1) of the Interna	al Revenue Code (excep	t private foundat	ions)	2010
Denar	ment of	the Treasury	► Do not er	ter social security numbers on t	his form as it may be ma	ade public.		Open to Public
		ue Service	Informat	ion about Form 990 and its instr	uctions is at www.irs.ge	ov/form990.		Inspection
AF	or the	2016 calend	lar year, or tax year begir	ning	, 2016, and en	ding		, 20
Β	heck if a	applicable:	C Name of organization NOR1	HERN RIO ARRIBA ELECTR	IC COOPERATIVE I	NC	D	Employer identification no.
A	ddress o	change	Doing business as			-	8	5-0098999
<u></u> м	lame cha	ange	Number and street (or P.O. bo	x if mail is not delivered to street address)		Room/suite	E	Telephone number
<u> </u>	nitial retu	ırn	PO BOX 217				(575)756-2181
🗌 F	inal retu	rn/terminated	City or town, state or province	, country, and ZIP or foreign postal code				4,305,239
A	mended	l return	CHAMA, NM 8752	0			G	Gross receipts \$
A	pplicatio	on pending	F Name and address of principa	I officer:		H(a) Is this a group r	eturn for su	ibordinates? Yes X No
						H(b) Are all subor	dinates in	cluded? Yes No
<u>I</u>	ax-exem	npt status:	501(c)(3) X 501(c) (12) < (insert no.) 4947(a)(1) or	527	If "No," a	ttach a lis	t. (see instructions)
JV	Vebsite:	► www	.NORAELECTRIC.OR	3	1	H(c) Group exen	nption nu	mber 🕨
		organization: X	Corporation Trust Ass	ociation Other ►	L Year of formation: 1	948 M State	of legal de	omicile: NM
Pa	rt I	Summar	У					
	1	Briefly descr	ibe the organization's miss	ion or most significant activities:	TO PROVIDE QUALI	TY AND RELI	ABLE	ELECTRIC
-		SERVICE	TO MEMBERS OF THE	COOPERATIVE				
nce								
nal								
Governance	2	Check this b	ox ► if the organization	n discontinued its operations or disp	osed of more than 25% o	f its net assets.		
ß	3		-			1	3	8
oo مە			• •	••••		- F	4	8
ties	4			s of the governing body (Part VI, lin n calendar year 2016 (Part V, line 2		t i i	5	
Activities &	5					ŀ	6	13
Ac	6		r of volunteers (estimate if	• /	•••••	H	-	
	7a			Part VIII, column (C), line 12		ſ	7a	0
	d	Net unrelate	d business taxable income	from Form 990-T, line 34	•••••		7b	0
						Prior Year		Current Year
	8		s and grants (Part VIII, line	,				0
nu	9	-	•	e 2g)		4,084	-	4,139,945
Revenue	10			A), lines 3, 4, and 7d)		16	,963	78,267
Ř	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e) .		75	,229	87,027
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), lir	ne 12)	4,177	,071	4,305,239
	13		similar amounts paid (Part			0		
	14	Benefits paid	d to or for members (Part I	X, column (A), line 4)			0	
s	15	Salaries, oth	er compensation, employee	e benefits (Part IX, column (A), line	s 5-10)	984	,975	1,031,707
Expense	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)				0
ber	b	Total fundrai	ising expenses (Part IX, co	lumn (D), line 25) ►	0			
й	17	Other expen	ses (Part IX, column (A), li	3,056	,805	3,041,202		
	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, column (A), line 25)		4,041	,780	4,072,909
	19	Revenue les	s expenses. Subtract line	18 from line 12		135	,291	232,330
Ses					E	Beginning of Current	Year	End of Year
sets alanu	20	Total assets	(Part X, line 16)			14,938	,439	17,020,237
Net Assets or Fund Balances	21					3,668		5,486,074
Pure	22	Net assets o	or fund balances. Subtract	line 21 from line 20		11,270	,239	11,534,163
Pa	rt II	Signatu	re Block		· ·			
				rn, including accompanying schedules and sta		nowledge and belief, it	is	
true,	correct, a	and complete. De	claration of preparer (other than off	icer) is based on all information of which prep	arer has any knowledge.			
		BENJ	AMIN LEYBA					
Sig	n		e of officer				Date	
Her		BENJ	AMIN LEYBA, EXECU	TIVE VICE PRESIDENT				
	-		print name and title					
		Print/Type pre	·	Preparer's signature	Date	Check	if PT	IN
Paie	ł		J Jaramillo	Audrey T. Taramille	07-27-2017	self-employe		P01786993
	a parer	-		o Accounting Group LLC		Firm's EIN	u	EUT100333
	Only				•			
036		y rum's addres		coln Road NE		Phone no.		2 2025
N/-:	the ID	C diacuse the		que NM 87109				3-2035
iviay		o discuss this	return with the preparer sh	nown above? (see instructions) .		••••		X Yes No

