#### 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)

OMB No. 1545-0047 2018

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 Inspection

Α	For the	2018 calend	dar year, or tax year begir	nning		, 2018, and e	nding	_	, 20			
В	Check if	applicable:	INC	D	Employer identification no.							
Ц	Address	change	Doing business as						85-0098999			
	Name ch	ange	Number and street (or P.O. bo	ox if mail is not delivered	to street address)		Room/suite	E	Telephone number			
	Initial retu	urn	PO BOX 217					(575)756-2181				
	Final retu	ırn/terminated	City or town, state or province	, country, and ZIP or fore	eign postal code			G	Gross receipts			
	Amended	d return	CHAMA, NM 8752	0					\$ 4,570,788			
	Application	on pending	F Name and address of principa	al officer:			H(a) Is this a group	return for s	subordinates? Yes No			
							H(b) Are all subor	dinates i	included? Yes No			
ı	Tax-exer	npt status:	501(c)(3) X 501(c) ( <b>12</b>	) <b>(</b> insert no.)	4947(a)(1) or	527	If "No," a	ittach a l	list. (see instructions)			
J	Website	: <b>&gt;</b> www	NORAELECTRIC.ORG				H(c) Group exe	nption n	umber ►			
K	Form of o	organization: X	Corporation Trust Ass	sociation Other	•	L Year of formation: 1	.948 M State	of legal	domicile: NM			
Pa	rt I	Summar	ry				•					
	1	Briefly descr	ribe the organization's miss	sion or most signific	ant activities: TO	PROVIDE AFFO	RDABLE, QUAI	LITY	, AND RELIABLE			
			SERVICE TO MEMBE	=								
Governance												
rna												
Ne.	2	Check this b	ox ▶ ☐ if the organization	n discontinued its o	perations or disposed	d of more than 25%	of its net assets.					
	3	Number of v	oting members of the gove	erning body (Part V	/I, line 1a)			3	8			
Activities &	4		ndependent voting member	• • • • • • • • • • • • • • • • • • • •	,	)		4	8			
ij	5		er of individuals employed in					5	17			
媡	6		er of volunteers (estimate if	-				6				
ĕ			ted business revenue from	• ,				7a	0			
			ed business taxable income		, .			7b	0			
_	"	Net unrelate	ta business taxable income	; nonn onn 990-1,				75	Current Year			
		Contribution	e and grante (Part VIII line	1b)			Prior Year		O Current rear			
0	9	8 Contributions and grants (Part VIII, line 1h)										
, L		J		4,395,160								
Revenue	10	Investment in	,435									
Œ	11		ue (Part VIII, column (A), lii			-		,566				
	12		ue - add lines 8 through 11				4,458	,962	4,561,445			
	13		similar amounts paid (Part d to or for members (Part I			-			0			
	14			00 1 142 005								
S	15	· ·	ner compensation, employed		` ''	´ -	1,060	,608				
SU:	16a		I fundraising fees (Part IX,						0			
Expenses			ising expenses (Part IX, co			0						
ш	17	•	nses (Part IX, column (A), li	·	,		3,302					
	18		ses. Add lines 13-17 (must				4,363		4,417,054			
	19	Revenue les	ss expenses. Subtract line	18 from line 12 .				,814				
Net Assets or			(D ) ( II )			<u> </u>	Beginning of Current		End of Year			
sset	20		, ,			<del> </del>	16,769		16,850,862			
et A	21		(,				5,211		5,274,546			
_			or fund balances. Subtract	line 21 from line 20	0		11,558	,025	11,576,316			
	art II		Ire Block clare that I have examined this retu	urn including accompany	ing schodules and stateme	nto, and to the heat of my	rowledge and balisf it	io				
			eclaration of preparer (other than of				vilowieuge and belief, it	15				
Sig	ın		N H ROMERO					Date				
		Signature of officer										
He	Œ		N H ROMERO, EXECU	TIVE VICE P	KESIDENT							
		17	•			Date						
D-	i al		eparer's name	Preparer's signature			Check		TIN			
Pa			J Jaramillo	Audrey J Jar		07-31-2019	self-employe	d	P01786993			
	epare			lo Accounting	<u> </u>		Firm's EIN ►					
US	e Onl	<b>y</b> Firm's addres		ncoln Road NI			Phone no.					
				que NM 87109			50	5-32	23-2035			
MAG	the ID	C diagraphia	return with the preparer ch	nown above (cool	inotructions)				▼ Yes □ No			

Page 2

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 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 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . . . . . Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 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," Χ 8 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . . . . . . . . 10 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," 11a Χ 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 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 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 Χ 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 12a Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12b X 13 13 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 .......... Χ 14b 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 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) ....... 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 19 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ

Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete 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			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	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? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		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			
	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	00.7	X
		F	. nnn //	''U V U'

#### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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		Χ
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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
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		Χ
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		Χ
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
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		Χ
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
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		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7.7
	excess parachute payment(s) during the year	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	,,		77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) 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			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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		Х
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		Х
	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 filling 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	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			
	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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Page 7

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

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

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unless er and	Pos ck m s per	son is	haan one s both an Highest compensated employee	(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	10.00								
PRESIDENT		Х		Χ			4,163	0	0
(2) DAVID MARTINEZ	2.50								
TRUSTEE		Х					2,663	0	0
(3) GILBERT MARTINEZ	2.60	3.7		37					
SECRETARY		Х		Χ			2,905	0	0
(4) LEROY MARTINEZ	6.20	3.7		37					
TREASURER	2 52	Х		Χ			3,900	0	0
(5) TOMAS RIVAS	9.60	3.7		37					
VICE PRESIDENT	2.10	Х		Χ			7,566	0	0
(6) MICHAEL GOMEZ TRUSTEE	3.10	Х					4,350	0	0
(7) Parit GOPPOIII	6.10	21					4,330	0	
TRUSTEE	0 • 1 0 _	Х					1,950	0	0
(8) ABRAN ROMERO	40.00	21					1,930	0	
EXECUTIVE VICE PRESIDENT/GENERAL MG				Χ			65,478	0	o
(9)							03,170		<u> </u>
(10)									
(11)									
(12)									
<u>(13)</u>									
(14)									

Form 990 (2018)

098999	Page
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	(A) (B)  Name and title Avera hours p		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E)  Reportable compensation from related	ar	(F) stimated nount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	<ey employee<="" td=""><td>Highest compensated employee</td><td>Former</td><td>the organization (W-2/1099-MISC)</td><td>organizations (W-2/1099-MISC)</td><td>f orç ar</td><td>pensation rom the ganization Id related anizations</td></ey>	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f orç ar	pensation rom the ganization Id related anizations
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total	n A						<b>&gt;</b>	00.055			
d 2	Total (add lines 1b and 1c)								<b>92,975</b> e than \$100,000 of	0		0
	reportable compensation from the organization									0		Yes No
3	Did the organization list any <b>former</b> officer, director 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 repo	ortable comp	ensatio	on ar	nd of	ther	comp	ensa	ation from the		3	A
	organization and related organizations greater than individual										4	X
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? <i>If</i> "Yes,"			-			_				5	X
Secti	on B. Independent Contractors	00p.0.0			<i></i> σε		<del>, , , , , , , , , , , , , , , , , , , </del>	•				
1	Complete this table for your five highest compensation from the organization. Report compensation.											
	(A) Name and business address								(B) Description of s	sanvicas		(C) Densation
	reame and business address								DOSCHIPHOTI OF S		J0111	
	Total number of independent control for the Pro-	hut not limit -	ما ده دا	'	lot-	ا م ا	- Aug 1 -	d				
2	Total number of independent contractors (including large) and more than \$100,000 of compensation from				ıstec	ab	ove) v	vno				

Form 990 (2018) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or no	ote to any line in this	Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a			10101140		0.20.1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
عيق آح	C	Fundraising events	1c					
fts, r A	d	Related organizations	1d					
ij G		_	1e					
ons Sir	e	Government grants (contributions)	16					
buti	f	All other contributions, gifts, grants,	4.5					
d dri		and similar amounts not included above	1f					
S Ĕ	g	Noncash contributions included in lines 1a						
	h	Total. Add lines 1a-1f						
Φ	_			Business Code				
enn		SALE OF POWER		221000	4,226,987	4,226,987		
Rev	b	OTHER OPERATING REVENUE		221000	62,582	62,582		
/ice	С	CAPITAL CREDITS		221000	105,591	105,591		
Ser	d							
ram	е							
Program Service Revenue	f	All other program service revenue						
	g	Total. Add lines 2a-2f			4,395,160			
	3	Investment income (including dividends, inte	erest,					
		and other similar amounts)			72,438	72,438		
	4	Income from investment of tax-exempt bond	l proce	eds►				
	5	Royalties		▶				
		(i) Real		(ii) Personal				
	6a	Gross rents 91	,456					
	b	Less: rental expenses						
	С	Rental income or (loss) 91	,456					
		Net rental income or (loss)			91,456	91,456		
		Gross amount from sales of (i) Securiti		(ii) Other	•	,		
	'a	assets other than inventory		11,734				
	L	, i						
	ט	Less: cost or other basis and sales expenses		9,343				
	c	Gain or (loss)						
	l .	Net gain or (loss)			2,391	2,391		
Φ		Gross income from fundraising	• • •		2,332	2,331		
enne	00	events (not including \$						
		of contributions reported on line 1c).	_					
Other Rev		See Part IV, line 18	•					
粪	h	Less: direct expenses						
J		Net income or (loss) from fundraising event						
			s .					
	Эа	Gross income from gaming activities.	_					
		See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activities	• •	•				
	10a	Gross sales of inventory, less						
		returns and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of inventory	/					
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d		H				
	12	<b>Total revenue.</b> See instructions		▶	4,561,445	4,561,445	0	0

