Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

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				tax year begii	_			·	, and en			\neg	, 20		
		applicable:			THERN RIO AR	RIBA ELECT	RIC CO	OOPERAI	IVE I	NC			Employer identification no.		
<u> </u>	ddress (change	Doing busir	ness as									85-0098999		
□ ١	ame ch	ange	Number an	d street (or P.O. bo	ox if mail is not delivered	d to street address)				Room/sui	te	F	Telephone number		
<u></u>	nitial retu	ırn	PO BO	X 217								_	(575)756-2181		
F	inal retu	rn/terminated	City or towr	n, state or province	e, country, and ZIP or fo	reign postal code						G	Gross receipts		
	mended	l return	CHAMA	, NM 8752	0					\$ 4,458,962					
	pplication	on pending	F Name and	address of principa	al officer:					H(a) Is	this a group	return for	subordinates? Yes No		
										H(b) A	re all subo	rdinates	included? Yes No		
ı ı	ax-exen	npt status:	501(c)(3)	X 501(c) (12) (insert no.)	4947(a)(1) or	52	27			If "No," a	attach a	list. (see instructions)		
J V	/ebsite:	► www		ECTRIC.OR						H(c)			umber ►		
K F	orm of c		Corporation		sociation Other	>	L	Year of form	nation: 19		M State		_		
Pa	_	Summar													
· u	1		•	inization's miss	sion or most signifi	cant activities:	TO DI	POWINE	X E E ∩ D	DARTE	OIIA.	T.TTV	, AND RELIABLE		
	'	-	_		_			KOVIDE	AFFOR	DABUE	, QUA.	<u> </u>	, AND RELIABLE		
ë		FLECIRIC	. SERVICE	S IO MEMBI	ERS OF THE C	OOPERALIVE									
ä		-													
err															
Governance	2			-	n discontinued its							1 .	1		
∞ ∞	3		•	-	erning body (Part	•						3	8		
Activities &	4			-	rs of the governing							4	8		
ξ	5	Total number	er of individua	als employed i	n calendar year 20	017 (Part V, line	2a) .					5	13		
Ç	6	Total number	er of voluntee	ers (estimate if	necessary)	. .						6			
	7a	Total unrela	ted business	revenue from	Part VIII, column	(C), line 12						7a	0		
	b	Net unrelate	ed business t	taxable income	e from Form 990-T	, line 34						7b	0		
										Pri	ior Year		Current Year		
	8	Contribution	s and grants	(Part VIII, line	:1h)	. .							0		
e	9	Program se	rvice revenue	e (Part VIII, lin	e 2g)	. .			🗆		4,139	,945	4,302,961		
Revenue	10	•		•	A), lines 3, 4, and							,267			
Re	11				nes 5, 6d, 8c, 9c, 1							,027			
	12				(must equal Part V						4,305				
	13				IX, column (A), lin	` '					1,505	, 233	1,130,302		
	14				X, column (A), line	*									
	15				e benefits (Part IX						1,031	707	1 060 609		
es		•	•		•	. , , ,	,				1,031	, / 0 /	1,060,608		
Expenses			•	,	column (A), line 1	•							0		
×					olumn (D), line 25)			0							
ш	17				nes 11a-11d, 11f-2						3,041				
	18				t equal Part IX, col				_		4,072				
	19	Revenue les	ss expenses.	Subtract line	18 from line 12 .							,330	95,814		
Net Assets or Fund Balances										Beginning	of Current	Year	End of Year		
sets	20	Total assets	(Part X, line	9 16)		· • • • • • • •				1	7,020	,237	16,769,737		
A As	21	Total liabilitie	es (Part X, li	ne 26)		. .					5,486	,074	5,211,712		
	22	Net assets of	or fund balan	nces. Subtract	line 21 from line 2	20				1	1,534	, 163	11,558,025		
Pa	t II	Signatu	ire Block												
					urn, including accompar ficer) is based on all info					owledge a	nd belief, it	t is			
ilue,	correct,	and complete. De	ciaration of prep	Darer (Other than Or	nicer) is based on all lilli	ornation of which prep	parei nas a	iny knowledg	е.						
		ABRA	N H ROME	ERO											
Sig	1	Signatu	re of officer									Date			
Her	е	ABRA	N H ROME	ERO, EXECU	JTIVE VICE P	RESIDENT									
			print name and	-											
		Print/Type pr	eparer's name		Preparer's signature			Date			heck	if P	TIN		
Paid	4	• • • •	J Jaram:	1110	Audrey J Ja	ramillo		06-29-2	2019		_	'	P01786993		
	a parei		U UALAIII.					00-43-2	7010		elf-employe	ou .	E 0 I / 0 0 3 3 3		
					lo Accountin		C			Firm's Elf					
USE	Onl	Firm's addres	ss 🟲		ncoln Road N					Phone no		. -			
	d	0 41-4			que NM 8710						50	u5-3	23-2035 🔯 Yes 🗌 No		
IVIAV	me IK	5 discuss this	return with t	ine preparer si	nown above? (see	instructions) .							X Yes No		