Form	n 990 (2016) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC	85-0098999	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	TO PROVIDE QUALITY AND RELIABLE ELECTRIC SERVICE TO MEMBERS OF THE COOPERATIV	/E	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		No
	If "Yes," describe these new services on Schedule O.	· · · · [] Tes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
-	services?	Yes	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	PROVIDING ELECTRIC ENERGY TO OUR MEMBERS - 3,029 ACTIVE SERVICES AT YEAR END		DED
	ELECTRICITY ON A COOPERATIVE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITA	L	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.)		
τu)	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses >	/	
EEA		Forr	n 990 (2016)

Forn	990 (2016) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 85-00989	99	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
F	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C</i> ,			
		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
U	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 23
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
-	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		37	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11-1		v
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE	Λ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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 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			
40	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	40		37
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
EEA	If "Yes," complete Schedule G, Part III		990 (1	
LEA		1 0111	220 (-010)

	990 (2016) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 85-00989	99	F	age 4
Γd	rt IV Checklist of Required Schedules (continued)			
00-		00-	Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
~~	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	222		v
04-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		v
ь.	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	24-		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
ь.	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?	054		
~~	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	-		v
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		77
~~	entity 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 Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	0.01		77
		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		77
~~	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			77
~	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		v
~~	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			77
05-	or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			77
	controlled entity 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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
FFA		Form	agn (2016)

Form 990 (2016)

	990 (2016) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 85-009	8999	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	34		
b	Enter the number of Forms W-2G included in 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		Х
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 returm 2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	. <u>4a</u>		Х
b	If "Yes," enter the name of the foreign country:	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		Х
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:			
а	Gross income from members or shareholders 11a 3,971,2	17		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	. 14b		

Form	990 (2016) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 85-00989	99	P	age 6
Par	t 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 in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	- 23
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		- 21	
74	one or more members of the governing body?	7a	Х	
h		1a	Λ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76	v	
	stockholders, or persons other than the governing body?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-	37	
a	The governing body?	8a	Х	37
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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		Х
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New Mexico			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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.			
	Own website Another's website Image there are an and apply.			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20				
	BENJAMIN LEYBA (575)756-2181, PO BOX 217, CHAMA, NM 87520			

Form 990 (201	6) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC	85-0098999	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated Employe	es, 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(C)	, 0				
(A) Name and Title	(B) Average hours per week (list any	box, ι	ot check unless p	ositio more erson	n than one is both an or/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	or director or director or director						compensation from the organization and related organizations
(1) STEVE RENDON PRESIDENT	3.00	x	Σ	x			3,450	0	0
(2) DAVID MARTINEZ TRUSTEE	2.50	x					3,750	0	0
(3) GILBERT MARTINEZ SECRETARY	2.70	x	Σ	X			4,050	0	0
(4) LEROY MARTINEZ TREASURER	2.70	x	Σ	X			3,900	0	0
(5) TOMAS RIVAS TRUSTEE	4.50	x					5,318	0	0
(6) TONY CASADOS Jr. TRUSTEE	1.00	x					2,325	0	0
(7) MICHAEL GOMEZ TRUSTEE	3.50	x					4,200	0	0
(8) ANTONIO MANZANARES	2.10	x	Σ	X			3,150	0	0
(9) BENJAMIN LEYBA EXECUTIVE VICE-PRESIDENT/GENERAL MG	40.00		Σ	X			123,406	0	0
<u>(10)</u>									
(11)									
(12)									
(13)									
(14)									
									Form 000 (2016)

