#### 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 2020

Department of the Treasury

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

Open to Public

		ue Service			1990 for instruction					Inspection			
A F	or the	2020 calendar y	ear, or tax year begin	ning	01-	-01 , <b>2020</b> , an	d endir	ng	12	2-31 , <b>20</b> 20			
<b>B</b> 0	heck if a	ipplicable:	C Name of organization NO	RTHERN RIO A	ARRIBA ELECTRI	C COOPERAT	IVE ]	INC	D Empl	oyer identification number			
	ddress c	change	Doing business as							85-0098999			
	ame cha	ange	Number and street (or P.	O. box if mail is not deliv	ered to street address)		Room/suit	te	E Telep	hone number			
Ir	nitial retu	rn	PO BOX 217							(575)756-2181			
F	inal retui	rn/terminated	City or town, state or prov	rince, country, and ZIP o	or foreign postal code	·			G Gross receipts				
A	mended	return	CHAMA, NM 8752	0					\$	4,865,034			
$\overline{\square}$	pplicatio	n pending	F Name and address of prin		RENDON			H(a) Is this a	group return	for subordinates? Yes X No			
		. 0	Same as C abov							es included? Yes No			
	ax-exem	pt status: 501	(c)(3) <b>X</b> 501(c) ( <b>12</b>		4947(a)(1) or	527				st. See instructions			
	/ebsite:	<del></del>	ORAELECTRIC.ORG			1		H(c) Group					
		rganization: X Corp		ociation Other ►		L Year of formation	n 194			gal domicile: NM			
Pa	_	Summary	Tract 7.65	Column Carlot 2		E Tour of formation	<u></u>	<u> </u>	otate of leg	gai dofficile.			
	1		the organization's missi	on or most signific	ant activities: TO	PROVIDE AF	יהטפטי	ART.E. O	TTAT.TT	Y, AND RELIABLE			
	-	-	ERVICE TO MEMBE	_		INOVIDE III	I OILDI	.прпп, д	0211111	I I IIID REBIIIDEE			
ė		EDECIRIC DI	SKVICE TO MEMBE	KD OF THE CO	OFERMITVE								
д		-											
Activities & Governance	2	Check this hov	if the organization	discontinued its of	nerations or disposed	d of more than 2	5% of it	e not acco	te				
90	3		g members of the gove						1	7			
∞ ಶ			-							7			
ies	4		endent voting member										
Ϊ	5		individuals employed in	•	•	• • • • • • •				15			
Act	6		volunteers (estimate if i	• ,	0) !: 40								
	7a		ousiness revenue from	,	•					0			
	b	Net unrelated bu	usiness taxable income	from Form 990-1,	Part I, line 11		· · · ·		. 7b	0			
		• • • • • •						Prior Year		Current Year			
	8	Contributions and		0									
an C	9	-	revenue (Part VIII, line					4,781		4,649,545			
Revenue	10		ne (Part VIII, column (A	(20	,273)	32,511							
æ	11	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								151,892			
	12	Total revenue - a	add lines 8 through 11 (	must equal Part VI	II, column (A), line 12	2)		4,851	,820	4,833,948			
	13	Grants and simila	ar amounts paid (Part I	X, column (A), line	s 1-3)					0			
	14	Benefits paid to	or for members (Part I)	K, column (A), line	4)					0			
	15	Salaries, other co	ompensation, employee	benefits (Part IX,	column (A), lines 5-1	0)		1,211	,210	1,171,445			
Expenses	16a	Professional fund	draising fees (Part IX, o	column (A), line 11e	e)					0			
Sen	b	Total fundraising	expenses (Part IX, col	umn (D), line 25)	<b>&gt;</b>	0							
$\overline{\Delta}$	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24	4e)			3,384	1,533	3,321,414			
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colu	ımn (A), line 25) .			4,595	743	4,492,859			
	19	Revenue less ex	penses. Subtract line	18 from line 12 .				256	,077	341,089			
r se							Begin	ning of Curre	ent Year	End of Year			
ets	20	Total assets (Pa	rt X, line 16)					17,589	,971	21,259,698			
Net Assets or Fund Balances	21	Total liabilities (F	Part X, line 26)					5,669	,565	8,997,993			
<u>₹</u>	22	Net assets or fur	nd balances. Subtract	line 21 from line 20	)			11,920	,406	12,261,705			
Pa	t II	Signature I	Block										
			that I have examined this retuilion of preparer (other than offi				f my know	ledge and be	lief, it is				
	borreot, a	and complete. Declarat	ion of preparer (other than on	cer) is based on all lillor	mation of which preparer he	as any knowledge.							
		ANTHONY	J MERCURE										
Sig	า	Signature of c	officer						Da	ite			
Her	е	ANTHONY	J MERCURE, EX	ECUTIVE VP &	GEN MGR								
		Type or print	name and title										
		Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN			
Paid	t	SCOTT ELIZ	ASON			06-24-202	1_	self-em	ployed	P02372673			
Pre	oarer	Firm's name	Jaramill	o Accounting	Group LLC		Fi	rm's EIN					
	Only		4700 Lin	coln Road NE	S		PI	hone no.					
	•			que NM 87109					505-	323-2035			
May	the IRS	S discuss this retu	m with the preparer sh	_						X Yes No			