Part IV

85-0098999

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," 1 Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 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 6 Χ 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 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 Χ 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 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a 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 Χ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 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 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19

Part IV

85-0098999

Checklist of Required Schedules (continued) Yes No 20a 20a 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 Χ 21 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 Χ 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 26 Χ 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 Χ 27 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): Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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, Χ 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

17) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			Ш_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ם		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	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?	3a		_X_
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)?	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		_X_
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		_X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		37
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		37
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	···	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a		_		
b 11	, , , , , , , , , , , , , , , , , , , ,	_		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	,		
a b	Gross income from members or shareholders	4		
b	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	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		X
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a		
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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 in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

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		Χ
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		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Χ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.5:		
<u></u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled New Mexico Section \$40.4 required on a copy of this Form 940 is required to be filled 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.			
40	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
00	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:			
	MARLA ULIBARRI (575)756-2181, PO BOX 217, Chama, NM 87520			

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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 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.

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

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

				(C)			,,		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do not check n box, unless pe officer and a di		Pos ck m s per	nore than one erson is both an irector/trustee)		Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEVE RENDON PRESIDENT	5.00_	Х	+	Х				2,963	0	0
(2) DAVID MARTINEZ TRUSTEE	2.00	X						1,763		0
(3) GILBERT MARTINEZ SECRETARY	2.70	Х		Х				2,545		0
(4) LEROY MARTINEZ TREASURER	2.30	Х		Х				2,513		0
(5) TOMAS RIVAS TRUSTEE	3.90	Х						7,609	0	0
(6) MICHAEL GOMEZ TRUSTEE	3.20	Х						3,638	0	0
(7) ANTONIO MANZANARES VICE PRESIDENT	2.90	Х		X				2,808	0	0
(8) BENJAMIN LEYBA EXECUTIVE VICE-PRESIDENT/GENERAL MG	40.00			Х				119,158	0	0
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
(13)										
(14)										

Form 990 (2017)

85-0098999

rait	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	anu	ı mıç	liles	Com	pen	Saleu Employees	(Continueu)	_		
	(A) Name and title	(B) Average hours per week (list any	box, office	unless er and	a dire	ition ore that on is l	an one both an rustee)		(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	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	nA					• • • أ	•	142,997	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization									1			
												Yes	No
3	Did the organization list any former officer, directo employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>										3		X
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd o	ther	compe	ensa	tion from the				
	organization and related organizations greater than individual						Sched 	ule .) for such		4		X
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	ny u	nrel	ated	-				_		
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Si	cneaui	e J t	or s	uch į	berson				5		X
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A) Name and business address								(B) Description of	services	Com	(C)	on
	. tamle drive business dudress								2 conputer of		3011	,	
	Total number of independent contractors (in the Per	hut not limit	الد مداد		liete	مادك	a. (a)	he					
2	Total number of independent contractors (including received more than \$100,000 of compensation from			iose ▶	ııste	u ab	ove) w	TIO					