	90 (2016) NORTHERN RIO ARRIB									85-00989	99	P	age 8
Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(C) Position (do not check more than one box, unless person is both an hours per week (list any							(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated nount of other	
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	mignest compensated employee	Former		organizations (W-2/1099-MISC)	org	npensatio from the ganizatio nd related anization	n d
(15)	·												
(16)													
(17)													
<u>(18)</u>													
(24)													
(25)													
1b	Sub-total	 n A	•••		••	•••	•••	►					
c d	Total from continuation sheets to Part VII, Sectio Total (add lines 1b and 1c)						•••	•	153,549	0			0
2	Total number of individuals (including but not limited							•			1		Ū
	reportable compensation from the organization			-						1			
•						1						Yes	No
3	Did the organization list any former officer, directo employee on line 1a? <i>If "Yes," complete Schedule</i>		-				-				3		Х
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than												
_											4		Х
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? <i>If</i> "Yes,"			-			-				5		Х
Secti	on B. Independent Contractors	complete St	Jieuuie	- 5 10	<i>J</i> 30		perso		••••	••••	5		А
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensation	n

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

Form 9	90 (20 ⁻	16) NORTHERN	RIO ARR	IBA	ELECTRIC CO	OPERATIVE INC	l	85-009899	9 Page 9
Part	VIII	Statement of Revenu	le						
		Check if Schedule O contair	ns a respons	e or no	ote to any line in th	is Part VIII		<u></u>	[
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
A Ū Ū	c	Fundraising events		1c					
Gifts	d	Related organizations		1d					
Sim (е	Government grants (contribution	ons)	1e					
ntior Jer	f	All other contributions, gifts, gr	rants,						
<u>e</u> G		and similar amounts not includ	led above	1f					
Sont	g	Noncash contributions include	d in lines 1a-	-1f: \$					
	h	Total. Add lines 1a-1f							
					Business Code				
anue	2a	SALE OF POWER			221000	3,971,216	3,971,216		
Reve	b	OTHER OPERATING REVE	INUE		221000	61,790	61,790		
vice	c	CAPITAL CREDITS			221000	106,939	106,939		
Serv	d								
ram	е								
Program Service Revenue		All other program service rever							
	g	Total. Add lines 2a-2f			•••••	4,139,945			
	3	Investment income (including d							
		and other similar amounts) .				78,267	78,267		
		Income from investment of tax-	•	•					
	5	Royalties							
			(i) Real		(ii) Personal	-			
		Gross rents		,027		-			
		Less: rental expenses				-			
		Rental income or (loss)				-			
	d	Net rental income or (loss) .				87,027	87,027		
	7a	Gross amount from sales of assets other than inventory	(i) Securitie	es	(ii) Other	-			
	b	Less: cost or other basis and sales expenses							
		Gain or (loss)							
	d	Net gain or (loss)							
Other Revenue	8a	Gross income from fundraising							
iəvei									
r Re		of contributions reported on line							
the		See Part IV, line 18				-			
0		Less: direct expenses				-			
		Net income or (loss) from funde	-	s.	•				
	9a	Gross income from gaming act							
		See Part IV, line 19				-			
		Less: direct expenses				-			
		Net income or (loss) from gami	ng activities	••	•				
		Gross sales of inventory, less returns and allowances				-			
		Less: cost of goods sold				-			
	C	Net income or (loss) from sales	s of inventory	′					
	<u> </u>	Miscellaneous Revenue			Business Code	-			
	11a								
	b								
	C C								
		All other revenue			•				
		Total. Add lines 11a-11d . Total revenue. See instructions				4 205 020	4 205 020	0	
	112	I UTAI LEVENUE. SEE INSTRUCTIONS	· · · · ·		🖻	4,305,239	4,305,239	0	0