#### 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 92,975 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 ...... 7 737,796 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 185,681 9 64,143 10 63,210 11 Fees for services (non-employees): 8,838 b Legal...... 19,540 16,000 d Professional fundraising services. See Part IV, line 17 . f 25,283 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 4,543 13 10,760 14 19,647 15 16 15,733 17 66,724 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 13,706 20 174,882 21 22 Depreciation, depletion, and amortization . . . . . . 473,113 23 54,429 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 2,104,061 b OTHER 265,990 C d е All other expenses Total functional expenses. Add lines 1 through 24e 25 4,417,054 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1,052,130 1 1,037,610 2 2 58,223 3 Pledges and grants receivable, net .............. 3 4 4 352,521 437,488 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 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 7 7 8 8 9 Prepaid expenses and deferred charges ..... 723,156 9 709,053 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . 10a 18,480,440 b Less: accumulated depreciation . . . . . . . . . . . . 10b 9,502,556 9,032,043 10c 8,977,884 11 3,012,364 11 3,045,668 12 Investments - other securities. See Part IV, line 11 ........ 12 13 2,432,468 13 2,517,573 14 14 15 106,832 15 125,586 16 Total assets. Add lines 1 through 15 (must equal line 34) ...... 16,769,737 16,850,862 17 17 488,054 775,374 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D ..... 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . . . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties ...... 23 24 24 <u>4,401,</u>860 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 25 58,580 97,312 26 26 5,211,712 5,274,546 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds ......... 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 11,558,025 32 11,576,316 33 33 11,558,025 11,576,316

Total liabilities and net assets/fund balances .........

16,769,737

34

34

orm	1990 (2018) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 8	5-0098999	)	Pa	age <b>12</b>
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	4,5	61,4	145
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,4	17,0	054
3	Revenue less expenses. Subtract line 2 from line 1	3	1	44,3	391
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,5	58,0	25
5	Net unrealized gains (losses) on investments	5	(	70,6	592)
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	(	55,4	108)
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	76,3	316
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		,		. 🗆
		-		Yes	No
1	Accounting method used to prepare the Form 990:   Cash   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	Χ	
	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:				
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	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3а	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

#### **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 Name of the organization

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

NO	RTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC	85-0098999
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
		Yes No
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	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	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 h	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
•	tax year	and a diving the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
·	•	reasonieme dannig the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
-	► \$	and year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	3)(i)
-	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	
-	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	· · · · · · · · · · · · · · · · · · ·
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	F
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	
_		· · · · · · · · · · · · · · · · · · ·

Schedu	ule D (Form 990) 2018 NORTHERN RIO AR	RIBA ELECTRIO	COOPERATIVE	: INC		85-00989	99	Р	Page <b>2</b>
Par					the				
3	Using the organization's acquisition, accession, a						,		
	collection items (check all that apply):	•	,	0 0					
а	Public exhibition	<b>d</b> Loa	n or exchange prog	rams					
b	Scholarly research	e Oth							
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 exem	pt pu	rpose in Part			
	XIII.								
5	During the year, did the organization solicit or red	ceive donations of ar	t, historical treasure	s, or other similar					
	assets to be sold to raise funds rather than to be	maintained as part	of the organization's	s collection? .			. 🗌 Y	es [	☐ No
Par	t IV Escrow and Custodial Arrang								
	Complete if the organization an 990, Part X, line 21.	swered "Yes" or	n Form 990, Pa	rt IV, line 9, or	repo	orted an amoun	t on Fo	rm	
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contributions or	other assets not					
	included on Form 990, Part X?						. 🗌 Y	'es [	☐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table:	_					
						Amo	unt		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	0 ,			F	1e				
f	Ending balance			L	1f				
2a	Did the organization include an amount on Form				y?		⊔ Y	es [	∐ No
	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	ination has been pro	ovided on Part XIII	•			<u> L</u>	
Par			- Farm 000 Da	wt IV / Iima 40					
	Complete if the organization an				. 1	(4) There were book	(-) [		
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back		(d) Three years back	(e) Four	years ba	аск
h	Contributions								
C	Net investment earnings, gains, and								
·	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	year end balance (lii	ne 1g, column (a)) h	eld as:					
а	Board designated or quasi-endowment >	%							
b	Permanent endowment ▶ %								
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c should e	equal 100%.							
3a	Are there endowment funds not in the possession	on of the organization	n that are held and a	administered for the	)				
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		
	( )						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the or	-	nent funds.						
Par	t VI Land, Buildings, and Equipm				_	F 000 F		. 40	
	Complete if the organization an	swered "Yes" Of		rt IV, line 11a.	See	roim 990, Par	ι λ, line	<del>3</del> 1U.	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		191,284		191,284
b	Buildings		532,527	380,952	151,575
С	Leasehold improvements				
d	Equipment		17,280,330	9,121,604	8,158,726
е	Other		476,299		476,299
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c.)		8,977,884

