# Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

Open to Public Inspection

<u>A</u>	For the	2019 calendar y	ear, or tax year begin	ning	01-0	1 , 2019, a	nd ending	12	-31 ,2019				
В	Check if a	applicable:	C Name of organization NC	RTHERN RIO ARRIBA	ELECTRIC	COOPERAT	IVE INC	D Emplo	yer identification number				
	Address	change	Doing business as						85-0098999				
	Name cha	ange	Number and street (or P.	O. box if mail is not delivered to stree	et address)		Room/suite	E Teleph	one number				
	Initial retu	ırn	PO BOX 217				(575)756-2181						
	Final retu	rn/terminated	City or town, state or pro	vince, country, and ZIP or foreign pos	stal code		G Gross receipts						
	Amended	l return	CHAMA, NM 87520	)				\$	7,899,130				
	Application	on pending	F Name and address of pri	ncipal officer: STEVE RENDO	N		H(a) Is this a	group return fo	or subordinates? Yes X No				
			Same as C above	)			H(b) Are all	subordinate	s included? Yes No				
	Tax-exem	npt status: 501	(c)(3) X 501(c) ( <b>12</b>	) <b>(</b> insert no.) 4947(a)	(1) or 5	27	If "No,	' attach a list	. (see instructions)				
J	Website:	► www.n	ORAELECTRIC.ORG				H(c) Grou	p exemption	number •				
ĸ	Form of o	organization: X Cor	poration Trust Ass	ociation Other	L	Year of formation	n: 1948 M	State of lega	al domicile: <b>NM</b>				
Pa	art I	Summary			•		•						
	1	Briefly describe t	the organization's missi	on or most significant activit	ies: TO P	ROVIDE A	FFORDABLE, Q	UALITY	, AND RELIABLE				
4		ELECTRIC SE	ERVICE TO MEMBE	RS OF THE COOPERAT	IVE								
nce													
rna													
Governance	2	Check this box	if the organization	discontinued its operations	or disposed o	f more than 2	5% of its net asse	ts.					
Ŏ	3	Number of voting	g members of the gove	rning body (Part VI, line 1a)				. 3	8				
δ.	4	Number of indep	endent voting member	s of the governing body (Par	t VI, line 1b)			. 4	8				
/itie	5	Total number of	individuals employed in	calendar year 2019 (Part V,	line 2a)			- 5	15				
Activities &	6	Total number of	volunteers (estimate if	necessary)				- 6					
⋖	7a	Total unrelated b	ousiness revenue from I	Part VIII, column (C), line 12				- 7a	0				
	b	Net unrelated bu	siness taxable income	from Form 990-T, line 39				- 7b	0				
							Prior Year		Current Year				
e	8	Contributions an	d grants (Part VIII, line	1h)					0				
	9	Program service	revenue (Part VIII, line	2g)			4,39	5,160	4,781,466				
Revenue	10	Investment incor	me (Part VIII, column (A	A), lines 3, 4, and 7d)				4,829	(20,273)				
Re	11	Other revenue (F	Part VIII, column (A), lir	es 5, 6d, 8c, 9c, 10c, and 11	le)			1,456	90,627				
	12			must equal Part VIII, column				1,445	4,851,820				
	13			X, column (A), lines 1-3)					0				
	14			(, column (A), line 4)					0				
	15		ompensation, employe		3,805	1,211,210							
Expenses	16a	Professional fun	draising fees (Part IX, o	column (A), line 11e)				,	0				
en	b		expenses (Part IX, col	, ,		0							
X	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24e)			3,27	3,249	3,384,533				
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), li	ne 25) • •			7,054	4,595,743				
	19	Revenue less ex	penses. Subtract line	18 from line 12				4,391	256,077				
	ses		-				Beginning of Cur		End of Year				
ets (	[ 20	Total assets (Pa	rt X, line 16)				16,85	0,862	17,589,971				
Net Assets or	සි   21	Total liabilities (F	Part X, line 26)				5,27	4,546	5,669,565				
Net	를 22	Net assets or fur	nd balances. Subtract	ine 21 from line 20			11,57		11,920,406				
Pa	art II	Signature	Block										
				n, including accompanying schedule			f my knowledge and bel	ief, it is					
- true	, correct,	and complete. Declarat	lion of preparer (other than oil)	cer) is based on all information of wh	iich preparer has a	any knowledge.							
٠.		ANTHON	MERCURE										
Sig	jn	Signature of o	officer					Date	e				
He	re	ANTHON	MERCURE, EXEC	UTIVE VICE PRESIDE	NT								
		Type or print	name and title										
		Print/Type prepare	r's name	Preparer's signature		Date	Check	if	PTIN				
Pa		Audrey J	Jaramillo	Audrey J Jaramillo	)	04-29-202	20 self-en	nployed	P01786993				
Pre	pare			o Accounting Group			Firm's EIN						
Us	e Only	Firm's address		coln Road NE			Phone no.						
				que NM 87109				505-3	23-2035				
May	the IRS	S discuss this retu		own above? (see instruction	s)								