Part IX

16) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC Statement of Functional Expenses

85-0098999 Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	-			
	Check if Schedule O contains a response or note to			(0)	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	bb, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	•	153 540			
6	trustees, and key employees	153,549			
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	605,440			
8	Pension plan accruals and contributions (include	005,440			
Ū	section 401(k) and 403(b) employer contributions)	177,915			
9	Other employee benefits	34,825			
10		59,978			
11	Fees for services (non-employees):	55,570			
a	Management	8,817			
b		9,079			
c		13,827			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	17,500			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	5,570			
13	Office expenses	14,261			
14	Information technology	16,101			
15	Royalties	-			
16	Occupancy	97,048			
17	Travel	68,435			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,936			
20	Interest	149,610			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	467,631			
23	Insurance	71,105			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	COST OF POWER	2,087,857			
b					
С					
d					
е	All other expenses	1,425			
25	Total functional expenses. Add lines 1 through 24e .	4,072,909	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

	990 (20	,	TRI	C COOPERATIVE INC	8	5-00	98999 Page 11
Part	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any	line ir	n this Part X			
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash - non-interest-bearing			870,581	1	2,391,550
	2	Savings and temporary cash investments			48,414	2	45,678
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	504,964	4	450,324		
	5	Loans and other receivables from current and former offi					
		trustees, key employees, and highest compensated employees	•				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c)(3)(B), and con					
		sponsoring organizations of section 501(c)(9) voluntary employ		-			
	_	organizations (see instructions). Complete Part II of Schedule L		F		6	
its	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9	Prepaid expenses and deferred charges	•••	· · · · · · · · · · · · · ·	894,806	9	800,687
	10a	Land, buildings, and equipment: cost or	10				
		other basis. Complete Part VI of Schedule D				40.	
	b	Less: accumulated depreciation			8,245,163	10c	8,778,722
	11	Investments - publicly traded securities			2,049,790	11	2,145,121
	12 13	Investments - other securities. See Part IV, line 11 . Investments - program-related. See Part IV, line 11 .			0 005 000	12 13	0 010 641
	13	Intangible assets	2,227,098	13	2,310,641		
	14	Other assets. See Part IV, line 11	97,623	14	97,514		
	16	Total assets. Add lines 1 through 15 (must equal line 34	14,938,439	16	17,020,237		
	17	Accounts payable and accrued expenses			536,723	17	542,101
	18	Grants payable	550,725	18	542,101		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV o				21	
s	22	Loans and other payables to current and former officers					
litie		trustees, key employees, highest compensated employee					
Liabilities						22	
_	23	Secured mortgages and notes payable to unrelated thir				23	
	24	Unsecured notes and loans payable to unrelated third p	arties	[3,008,175	24	4,864,807
	25	Other liabilities (including federal income tax, payables t	o rela	ted third			
		parties, and other liabilities not included on lines 17-24).	Comp	olete Part X			
		of Schedule D			123,302	25	79,166
	26	Total liabilities. Add lines 17 through 25		<u></u>	3,668,200	26	5,486,074
		Organizations that follow SFAS 117 (ASC 958), check	k here	e ▶ 🗌 and			
es		complete lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
pu	29	Permanently restricted net assets				29	
Ъ		Organizations that do not follow SFAS 117 (ASC 958	s), che	ckhere ► 🔀 and			
sol		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
t As	31	Paid-in or capital surplus, or land, building, or equipment				31	
Ne	32	Retained earnings, endowment, accumulated income, or		-	11,270,239	32	11,534,163
	33	Total net assets or fund balances			11,270,239	33	11,534,163
	34	Total liabilities and net assets/fund balances			14,938,439	34	17,020,237 Form 990 (2016)
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Form 990 (2016)