Statement of Revenue

85-0098999

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC

		Check if Schedule O contains	a response	e or no	te to any line in th	is Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns		1a					
ant	b	Membership dues		1b					
y, Muo	С	Fundraising events		1c					
Sifts lar /	d	Related organizations		1d					
imil	е	Government grants (contribution	ns)	1e					
itior er S	f	All other contributions, gifts, gra	nts,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not include	ed above	1f					
ont	g	Noncash contributions included	in lines 1a-	1f: \$					
O to	h	Total. Add lines 1a-1f							
					Business Code				
nue	2a	SALE OF POWER			221000	4,071,897	4,071,897		
eve	b	OTHER OPERATING REVEN	IUE		221000	82,618	82,618		
ice R	С	CAPITAL CREDITS			221000	148,446	148,446		
Serv	d								
Program Service Revenue	e								
rogr	f	All other program service revenu	ле .	[
Δ.	g	Total. Add lines 2a-2f				4,302,961			
	3	Investment income (including div	idends. inte	rest.					
		and other similar amounts)			▶	72,435	72,435		
	4	Income from investment of tax-ex	kempt bond	procee	eds▶				
	5	Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents	83	,566					
	b	Less: rental expenses							
	С	Rental income or (loss)	83	,566					
		Net rental income or (loss)				83,566	83,566		
	7a	Gross amount from sales of	(i) Securitie	es	(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss)		<u>.</u>					
enne	8a	Gross income from fundraising							
ven		events (not including \$							
Other Rev		of contributions reported on line	1c).						
her		See Part IV, line 18		. а					
₹	b	Less: direct expenses		. b					
	С	Net income or (loss) from fundra	ising events	· ·					
	9a	Gross income from gaming activ	ities.						
		See Part IV, line 19		. а					
	b	Less: direct expenses		. b					
	С	Net income or (loss) from gamin	g activities						
	10a	Gross sales of inventory, less							
		returns and allowances		. а					
	b	Less: cost of goods sold		. b					
		Net income or (loss) from sales		_					
		Miscellaneous Revenue	,		Business Code				
	11a								
	b								
	С								
		All other revenue							
		Total. Add lines 11a-11d							
		Total revenue. See instructions				4,458,962	4,458,962	0	C

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 144,047 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 602,328 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 198,559 9 49,642 10 66,032 11 Fees for services (non-employees): 11,961 b Legal...... 48,982 16,000 d Professional fundraising services. See Part IV, line 17 . Investment management fees f 24,065 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 8,848 13 8,672 14 15,019 15 16 12,795 17 61,339 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 18,911 20 220,637 21 22 Depreciation, depletion, and amortization 473,937 23 70,059 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.) COST OF POWER 2,061,561 b OTHER 249,754 C d е All other expenses Total functional expenses. Add lines 1 through 24e . 25 4,363,148 0 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

85-0098999

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,391,550	1	1,052,130
	2	Savings and temporary cash investments	45,678	2	58,223
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	450,324	4	352,521
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	800,687	9	723,156
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a 18,264,536			
	b	Less: accumulated depreciation	8,778,722	10c	9,032,043
	11	Investments - publicly traded securities	2,145,121	11	3,012,364
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	2,310,641	13	2,432,468
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	97,514	15	106,832
	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,020,237	16	16,769,737
	17	Accounts payable and accrued expenses	542,101	17	488,054
	18	Grants payable		18	
	19	Deferred revenue		19	
	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 current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lial		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	4,864,807	24	4,665,078
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	79,166	25	58,580
	26	Total liabilities. Add lines 17 through 25	5,486,074	26	5,211,712
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ 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	
ınd	29	Permanently restricted net assets		29	
٦		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗵 and			
s ol		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds	11,534,163	32	11,558,025
	33	Total net assets or fund balances	11,534,163	33	11,558,025
	34	Total liabilities and net assets/fund balances	17,020,237	34	16,769,737