85-0098999

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**Checklist of Required Schedules** 

Part IV

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 85-0098999

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . . . . . . х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 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 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 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 13 13 х 14a Х 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 x 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

Part IV

**Checklist of Required Schedules** (continued)

PERATIVE INC 85-0098999

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 х 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 23 Х 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 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b 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% х 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 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . . . . . . . . . . . . . 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 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 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a Х 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 х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 х Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V . . . . . . Yes No 1a 22 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . . . . . . . . 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Zu	Enter the Hamber of employees reported on Form VV 6, Transmittal of VVage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note</b> : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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?			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
L	and services provided to the payor?			Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e	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?			х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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.			
•	the organization is licensed to issue qualified health plans			
C 1/1-a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	-		Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
.0	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			A
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC 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. 

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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76	.,	
8	stockholders, or persons other than the governing body?	7b	Х	
0	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 Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	х	
14 45	Did the organization have a written document retention and destruction policy?	14	Х	
15				
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	х	
a b	Other officers or key employees of the organization	15a	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	Λ	
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			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	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  THE ORGANIZATION (575)756-2181 PO BOX 217 Chama NM 87520			

orm	990	(2020)

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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.

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

Check this box if neither the organization nor any rela	ted organizat	ion co	mpen	sate	ed a	ny curr	ent	officer, director, or	trustee.	
				(	C)					
(A) Name and title	(B) Average hours per week	box,	unles	ck m s per	son is	nan one s both an /trustee)		(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Officer Institutional trustee Individual trustee or director		Key employee	Former Highest compensated employee		organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) ANTHONY J MERCURE	40.00									
EXECUTIVE VICE PRESIDENT & GEN MGR				х				84,865	0	9,845
(2) MARLA C ULIBARRI	40.00									
CONTROLLER				х				65,979	0	19,374
(3) TOMAS RIVAS	1.90									
VICE-PRESIDENT		х		х				4,954	0	0
(4) PAUL CORDOVA	1.20									
SECRETARY		х		х				2,700	0	0
(5) DEBBIE F MANZANARES	2.50									
TRUSTEE		x						2,288	0	0
(6) DAVID MARTINEZ	1.70									
TRUSTEE		x						2,250	0	0
(7) MICHAEL GOMEZ	1.80									
TRUSTEE		x						2,250	0	0
(8) STEVE RENDON	6.60									
PRESIDENT		x		x				2,250	0	0
(9) LEROY MARTINEZ	1.90									
TREASURER		x		x				2,250	0	0
<u>(10)</u>								-		
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Form **990** (2020)

<u>85-009899</u>9

	Section A. Officers, Directors, Trustee					(C)		•					
	(A) Name and title		box	unle: er an	eck n ss pe d a di	rson i	han one s both a r/trustee		(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	со	(F) nated an of othe mpensa	r ition
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	orga	inization d organi	and
(15)													
(16)													
17)													
18)													
19)													
20)													
21)													
22)													,
23)													
24)													
25)													
	from continuation sheets to Part VII, Sect	ion A .						. •					
	(add lines 1b and 1c)								169,786	0		29,	219
	able compensation from the organization		iolog a	5011	3) 11	10 1	000110	<b>4</b> 1110	510 than \$100,000	01			
												Yes	No
	e organization list any <b>former</b> officer, directoryee on line 1a? If "Yes," complete Schedu.						-		•		3		х
	ny individual listed on line 1a, is the sum of re												
_	ization and related organizations greater th				con	nple	te Sch	edul	le J for such				
	dual					• •	• • •	• •			4		Х
	ny person listed on line 1a receive or accrue rvices rendered to the organization? If "Yes			-			-				5		v
	Independent Contractors	s, complete	Ocrica	uic (	0 101	340	ii pere	1011		<u> </u>			Х
	lete this table for your five highest compensa	ted independ	dent co	ntra	ctors	s tha	t recei	ved	more than \$100,00	00 of			
comp	ensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	ending	with	or within the orga	nization's tax year.			
	(A)								(B)		(C)		
	Name and business address								Description of service	es	Compens		
ransmiss	ION & DISTRIBUTION, SAN MATE	EO BLVD I	NE G	Al:	buç	[ue:	rque	HINNE	INEERING			163,	412
2 Total	number of independent contractors (includin	-		thos		ted	above	) wh	0				