Part IV

85-0098999 Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 1 х 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 x Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 "Yes," complete Schedule D, Part I 6 х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III 8 Х 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 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ......... 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX ............ 11d х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ..... 11f x 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? *If* "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . . . . . 12b х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · 13 13 Х Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . . 14a х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b x 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 x Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 19 Х 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ...... 20a x 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .......

85-0098999

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
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		<u>x</u>
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	ZI		X
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		х
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		х
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	25.		
20	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	26		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 51		X
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Par			21	
- 41	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		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		

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 15			
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		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • • • • • • • • • • • • •	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? • • • • • • • • • • • • • • • • • • •	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\cdots \cdots \cdots$	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?••••••••••••••••••••••••••••••••••	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • • • • •	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		х
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		<u> </u>
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 10a			
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.)	4-		
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.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,		
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.	40		
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.			

85-0098999

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC

MARLA ULIBARRI (575)756-2181, PO BOX 217, Chama, NM 87520

ra	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "line of the control of	VO"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			₩
200	Check if Schedule O contains a response or note to any line in this Part VI			. <u>X</u>
Sec	tion A. Governing Body and Management			
4.	Enter the number of voting members of the governing heads at the and of the toy year		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			
h	committee, explain on Schedule O.  Enter the number of voting members included in line 1a, above, who are independent			
р 2	Enter the number of voting members included in line 1a, above, who are independent			
_	any other officer, director, trustee, or key employee?	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct			_X_
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_ <u></u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		Λ	
	one or more members of the governing body?	7a	х	
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 on 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		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	150	77	
a	Other officers or key employees of the organization	15a 15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	Х	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
·ou	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			Λ
-	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 Dother (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

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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.

See instructions for the order in which to list the persons above.

				-	(C)					
		Position								
(A)	(B)	(do r	not che			han one		(D)	(E)	(F)
Name and title	Average hours					s both ar /trustee)		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Onic	or and	a a an	CCIO	/ti usice)		from the	from related	compensation
	(list any	2 5	=	0	7	<b>Φ</b> Ι	'n	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	divic dire	stitu	Officer	еу е	ighe: mplo	Forme	(W-2/1099-MISC)	(W-2/1099-WISC)	related organizations
	organizations	Individual trustee or director	Institutional trustee	Ì	Key employee	st co yee	-			
	below	ruste	trus		yee	mpei				
	dotted line)	ō	tee			Highest compensated employee				
						ğ				
(1) STEVE RENDON	11.50									
PRESIDENT		Х		х				3,300	0	0
(2) TOMAS RIVAS	3.40									
VICE-PRESIDENT		х		х				7,587	0	0
(3) PAUL CORDOVA	3.40									
SECRETARY		Х		х				4,275	0	0
(4) LEROY MARTINEZ	3.20									
TREASURER		Х		Х				3,375	0	0
(5) MICHAEL GOMEZ	3.50									
TRUSTEE		Х						3,600	0	0
(6) DAVID MARTINEZ	2.30									
TRUSTEE		Х						3,150	0	0
(7) DEBBIE F MANZANARES	7.60									
TRUSTEE		Х						1,613	0	0
(8) ANTHONY J MERCURE	40.00							== 004		
INTERIM EXEC VP & GEN MGR	40.00			X				71,084	0	6,474
(9) MARLA ULIBARRI	40.00							6F 0FF		10.464
CONTROLLER				Х				65,275	0	18,464
<u>(10)</u>										
<u>(11)</u>										
(12)	1									
\' <u>-</u> '										
<u>(13)</u>										
<u>(14)</u>										

EEA Form **990** (2019)