EEA Schedule D (Form 990) 2018

	ments - Other Securities.			
Compl	lete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11b. See Form 990,	Part X, line 12.
	tion of security or category Iding name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market w	
(1) Financial derivatives				
(2) Closely-held equity in				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Form 990, Part X, col. (B) line 12.)			
	ments - Program Related. lete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11c. See Form 990,	Part X, line 13.
(a) Descr	ription of investment	(b) Book value	(c) Method of valuation	
(4)			Cost or end-of-year market v	alue
(1) TRISTATE PAT		2,223,280		
(2) CFC PATRONAG		31,179		
(3) SEDC PATRONA		64,694		
(4) FEDERATED PA		99,660		
(5) OTHER PATRON	IAGE	67,219		
(6) MEMBERSHIPS		15,705		
(7) CFC SCT CERT		10,989		
(8) CFC ZTC CERT	'IFICATES	1,130		
(9) NMRECA SELF	INSURANCE FUND	3,717		
	Form 990, Part X, col. (B) line 13.)	2,517,573		
	Assets.			
Compl	lete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11d. See Form 990,	Part X, line 15.
	(a) D	escription		(b) Book value
(1) AGENCY FUNDS	<b>!</b>			125,586
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	equal Form 990, Part X, col. (B) line 1	5.)	<b>.</b>	125,586
	Liabilities.	<i>.,</i>		123,300
	lete if the organization answere	d "Yes" on Form 990 Par	t IV line 11e or 11f See Forr	n 990 Part X
line 25	<del>-</del>	a 105 on 10111 550, 1 ai	try, mile tre of this eee for	11 000, 1 art 71,
		(h) Daalaaalaa		
	Description of liability	(b) Book value		
(1) Federal income tax			_	
(2) CUSTOMER DEP		62,989		
(3) DEFERRED CRE	DITS	34,323		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal F	Form 990, Part X, col. (B) line 25.) ▶	97,312		

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 XIIL . . . . . . .

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

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return	•
1	Total revenue, gains, and other support per audited financial statements	1	4 F26 162
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		4,536,162
	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities	_	
C	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,536,162
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,330,102
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	25,283
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	5	4,561,445
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,391,771
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	4,391,771
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 25,283		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	25,283
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,417,054
Pa	t XIII Supplemental Information.		
	de 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art X, line	
_,	,		

EEA Schedule D (Form 990) 2018

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 85-0098999 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 DISCLOSURE 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.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 85-0098999 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) PATRONAGE CAPITAL RETIRED - (\$55,517) CHANGE IN MEMBERSHIPS - \$110

# Form **8868** (Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

► File a separate application for each return.

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

**Electronic filing (e-file)**. You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	form, visit www.irs.gov/e-file-providers/e-file-for-c		p. o			
Automati	c 6-Month Extension of Time. Only s	submit oriç	ginal (no copies needed).			
	ons required to file an income tax return other than			erships, REMICs, and	d trusts	
nust use For	rm 7004 to request an extension of time to file inco	ome tax retu	ms. Enter f	iler's identifying nu	umber, see instruction	
ype or	or Name of exempt organization or other filer, see instructions. Employer ident			Employer identification		
rint	NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 85-0098			85-0098999		
ile by the	Number, street, and room or suite no. If a P.C			Social security numb	per (SSN)	
ue date for	PO BOX 217					
ing your turn. See	('ity town or noct office ctate and AD code For a foreign address conjectivetions					
structions.	. 660					
nter the Re	tum Code for the return that this application is for (	file a separa	ate application for each return)			
Applicatio	on	Return	Application		Return	
Is For		Code	Is For		Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990-	BL	02	Form 1041-A		08	
Form 4720	) (individual)	03	Form 4720 (other than individ	ual)	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	
	s are in the care of ► <u>MARLA_ULIBARRI</u> e No. ► <u>575-756-2181</u>		•	20	,	
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)