85-0098999

Part VIII Stater

Stat	em	ent	Ωf	R	אעב	nue

		Check if Schedule O conta	ains a response	or n	ote to any line in thi	s Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Tunction revenue	business revenue	sections 512–514
	1a	Federated campaigns		1a					
	b	Membership dues		1b					
ants ints	С	Fundraising events		1c					
ນີ້ ດີເ	d	Related organizations	l	1d					
ifts, r Ar	е	Government grants (contribu	ı	1e					
nia ja	f	All other contributions, gifts,	-						
Sin	-	and similar amounts not inclu	-	1f					
but	q	Noncash contributions includ	ŀ						
Contributions, Gifts, Grants and Other Similar Amounts	3	lines 1a-1f		1g	<b> </b>				
ဒီ ဧ	h	Total. Add lines 1a-1f	L						
					Business Code				
	2a	SALE OF POWER			221000	4,475,908	4,475,908		
<u>8</u>		OTHER OPERATING REV	ENUE		221000	87,861	87,861		
er.		CAPITAL CREDITS			221000	85,776	85,776		
n S /en	d	CHITIM CKEDITO			221000	03,770	03,7770		
Program Service Revenue	e								
õ		All other program service reve	enue						
ш.		<b>Total.</b> Add lines 2a-2f				4,649,545			
						1,015,515			
	3	Investment income (including other similar amounts)				14,554	14,554		
	4	Income from investment of tax			-	11,551	11,551		
	5	Royalties	•	•	t and a second				
		Troyamoo	(i) Real		(ii) Personal				
	6a	Gross rents 6	1,1		151,892				
		Less: rental expenses 6			131,032				
		Rental income or (loss) 66			151,892				
		· · · · · · · · · · · · · · · · · · ·			'	151,892	151,892		
		Gross amount from	s	(ii) Other					
	/a	sales of assets		(", = " = "					
		other than inventory 7a	a		49,043				
	ь	Less: cost or other basis			12,010				
ø		and sales expenses 71	ь		31,086				
evenue	С	Gain or (loss) 70			17,957				
Se V		Net gain or (loss)				17,957	17,957		
Other Re		Gross income from fundraisin							
Ě		events (not including \$	9						
Ū		of contributions reported on lin	ne						
		1c). See Part IV, line 18		8a					
	ь	Less: direct expenses		8b					
		Net income or (loss) from fund							
		Gross income from gaming	<b>. .</b>						
		activities, See Part IV, line 19		9a					
	b	Less: direct expenses		9b					
		Net income or (loss) from gan							
		Gross sales of inventory, less	-						
	IUa	returns and allowances		10a					
	b	Less: cost of goods sold		10b					
		Net income or (loss) from sale							
					Business Code				
ω	11a								
no n ne	b								
ella ven	c								
Miscellanous Revenue		All other revenue							
Σ	е	Total. Add lines 11a-11d .							
		Total revenue. See instruction				4.833.948	4,833,948	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, 5 199,005 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 ....... 7 625,268 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 199,138 9 87,196 10 60,838 11 Fees for services (nonemployees): 731 b Legal...... 238 21,500 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 40,585 12 2,468 13 15,808 14 34,988 15 17,974 16 17 20,664 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 5,532 20 279,552 21 22 Depreciation, depletion, and amortization . . . . . . 538,939 23 87,781 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.) COST OF POWER 2,058,355 b OTHER 196,299 C d All other expenses е Total functional expenses. Add lines 1 through 24e. . 25 4,492,859 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)

**Balance Sheet** 

Part X

85-0098999

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE INC

(A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 647,506 2,946,605 2 2 3 3 4 4 450,917 461,506 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 7 8 192,879 8 206,096 9 Prepaid expenses and deferred charges ......... 426,695 399,151 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . . 10a 20,649,002 Less: accumulated depreciation . . . . . . . . . . b 10b 10c 8,971,782 10,389,762 11,677,220 11 2,709,592 11 2,720,679 12 Investments - other securities. See Part IV, line 11 ........ 12 13 2,627,609 13 2,691,942 14 14 15 145,011 15 156,499 Total assets. Add lines 1 through 15 (must equal line 33) . . . . . . . . . . . . . . . 16 17,589,971 16 21,259,698 17 510,796 17 551,312 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties ...... 23 24 5,090,670 24 8,370,709 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 68,099 25 75,972 Total liabilities. Add lines 17 through 25 . \_ . . . . . . . . 26 26 5,669,565 8,997,993 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. **Net Assets or Fund Balances** 27 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 11,920,406 12,261,705 32 11,920,406 12,261,705 Total liabilities and net assets/fund balances ........... 33 33 21,259,698 17,589,971