Form	990 (2016) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC	85-00989	999	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	4,3	305,2	239
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	4,0)72,	909
3	Revenue less expenses. Subtract line 2 from line 1	. 3		232,	330
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	11,2	270,2	239
5	Net unrealized gains (losses) on investments	. 5		31,	829
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 in Schedule O)	. 9		()	235)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	11,5	534,	163
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2016)

	HEDULE D	Supplemental Financial Statements		ł	OMB No. 1545-004	47
(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.			2016	
Depar	tment of the Treasury	Attach to Form 990.			Open to Pub	lic
Interna	al Revenue Service	Information about Schedule D (Form 990) and its instructions is at www.irs.go			Inspection	
	of the organization				ation number	
		ARRIBA ELECTRIC COOPERATIVE INC		-0098	3999	
Pa		tions Maintaining Donor Advised Funds or Other Similar Funds or Accoun	its.			
	Complete	if the organization answered "Yes" on Form 990, Part IV, line 6.				
	Total available star	(a) Donor advised funds	(b) Fi	unds and ot	her accounts	
1						
2		f contributions to (during year) .				
3 4		f grants from (during year)				
4 5		t end of year				
3	-	nization's property, subject to the organization's exclusive legal control?			🗌 Yes	
6	•	on inform all grantees, donors, and donor advisors in writing that grant funds can be used	••••			
Ũ	-	purposes and not for the benefit of the donor or donor advisor, or for any other purpose				
	-	ssible private benefit?			🗌 Yes	No
Pa		vation Easements.		<u></u>		
		e if the organization answered "Yes" on Form 990, Part IV, line 7.				
1		servation easements held by the organization (check all that apply).				
-		of land for public use (e.g., recreation or education)	importan	t land are	ea	
	Protection of r		•			
	Preservation c	of open space				
2		through 2d if the organization held a qualified conservation contribution in the form of a cons	servation			
		ast day of the tax year.			e End of the Tax	Year
а		nservation easements	2a			-
b	Total acreage rest	ricted by conservation easements	2b			-
с	•	vation easements on a certified historic structure included in (a)	2c			
d	Number of conserv	vation easements included in (c) acquired after 8/17/06, and not on a				-
	historic structure lis	sted in the National Register	2d			
3	Number of conserv	vation easements modified, transferred, released, extinguished, or terminated by the organi	zation du	ring the		
	tax year 🕨					
4	Number of states	where property subject to conservation easement is located				
5	Does the organization	tion have a written policy regarding the periodic monitoring, inspection, handling of				
	violations, and enfo	prcement of the conservation easements it holds?			🗌 Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easemer	nts during	the year	
	<u>ا</u>					
7	Amount of expense	es incurred in monitoring, inspecting, handling of violations, and enforcing conservation easi	ements d	uring the	year	
	▶\$					
8	Does each conser	vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)			
	and section 170(h)	(4)(B)(ii)?			🗌 Yes	No
9	In Part XIII, descrit	be how the organization reports conservation easements in its revenue and expense statem	ient, and			
	balance sheet, and	include, if applicable, the text of the footnote to the organization's financial statements that of	describes	; the		
		ounting for conservation easements.				
Pa		zations Maintaining Collections of Art, Historical Treasures, or Oth	er Sim	ilar As	sets.	
		te if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a	-	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an				
	works of art, histor	ical treasures, or other similar assets held for public exhibition, education, or research in fur	therance	of		
	public service, pro	vide, in Part XIII, the text of the footnote to its financial statements that describes these item	s.			
b	If the organization	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	alance sh	eet		
	works of art, histor	ical treasures, or other similar assets held for public exhibition, education, or research in fur	therance	of		
	•	vide the following amounts relating to these items:				
		ded on Form 990, Part VIII, line 1				
		d in Form 990, Part X				
2	If the organization	received or held works of art, historical treasures, or other similar assets for financial gain, p	orovide th	ie		
	following amounts	required to be reported under SFAS 116 (ASC 958) relating to these items:				
а	Revenue included	on Form 990, Part VIII, line 1		. ►\$		
b	Assets included in	Form 990, Part X		. ▶\$		
For F	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.		ş	Schedule D (Form 99	0) 2016