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85-	009	8999	J

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	Com	pen	sated Employees	(continued)				
					(	C)								
	(A) Name and title			Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from the	(E)  Reportable compensation from related		con	(F) ated amo of other npensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organization (W-2/1099-MIS		orgar	om the nization a I organiz	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal							•						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)							•	163,259		0	24,938		
2	Total number of individuals (including but not limite							mor		f			24,3	736
	reportable compensation from the organization	•												0
•	Dilding and the first transfer of the second												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>					_			ensated •••••			3		X
4	For any individual listed on line 1a, is the sum of re													71
	organization and related organizations greater tha													
_	individual										• •	4		Х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,						_		ation or individual			5		x
Section	on B. Independent Contractors	oompiete of	oriodar	007	01 00	1011	2010011							
1	Complete this table for your five highest compensation	ated indepen	dent co	ontra	ctor	s tha	at rece	ived	I more than \$100,0	00 of				
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ar e	nding	with	or within the organ	ization's tax y	/ear.			
	(A)								(B)		_	(C)		
TRANS	Name and business addres MISSION & DISTRIBUTION, 9550 SAN		T.VD. N	JE: (	<u> </u>	871	13	ENG	Description of service: INEERING	es		Compens	898,6	113
			<u>-</u>	· \	-, -									
	Total number of independent contractors (including	a but not limit	ted to t	hose	e liet	ed a	pove)	who	)					
-	received more than \$100,000 of compensation fro	-		11030		Juu			•	1				
EEA	·	-										Form 9	90 (20	)19)

85-0098999

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or no	ote to any line in this	s Part VIII • •			[
		·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns	1a					sections 512–514
٧٠ ٠٠	b	Membership dues	1b					
ants	С	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations • • • • • •	1d					
ifts, r Ar	е		1e					
aj.o	f	All other contributions, gifts, grants,						
Sig	-	and similar amounts not included above	1f					
per E	g	N	<u> </u>					
ΞĒδ	9	lines 1a-1f	1g	\$				
ತೆ ಜ	h			<u> Ψ</u>				
		Total. Add lines fa-fi		Business Code				
	22	CALE OF DOMED			4 E20 006	4 E20 006		
<u>:</u>	l	SALE OF POWER		221000	4,538,086	4,538,086		
e.∠		OTHER OPERATING REVENUE		221000	114,415	114,415		
n S		CAPITAL CREDITS		221000	128,965	128,965		
e a	d							
Program Service Revenue	e	A.II						
₫.		All other program service revenue • • • •						
	g	Total. Add lines 2a-2f	• • •		4,781,466			
	3	Investment income (including dividends, int						
		other similar amounts)			67,180	67,180		
	4	Income from investment of tax-exempt bone						
	5	Royalties		· · · · · · · · · · · · · · · · · · ·				
		(i) Rea	l	(ii) Personal				
	l		,627					
	b	Less: rental expenses • • 6b						
	С	Rental income or (loss) 6c 90	,627					
	d	Net rental income or (loss)		<u></u>	90,627	90,627		
	7a	Gross amount from (i) Securiti	es	(ii) Other				
		sales of assets						
	b	other than inventory Less: cost or other basis  7a 2,957	,796	2,061				
ine		and sales expenses · · 7b 3,045	,669	1,641				
Revenue	С	Gain or (loss)	,873	420				
Re	d	Net gain or (loss)	· <u>· ·</u>		(87,453)	(87,453)		
Jer	8a	Gross income from fundraising						
Othe		events (not including \$	_					
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising event	s <u> </u>	>				
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	Iva	returns and allowances	10a					
	b	Less: cost of goods sold	10b	<b>_</b>				
		Net income or (loss) from sales of inventory		· · · · · · · •				
	Ť	The second of th	_	Business Code				
<u> </u>	11a			Duomiess Code				
nou ue	b							
Miscellanous Revenue	C							
sce Re/		All other revenue						
Ξ	l	Total. Add lines 11a-11d						
		Total revenue. See instructions			4 951 920	4 - 851 - 820	0	0