EEA

Form 990 (2020)

Form		5-0098999	)	Pa	age <b>12</b>
Pai	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,	833,	948
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	492,	859
3	Revenue less expenses. Subtract line 2 from line 1	3		341,	089
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,	920,	406
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			210
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	12,	261,	705
Pai	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	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:				
	X 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		

EEA

Form **990** (2020)

### **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.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NOF	THERN RIO ARRIBA ELECTRIC COOPERATIVE INC	85-0098999
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	ınts.
	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	
	funds are the organization's property, subject to the organization's exclusive legal control?	
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?	
Pa	irt 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).	
•		a historically important land area
		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 cor	oservation
_	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	. 20
u	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	
•	tax year •	inization during 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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
•	•	on odeomenta daming the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
•	► \$	accomente daming the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(B)(i)
-	and section 170(h)(4)(B)(ii)?	Yes   No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
-	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	art III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.	
b		ce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	o er passio con neci,
	(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 gair	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	., p. 5
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
a b		· ———

Pa	rt III Organizations Maintaining Col	lections of A	Art, Histo	ical T	reasures,	or Otl	ner Similar A	ssets (co	ontin	ued)
3	Using the organization's acquisition, accession, and	d other records,	check any of	the follo	wing that mak	ke signif	icant use of its			
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan	or exchange p	rogram	S			
b	Scholarly research		e 🗌	Other						
С	Preservation for future generations			•						_
4	Provide a description of the organization's collection	ns and explain h	now they furth	er the c	rganization's	exempt	purpose in Part			
	XIII.	·	•		· ·	·				
5	During the year, did the organization solicit or recei	ve donations of	art, historical	treasure	es, or other sir	milar				
	assets to be sold to raise funds rather than to be m							. Tyes	٦ ،	No
Pa	rt IV Escrow and Custodial Arrange									
	Complete if the organization answ		on Form 9	90, Pa	rt IV, line 9	, or re	ported an am	ount on F	orm	1
	990, Part X, line 21.			,	,	,	•			
1a	Is the organization an agent, trustee, custodian or o	ther intermedian	v for contribu	tions or	other assets r	not				
								TYes	٦ ،	No
b	If "Yes," explain the arrangement in Part XIII and co									_
	3		<b>J</b>				An	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form 99							. Yes	s [	No
b	If "Yes," explain the arrangement in Part XIII. Chec					-			. Ē	Ī
Pa	t V Endowment Funds.	•								_
	Complete if the organization answ	vered "Yes" o	on Form 9	90, Pa	rt IV, line 1	0.				
		) Current year	(b) Prior y		(c) Two years I		(d) Three years back	(e) Four	years I	back
1a	Beginning of year balance								-	
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year	ar end balance (	line 1g, colur	nn (a)) h	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ► %									
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c should equ	ual 100%.								
3a	Are there endowment funds not in the possession	of the organizati	on that are h	eld and	administered f	for the				
	organization by:								Yes	No
	(i) Unrelated organizations						. <b></b> .	. 3a(i)		
	(ii) Related organizations						. <b></b> .	. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations	listed as require	d on Schedu	le R?.				. 3b		
4	Describe in Part XIII the intended uses of the organ	nization's endow	ment funds.					-		
Pa	t VI Land, Buildings, and Equipmer									
	Complete if the organization answ	vered "Yes" o	on Form 9	90, Pa	rt IV, line 1	1a. S	ee Form 990,	Part X, li	ne 1	0.
	Description of property	(a) Cost or othe	r basis (	b) Cost or	r other basis	(c) /	Accumulated	(d) Bool	< value	
		(investme	nt)	(0	other)	de	preciation			
1a	Land			1	L91,283				L91,	283
b	Buildings			5	509,440		346,362	1	L63,	078
С	Leasehold improvements									
d	Equipment			19,9	20,185		8,625,420	11,2	94,	765
е	Other				28,094				28,	094
Tota	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Pari	t X, column (	B), line	10.c.)			11,6		