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Sched	lule D (Form 990) 2016 NORTHERN RIO AR					85-0098		Pag	
Pa	rt III Organizations Maintaining Co	ollections of A	t, Historical T	reasures, c	or Othe	r Similar Asse	ets (con	tinued)
3	Using the organization's acquisition, accession, a	and other records, ch	eck any of the follo	wing that are a	significar	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d 🗌 Loar	n or exchange prog	rams					
b	Scholarly research	e 🗌 Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's collect	tions and explain ho	w they further the o	rganization's e	xempt pu	rpose in Part			
	XIII.								
5	During the year, did the organization solicit or rec			-	ilar		_	_	
	assets to be sold to raise funds rather than to be		of the organization's	s collection?			. 🗌 Y	es	No
Pa	rt IV Escrow and Custodial Arrang								
	Complete if the organization and	swered "Yes" or	n Form 990, Pa	rt IV, line 9,	or repo	orted an amour	nt on Fo	rm	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or	-					_		
		••••					. ∐ Y	es	No
b	If "Yes," explain the arrangement in Part XIII and	complete the followi	ng table:			1			
						Amo	ount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form				2				No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	nation has been pro	ovided on Part	XIII .				
Pa	rt V Endowment Funds.		E 000 B						
	Complete if the organization and	swered "Yes" or	1 Form 990, Pa	rt IV, line 10).				
	-	(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four	years back	
1a	Beginning of year balance								
b				-					
С	Net investment earnings, gains, and								
				-					
d	Grants or scholarships			-					
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current y		ie 1g, column (a)) h	eld as:					
a	Board designated or quasi-endowment	%							
b	Permanent endowment >%	<u>0</u> (
С	Temporarily restricted endowment	%							
0-	The percentages in lines 2a, 2b, and 2c should en		destant bald and a						
3a	Are there endowment funds not in the possessio	on of the organization	i that are held and a	administered to	rtne		Г	Vaa	1
	organization by:							Yes N	lo
	0	•••••					3a(i)		
	(ii) related organizations If "Yes" on 3a(ii), are the related organizations lis	• • • • • • • • • • •					3a(ii)		
b	())·	•		•••••			3b		
4 Do	Describe in Part XIII the intended uses of the org		ient funds.						
Fa	rt VI Land, Buildings, and Equipme		Earm 000 Da	rt IV/ line 11	0 500	Form 000 Do	rt V line	10	
	Complete if the organization and								
	Description of property	(a) Cost or othe (investme		or other basis (other)	• •	ccumulated reciation	(d) Book	value	
1-	Land		,		dep		-	01 00	2
1a ⊾	Land			191,283		255 040		91,28	
b	Buildings	•••		490,143		355,949	1	34,19	4
ب ۲	Leasehold improvements	••		156 550	~	410 404		27 1-	
d	Equipment		16,	,156,558	8	,419,404	-	37,15	
e Toto	Other		(oolump (D) line i	716,091				16,09	
i uta	\mathbf{u} rou lines to unough te. (Column (a) must equ	iai ruiii 990, Malt X	, column (D), IINE i	100.1		· · · · · 🕨	đ,/	78,72	4

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Schedule D (Form 990) 2016

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC

Page 3

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) TRISTATE PATRONAGE	2,042,415	
(2) CFC PATRONAGE	23,751	
(3) SEDC PATRONAGE	62,845	
(4) FEDERATED PATRONAGE	92,192	
(5) OTHER PATRONAGE	56,275	
(6) MEMBERSHIPS	15,705	
(7) CFC SCT CERTIFICATES	11,188	
(8) CFC ZTC CERTIFICATES	2,553	
(9) NMRECA SELF INSURANCE FUND	3,717	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	2,310,641	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) AGENCY FUNDS	97,514
(2)	
(3)	
(4)	
(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) Federa	al income taxes		
(2) CUST	OMER DEPOSITS		55,685
(3) DEFE	RRED CREDITS		23,481
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	•	79,166

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Sched		5-0098999	Page 4
Pa	rt 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.		
1	Total revenue, gains, and other support per audited financial statements	1	4,319,568
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	31,829
3	Subtract line 2e from line 1	3	4,287,739
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 17,500		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	17,500
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	4,305,239
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,055,409
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,055,409
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	17,500
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,072,909

 Part XIII
 Supplemental Information.

 Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Footnote for uncertain tax position under FIN 48 (Part X)

THE COOPERATIVE FOLLOWS GUIDANCE FOR UNCERTAINTY IN INCOME TAXES WHICH IS PART OF FASB ASC

740, INCOME TAXES. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT

ATTRIBUTES FOR FINANCIAL STATEMENT RECOGNITION OF A TAX POSITION TAKEN OR EXPECTED TO BE

TAKEN ON A TAX RETURN. AS OF DECEMBER 31, 2016 AND 2015, THE COOPERATIVE DOES NOT HAVE ANY

UNCERTAIN TAX POSITIONS.

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 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016 Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

85-0098999

01. Members or stockholder classes and rights (Part VI, line 6)

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC

THERE IS ONE CLASS OF MEMBERS. A MEMBER MAY HAVE MULTIPLE ACCOUNTS BUT ONLY ONE

MEMBERSHIP.

02. Member election for additional members (Part VI, line 7a)

THE MEMBERS OF THE COOPERATIVE VOTE IN THE ELECTION OF THE BOARD OF DIRECTORS; EACH MEMBER

HAS ONE VOTE.

03. Governing body decisions (Part VI, line 7b)

GOVERNANCE DECISIONS SUBJECT TO APPROVAL BY MEMBERS OF THE COOPERATIVE ARE: DISSOLUTION OR

LIQUIDATION OF THE COOPERATIVE; MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER

ORGANIZATION; DISPOSAL OF A SUBSTANTIAL PORTION OF COOPERATIVE ASSETS; BYLAW CHANGES; AND

EXPULSION OF MEMBERS.

04. Committee meeting documentation (Part VI, line 8b)

COMMITTEES DO NOT HAVE BROAD AUTHORITY TO ACT ON BEHALF OF BOARD.

05. Form 990 governing body review (Part VI, line 11)

THE BOARD WILL REVIEW AND APPROVE FORM 990 PRIOR TO FILING.

06. Conflict of interest policy compliance (Part VI, line 12c)

OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO FILL OUT A DISCLOSER FORM ANNUALLY.

07. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD REVIEWS THE GENERAL MANAGER'S SALARY AND BENEFITS ON AN ANNUAL BASIS.

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC

Employer identification number

08. Other officer or key employee compensation (Part VI, line 15b

THE SALARIES OF THE BOARD AND KEY EMPLOYEES ARE REVIEWED ON AN ANNUAL BASIS.

09. Governing documents, etc, available to public (Part VI, line 19)

THE FINANCIAL STATEMENTS ARE PROVIDED AT THE ANNUAL MEETING TO ALL MEMBERS THAT ATTEND.

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALL

AVAILABLE UPON REQUEST AT THE COOPERATIVE'S OFFICE.

10. Explanation of other changes in net assets or fund balances (Part XI, line 9)

CHANGE IN MEMBERSHIPS

Form	8868
(Rev. Jar	nuary 2017)