Par	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		4,4	158,9	962
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,3	63,3	148
3	Revenue less expenses. Subtract line 2 from line 1	3			95,8	814
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,5	34,3	163
5	Net unrealized gains (losses) on investments	5			22,	475
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		(94,4	427)
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	58,0	025
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>. 🗆</u>
			г		Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash 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	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 ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain 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		X
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** (2017)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 85-0098999 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 🗌 Yes 🗌 No conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total acreage restricted by conservation easements h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 🗌 Yes 🗌 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

. u	t iii Organizationo mantaning or	<u> </u>	rt, motomour	roadardo, er e	tiloi Ollilliai 71000	ito (ooritii)	iaca
3	Using the organization's acquisition, accession, a	nd other records, ch	neck any of the follo	wing that are a sig	nificant use of its		
	collection items (check all that apply):						
а	Public exhibition	d 🗌 Loa	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 XIII.	ions and explain ho	ow they further the o	rganization's exem	pt purpose in Part		
5	During the year, did the organization solicit or rec	eive donations of a	rt historical treasure	es or other similar			
	assets to be sold to raise funds rather than to be				· • • • • • • • • • • • • • • • • • • •	. Tyes	□No
Pai	rt IV Escrow and Custodial Arrang		0o 0. gaao				
	Complete if the organization and 990, Part X, line 21.		n Form 990, Pa	rt IV, line 9, or	reported an amour	nt on Form	า
1a	Is the organization an agent, trustee, custodian or	other intermediary	for contributions or	other assets not			
						. 🗆 Yes	□No
b	If "Yes," explain the arrangement in Part XIII and					. 🗀	
-	ree, explain the arrangement in ratty in and		g 102.01		Amo	ount	
С	Beginning balance				1c		
d	Additions during the year				1d		
e	o ,				1e		
f	Ending balance			-	1f		
2a	Did the organization include an amount on Form 9					Yes	No
b	If "Yes," explain the arrangement in Part XIII. Che					_	$\overline{}$
-	rt V Endowment Funds.						<u> </u>
	Complete if the organization ans	swered "Yes" or	n Form 990. Pa	rt IV. line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	ars back
1a	Beginning of year balance	(,	(2) 1 1121 / 221	(0, 1110)00110001	(4) 11112 / 12112 1211	(0)	
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 y	ear end balance (lir	ne 1g. column (a)) h	neld as:			
a	Board designated or quasi-endowment	%	(2), .				
b	Permanent endowment ► %						
	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c should e	gual 100%.					
3a	Are there endowment funds not in the possessio		n that are held and a	administered for the)		
	organization by:	· ·				Ye	es No
						3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations lis	ted as required on	Schedule R?	. 		3b	
4	Describe in Part XIII the intended uses of the org	·					
Par	rt VI Land, Buildings, and Equipme						
	Complete if the organization ans		n Form 990. Pa	rt IV. line 11a.	See Form 990. Pa	rt X. line 1	0.
	Description of property	(a) Cost or other		or other basis	(c) Accumulated	(d) Book val	
		(investme	` '	(other)	depreciation	() = 50% 70%	-
1a	Land			191,283		191	1,283
b	Buildings			532,527	368,279		4,248
C	Leasehold improvements			,	200,275		_,
d	Equipment		16	,832,466	8,864,214	7,968	3.252
e	Other			708,260	-,,		3,260
	I. Add lines 1a through 1e. (Column (d) must equ		X. column (B). line				2,043