Part IX

85-0098999

#### NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

**Statement of Functional Expenses** 

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	188,197			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	633,671			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	242,605			
9	Other employee benefits	80,886			
10	Payroll taxes	65,851			
11	Fees for services (nonemployees):				
а	Management	11,268			
b	Legal	18,297			
С	Accounting	16,686			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	302			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) • •	23,785			
12	Advertising and promotion	10,956			
13	Office expenses	15,477			
14	Information technology	42,350			
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	17,974			
17	Travel	49,187			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,819			
20	Interest · · · · · · · · · · · · · · · · · · ·	188,772			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	484,400			
23	Insurance	50,086			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	COST OF POWER	2,098,452			
b	OTHER	324,722			
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,595,743	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here       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	1,037,610	1	647,506
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	437,488	4	450,917
	5	Loans and other receivables from any current or former officer, director,	•		·
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	709,053	9	619,574
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 18,904,496			
	b	Less: accumulated depreciation 10b 8,514,734	8,977,884	10c	10,389,762
	11	Investments - publicly traded securities	3,045,668	11	2,709,592
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	2,517,573	13	2,627,609
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	125,586	15	145,011
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,850,862	16	17,589,971
	17	Accounts payable and accrued expenses	775,374	17	510,796
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-jaj		controlled entity or family member of any of these persons · · · · · · · · · · · ·		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	4,401,860	24	5,090,670
	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	97,312	25	68,099
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	5,274,546	26	5,669,565
w		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
Š	27	Net assets without donor restrictions		27	
alar	28	Net assets with donor restrictions		28	
Ä	20	Organizations that do not follow FASB ASC 958, check here		20	
ŭ		and complete lines 29 through 33.			
r.	29	Capital stock or trust principal, or current funds		29	
ts c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	11,576,316	31	11,920,406
¥ A	32	Total net assets or fund balances	11,576,316	32	11,920,406
ž	33	Total liabilities and net assets/fund balances	16,850,862	33	17,589,971
			20,000,002		-,,JJJ,J

		5-009899	9	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,	851,	820
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	595,	743
3	Revenue less expenses. Subtract line 2 from line 1	3		256,	077
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,	576 <b>,</b>	316
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		88,	013
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	11,	920,	406
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>			<u>. LL</u>
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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 on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019) EEA

## SCHEDULE D (Form 990)

Department of the Treasury

# **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.

OMB No. 1545-0047

Inspection

Open to Public

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) 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **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 2 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 number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 3 Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 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. Part III 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 FASB 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 FASB 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 (ii) Assets included in Form 990, Part X 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 FASB ASC 958 relating to these items: Assets included in Form 990, Part X

Pai	rt III   Organizations Maintaining Coll						ssets (c	continued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):		_					
а	Public exhibition	c	I 🗌 Loan	or exchange p	orogram	S		
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's collection	s and explain how the	further the c	rganization's	exempt	purpose in Part		
	XIII.							
5	During the year, did the organization solicit or receiv	e donations of art, hist	orical treasur	es, or other si	milar			
	assets to be sold to raise funds rather than to be ma	intained as part of the	organization'	s collection?			.   Ye	s No
Pai	rt IV   Escrow and Custodial Arrangen							_
	Complete if the organization answ 990, Part X, line 21.	ered "Yes" on Fo	rm 990, Pa	art IV, line 9	), or re	ported an am	ount on	Form
1a	Is the organization an agent, trustee, custodian or or	ther intermediary for co	ontributions o	r other assets	not			
							🗌 Ye	es No
b	If "Yes," explain the arrangement in Part XIII and cor	mplete the following tal	ole:					
		,				Ar	nount	
С	Beginning balance				. 1c	:		
d	Additions during the year				. 1d	ı		
е	· · · · · · · · · · · · · · · · · · ·				. 1e	,		
f	Ending balance				. 1f			
2a	Did the organization include an amount on Form 990				· -		.   Ye	es No
b	If "Yes," explain the arrangement in Part XIII. Check							
	rt V Endowment Funds.	Tioro II tiro explanation	riao boon pi	<u> </u>	.,			
. u.	Complete if the organization answ	ered "Yes" on Fo	m 990 Pa	art IV line 1	10			
	· •		Prior year	(c) Two years		(d) Three years back	(a) For	ur years back
1a	Beginning of year balance	Current year (b)	Thor year	(c) Two years	back	(u) Three years back	(6) 10	ur years back
b	Contributions							
	Net investment earnings, gains, and							
С	losses · · · · · · · · · · · · · · · · · ·							
لم								
d								
е	Other expenditures for facilities and							
	programs							
t	Administrative expenses							
g	End of year balance			<u> </u>				
2	Provide the estimated percentage of the current year	·	column (a)) l	neld as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment							
С	Term endowment • %							
	The percentages on lines 2a, 2b, and 2c should equ							
3a	Are there endowment funds not in the possession of	the organization that	are held and	administered t	for the			
	organization by:							Yes No
	(i) Unrelated organizations		• • • • • •				- 3a(i)	
	(ii) Related organizations						· 3а(іі	)
b	If "Yes" on line 3a(ii), are the related organizations li	sted as required on So	hedule R? •				- 3b	
4	Describe in Part XIII the intended uses of the organi	zation's endowment fu	nds.					
Pai	rt VI Land, Buildings, and Equipmen	t.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
	Description of property	(a) Cost or other basis	(b) Cost of	or other basis	(c)	Accumulated	( <b>d</b> ) Bo	ok value
		(investment)	(	other)	de	epreciation		
1a	Land			191,284				191,284
b	Buildings			484,567		340,220		144,347
С	Leasehold improvements			,				
d	Equipment		18.	208,694		8,174,514	10.	034,180
е	Other			19,951		-,,		19,951
_	I. Add lines 1a through 1e. (Column (d) must equal F	orm 990, Part X. colun	n (B), line 10				10	389,762
	5 (= ()	,,	1 //	,		C 100 Ta		, · <del></del>