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

(Rev. January 2017)					OMB No. 1545-1709	
Department of the Internal Revenue				lication for each return. ts instructions is at <i>www.irs</i> .	gov/form8868.	
forms listed b Contracts, for filing of this for	pelow with th r which an e form, visit w	You can electronically file Form 886 e exception of Form 8870, Information xtension request must be sent to the I ww.irs.gov/efile, click on Charities & N	n Retum for RS in paper Non-Profits,	Transfers Associated With Ce format (see Instructions). For and click on <i>e-file</i> for <i>Chairiti</i>	ertain Personal Benefit more details on the elected as and Non-Profits.	
Automati	c 6-Mont	h Extension of Time. Only s	ubmit orig	jinal (no copies needed).	
		to file an income tax return other than equest an extension of time to file inco		me	•	trusts mber, see instructions
Type or	Name of	exempt organization or other filer, se	e instruction	S.	Employer identificatio	n number (EIN) or
print	NORTHE	RN RIO ARRIBA ELECTRIC (COOPERAT	IVE INC	85-0098999	
File by the	Number	, street, and room or suite no. If a P.C	. box, see in	structions.	Social security number	er (SSN)
due date for						
filing your return. See	("ity town or post office state and /IP code For a foreign address see instructions					
instructions.	CHAMA,	NM 87520				
Enter the Ret	tum Code fo	r the retum that this application is for (file a separa	te application for each return)		01
Applicatio	on		Return	Application		Return
Is For			Code	Is For		Code
Form 990 o	or Form 990	-EZ	01	Form 990-T (corporation)		07
Form 990-I	BL		02	Form 1041-A		08
Form 4720) (individual)		03	Form 4720 (other than individual)		
Form 990-I	PF		04	Form 5227		
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		
Form 990-	T (trust othe	r than above)	06	Form 8870 12		
If the orgaIf this is fofor the whole	e No. <u>5</u> anization doe or a Group R group, chec	$\frac{75-756-2181}{es not have an office or place of busined in the organization's four dig k this box \ \ \ \ \ \ \ \ \ \ \ \ \ $	Finess in the U it Group Exe it is for part of	emption Number (GEN)	If this is	
•		atic 6-month extension of time until n named above. The extension is for th	-11 ne organizati		exempt organization ret	um
►⊠	calendar ve	ar 20 16 or				
	tax year be		20	, and ending	, 20	
		<u> </u>			Final return	
Cha	ange in acco	red in line 1 is for less than 12 months unting period				
Cha 3a If this a	ange in acco application is	unting period for Forms 990-BL, 990-PF, 990-T, 47				
Generation Character Chara	ange in acco application is onrefundable	unting period for Forms 990-BL, 990-PF, 990-T, 47 credits. See instructions.	720, or 6069	, enter the tentative tax, less	3a	\$
Cha 3a If this a any no b If this a	ange in acco application is onrefundable application is	unting period for Forms 990-BL, 990-PF, 990-T, 47 credits. See instructions. for Forms 990-PF, 990-T, 4720, or 60	720, or 6069 069, enter ar	, enter the tentative tax, less	3a	
Cha 3a If this a any no b If this a estimat	ange in acco application is onrefundable application is ted tax payn	unting period for Forms 990-BL, 990-PF, 990-T, 47 credits. See instructions. for Forms 990-PF, 990-T, 4720, or 60 nents made. Include any prior year ov	720, or 6069 069, enter ar verpayment a	, enter the tentative tax, less ny refundable credits and allowed as a credit.		
Cha 3a If this a any no b If this a estimate c Balance	ange in acco application is onrefundable application is ted tax payn ce due. Sub	unting period for Forms 990-BL, 990-PF, 990-T, 47 credits. See instructions. for Forms 990-PF, 990-T, 4720, or 60 nents made. Include any prior year ov tract line 3b from line 3a. Include you	720, or 6069 069, enter ar rerpayment a ur payment v	, enter the tentative tax, less ny refundable credits and allowed as a credit. with this form, if required, by	3a 3b	\$
Cha 3a If this a any no b If this a estimat c Balance using B	ange in acco application is onrefundable application is ited tax payn ce due. Sub EFTPS (Ele	unting period for Forms 990-BL, 990-PF, 990-T, 47 credits. See instructions. for Forms 990-PF, 990-T, 4720, or 60 nents made. Include any prior year ov	720, or 6069 069, enter ar verpayment a ur payment v . See instruct	, enter the tentative tax, less ny refundable credits and allowed as a credit. with this form, if required, by tions.	3a 3b 3c	\$

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

Form 8868 (Rev. 1-2017)