Schedule D (Form 990) 2017 NORTHERN RIO A	ARRIBA ELECTRIC COOPER	ATIVE INC	85-0098999 Page
Part VII Investments - Other Securities.	. I II) / II F	(IV I'm 441 Om For	000 Part V I'm 40
Complete if the organization answer	ed "Yes" on Form 990, Par	i IV, line 11b. See For	rm 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	. ,	d of valuation: rear 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 answer	ed "Yes" on Form 990. Part	t IV. line 11c. See For	m 990. Part X. line 13.
(a) Description of investment	(b) Book value	. ,	d of valuation: rear market value
(1) TRISTATE PATRONAGE	2,149,351	·	
(2) CFC PATRONAGE	23,729		
(3) SEDC PATRONAGE	67,685		
(4) FEDERATED PATRONAGE	90,101		
(5) OTHER PATRONAGE	68,445		
(6) MEMBERSHIPS	15,705		
(7) CFC SCT CERTIFICATES	11,370		
(8) CFC ZTC CERTIFICATES	2,365		
(9) NMRECA SELF INSURANCE FUND	3,717		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	2,432,468		
Part IX Other Assets.	LIN (II		000 5 ()/ !! /=
Complete if the organization answer		IV, line 11d. See For	
	Description		(b) Book value
(1) AGENCY FUNDS			106,83
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶ 106,83
Part X Other Liabilities.			
Complete if the organization answer	ed "Yes" on Form 990, Par	l IV, line 11e or 11f. S	see Form 990, Part X,
line 25.			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		_	
(2) CUSTOMER DEPOSITS	54,830	_	
(3) DEFERRED CREDITS	3,750	-	
_ (4)			
_ (5)			
(6)		-	
(7)		-	
(8)		-	
(9)	1		

58,580

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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. 🗵

Par	t XI Reconciliation of Revenue per Audited Financial Stateme			Return	•		
	Complete if the organization answered "Yes" on Form 990, P	art IV	', line 12a.				
1	Total revenue, gains, and other support per audited financial statements $\ldots\ldots$			1	4,434,897		
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.)	2d					
е	Add lines 2a through 2d			2e			
3	Subtract line 2e from line 1			3	4,434,897		
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	24,065				
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b			4c	24,065		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,458,962		
Par	Reconciliation of Expenses per Audited Financial Staten			er Retu	ırn.		
	Complete if the organization answered "Yes" on Form 990, F	Part I	√, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,339,083		
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	2b		-			
С	Other losses	2c		-			
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e			
3	Subtract line 2e from line 1			3	4,339,083		
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	4a	24,065	-			
b	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b			4c	24,065		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,363,148		
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 THR	ESHO	LD AND MEASUREME	INT			
	TRUMBA DOR STANDATAL AMAMBANAM REGOGNITATON OF A MAN ROAT						
ATTRIBUTES FOR FINANCIAL STATEMENT RECOGNITION OF A TAX POSITION TAKEN OR EXPECTED TO BE							
TAKEN ON A TAX RETURN. AS OF DECEMBER 31, 2017 AND 2016, THE COOPERATIVE DOES NOT HAVE ANY							
IAK	EN ON A TAX RETURN. AS OF DECEMBER 31, 2017 AND 2016, THE	C001	PERAIIVE DOES NO	I DAVE	ANI		
IINCE	ERTAIN TAX POSITIONS.						
ONCE	ERIAIN IAA FOSIIIONS.						

EEA Schedule D (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public

Employer identification number

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

85-0098999 NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 01. Members or stockholder classes and rights (Part VI, line 6) 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.

Form **8868** (Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Chairities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 85-0098999 Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions CHAMA, NM 87520 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of MARLA ULIBARRI, PO BOX 217, Chama, NM 87520 FAX No. ▶ Telephone No. ► 575-756-2181 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and EINs of all members the extension is for. , 20 18 , to file the exempt organization return I request an automatic 6-month extension of time until 11-15 for the organization named above. The extension is for the organization's return for: 🛚 calendar year 20 17 or ▶ ☐ tax year beginning , 20 , and ending , 20 Initial retum Final retum 2 If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$

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

instructions.