Part VII Investments - Other Securitie

Part VII	Complete if the organization answere	ed "Yes" on For	m 990, Part	IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue		c) Method of valuation: r end-of-year market value
(1) Financial of	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12 Investments - Program Related. Complete if the organization answere		m 990 Part	IV line	11c See Form	990 Part X line 13
	· · ·	ed les offici	(b) Book va			c) Method of valuation:
	(a) Description of investment		(b) DOOK Va	iuō	•	r end-of-year market value
	E PATRONAGE		2,301			
	ED PATRONAGE		l .	,667		
	PATRONAGE			<b>,</b> 587		
(4)SEDC PA				,309		
(5)CFC PAI				,570		
(6)MEMBERS				,705		
	CERTIFICATES			<b>,</b> 676		
	SELF INSURANCE FUND		3	,717		
	CERTIFICATES			964		
	n (b) must equal Form 990, Part X, col. (B) line 13.	.)	2,627	,609		
Part IX	Other Assets.		000 D	N / 1:	44 d. Ca a Earra	000 Dant V line 45
	Complete if the organization answere	ed "Yes" on For	m 990, Part	IV, line	11d. See Form	990, Part X, line 15.
		Description				(b) Book value
(1)AGENCY	FUNDS					145,011
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15	.)				145,011
Part X	Other Liabilities.					
	Complete if the organization answere line 25.	ed "Yes" on For	m 990, Part	IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book	value			
(1) Federal ii	ncome taxes					
(2CUSTOMER DEPOSITS			59,097			
(3DEFERRED CREDITS			9,002			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 25.) • 🕨		68,099			
2. Liability for	uncertain tax positions. In Part XIII, provide the te	xt of the footnote to	the organization	n's financ	ial statements that	reports the

Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	i Netu	II I I I .
_		T 4 T	4 051 000
1	Total revenue, gains, and other support per audited financial statements	1	4,851,098
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants	_	
d		-	
e	Subtract line 2e from line 1	2e	
3		3	4,851,098
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 302  Other (Describe in Part XIII.)		
b		4-	200
c		4c 5	302
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	4,851,400
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	pei it	Gtarri.
_		1	4 505 441
1	Total expenses and losses per audited financial statements	1	4,595,441
2	Donated services and use of facilities		
a	Prior year adjustments		
b	Other losses · · · · · · · · · · · · · · · · · ·		
۲ C	Other (Describe in Part XIII.)		
d		2e	
е 3	Subtract line 2e from line 1	3	4,595,441
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	4,393,441
a			
b	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a 302  Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
c		4c	302
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,595,743
	art XIII Supplemental Information.		1,333,713
	vide 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; F	art X. lin	е
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
_,	,,,,		
_			

EEA Schedule D (Form 990) 2019

# **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.

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

<u>85-009</u>8999 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 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) (2019)

Name of the organization

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC

85-0098999

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC	85-0098999
08. Other officer or key employee compensation (Part VI, line 15b	
COMPENSATION OF THE BOARD AND KEY EMPLOYEES ARE REVIEWED ON AN ANNUAL BASI	S DURING BUDGET
PLANNING SESSIONS.	
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 STATEM	ENTS 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)
ADJUSTMENT FOR REALIZED INVESTMENT LOSSES \$87,873	
CHANGE IN MEMBERSHIPS \$140	