(a) Description of security or category	(b) Book value		(c) Method of valuation:
(including name of security)			Cost or end-of-year market value
(1) Financial derivatives			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See	Form 990, Part X, line 13.
(a) Description of investment	(b) Book value		(c) Method of valuation:
(a) Social de infocution	(a) Book value		Cost or end-of-year market value
(1)TRISTATE PATRONAGE	2,348,704	Cost	
(2) FEDERATED PATRONAGE	109,882	Cost	
(3) THER PATRONAGE	86,032	Cost	
(4)SEDC PATRONAGE	68,400	Cost	
(5)CFC PATRONAGE	45,862	Cost	
(6)MEMBERSHIPS	15,705	Cost	
(7)CFC SCT CERTIFICATES	12,676	Cost	
(8)MMRECA SELF INSURANCE FUND	3,717	Cost	
(9)CFC ZTC CERTIFICATES	964	Cost	
• •		Cost	
(9)CFC ZTC CERTIFICATES	964	Cost	
(9CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942		Form 990, Part X, line 15.
(9)CFC ZTC CERTIFICATES  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942		Form 990, Part X, line 15.
(9CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942		
(9)CFC ZTC CERTIFICATES  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Fo  (a) Description	964 2,691,942		(b) Book value
(9)CFC ZTC CERTIFICATES  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Fo  (a) Description  (1)AGENCY FUNDS	964 2,691,942		(b) Book value
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942		(b) Book value
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942		(b) Book value
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942		(b) Book value
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942		(b) Book value
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942		(b) Book value
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942		(b) Book value
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin		(b) Book value
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin	ne 11d. See	(b) Book value  156,49
(9)CFC ZTC CERTIFICATES  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin	ne 11d. See	(b) Book value  156,49
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin	ne 11d. See	(b) Book value  156,49
(9)CFC ZTC CERTIFICATES  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin	ne 11d. See	(b) Book value  156,49
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin	ne 11d. See	(b) Book value  156,49
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin	ne 11d. See	(b) Book value  156,49
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin	ne 11d. See	(b) Book value  156,49
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin rm 990, Part IV, lin value 57,290	ne 11d. See	(b) Book value  156,49
(9)CFC ZTC CERTIFICATES  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin rm 990, Part IV, lin value 57,290	ne 11d. See	(b) Book value  156,49
Operative   Other Assets.	964 2,691,942 rm 990, Part IV, lin rm 990, Part IV, lin value 57,290	ne 11d. See	(b) Book value  156,49
Operative   Other Assets.   Complete if the organization answered "Yes" on Formal   Column (b) must equal Form 990, Part X, col. (B) line 13.).   Other Assets.   Complete if the organization answered "Yes" on Formal   Column (b) Description	964 2,691,942 rm 990, Part IV, lin rm 990, Part IV, lin value 57,290	ne 11d. See	(b) Book value  156,49
Other Assets.   Complete if the organization answered "Yes" on Formal (a) Description (b)	964 2,691,942 rm 990, Part IV, lin rm 990, Part IV, lin value 57,290	ne 11d. See	(b) Book value  156,49
Optic ztc certificates	964 2,691,942 rm 990, Part IV, lin rm 990, Part IV, lin value 57,290	ne 11d. See	(b) Book value  156,49
Special Column (b) must equal Form 990, Part X, col. (B) line 13.)	964 2,691,942 rm 990, Part IV, lin rm 990, Part IV, lin value 57,290	ne 11d. See	(b) Book value  156,49

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	4,833,948
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,833,948
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,833,948
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,492,859
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		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,492,859
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		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,492,859
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	)
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
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EEA Schedule D (Form 990) 2020

#### **SCHEDULE 0** (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.

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

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

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 ON	LY 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 DIRECT	rors; each member
HAS ONE VOTE.	
03. Governing body decisions (Part VI, line 7b)	
GOVERNANCE DECISIONS SUBJECT TO APPROVAL BY MEMBERS OF THE COOPERATIVE ARI	E: DISSOLUTION OR
LIQUIDATION OF THE COOPERATIVE; MERGER OR CONSOLIDATION OF THE COOPERATIVE	E WITH ANOTHER
ORGANIZATION; DISPOSAL OF A SUBSTANTIAL PORTION OF COOPERATIVE ASSETS; BY	LAW 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 DISCLOSE	JRE 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) (2020) 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 COMPENSATION OF THE BOARD AND KEY EMPLOYEES ARE REVIEWED ON AN ANNUAL BASIS 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 STATEMENTS ARE ALL AVAILABLE UPON REQUEST AT THE COOPERATIVE'S OFFICE. 10. Explanation of other changes in net assets or fund balances (Part XI, line 9) CHANGE IN MEMBERSHIPS \$210