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Form **990**

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

| A Fort | he 2008 c | alendar yea | r, or tax year beginning | 01-01-2008 and ending | 12-31-2008 | | | |
|-----------------------------|------------------------|----------------------------|--|----------------------------------|-------------------|-----------------------|------------------------------------|--|
| | ıf applıcable | Please | C Name of organization SOCORRO ELECTRIC COOI | PERATIVE INC | | | D Employer i | dentification number |
| | ss change | use IRS label or | Doing Business As | | | | 85-00849 E Telephone | |
| Name | change | print or type. See | Joing Submoss / is | | | | · | |
| Initial | return | Specific Instruc- | | box if mail is not delivered to | street address | Room/suite | (575) 835 G Gross re cei | ipts \$ 20,895,511 |
| Termir | nation | tions. | PO BOX H | | | | 0.000.000 | pto |
| ✓ Amend | ded return | | City or town, state or cour SOCORRO, NM 87801 | ntry, and ZIP + 4 | | | | |
| Applica | ation pending | | 30CORRO, NI | | | | | |
| | | F Nar | ne and address of Princi | pal Officer | | H(a) Is the | s a group retu | rn for |
| | | LEOPC PO BO |)LDO PINEDA JR X H | | | affilia | | ΓYes Γ Nο |
| | | 1 | RRO,NM 87801 | | | H(b) Are al | l affiliates inclu | ded? |
| I Tax-e | xempt status | ▼ 501(c |) (12) ◀ (ınsert no) | 947(a)(1) or | | • • | | st See instructions) |
| J Web | site: ► WV | VW SO COR | ROELECTRIC COM | | | H(c) Grou | ıp Exemption N | lumber 🟲 |
| K Type o | f organization | Corporat | cion trust association | other ▶ | | L Year of Fo | | M State of legal domicile NM |
| Part | | mary | e organization's mission | or most significant activ | ties | | | |
| emance | TO PR | OVIDE QU | ALITY AND RELIABLE I | ntinued its operations or | MEMBERS C | | | ets |
| | 3 Numbe | r of voting i | members of the governin | g body (Part VI, line 1a) | | | 3 | 11 |
| Activities & | 4 Numbe | r of ındeper | ndent voting members of | the governing body (Part | VI, line 1b) | | . 4 | 10 |
| ij. | 5 Total n | umber of er | nployees (Part V , line 2a | a) | | 5 | 44 | |
| ਹੁੰ ' | | | olunteers (estimate if ne | | | | 6 | 0 |
| ⋖ | | | | om Part VIII, line 12, col | • | 7a | | |
| | b Netun | related bus | iness taxable income fro | m Form 990-T, line 34 | | | 7b | |
| | | | | 413 | | Pric | or Year | Current Year |
| | | | | 1h) | | 10 567 357 | 0 722 560 | |
| Revenue | | | | 2g) | | 19,567,357 256,995 | 20,723,560 | |
| Æ 1 | | | | es 5, 6d, 8c, 9c, 10c, and | | 38,976 | 38,976 | |
| 1 | | • | , | nust equal Part VIII, colu | • | | 30,370 | 30,570 |
| | 12) | | | · , | | | 19,863,328 | 20,895,511 |
| 1 | | | | , column (A), lines 1-3) | | | | 0 |
| 1 | | • | or for members (Part IX, | , | | | | 0 |
| 8 1 | 5 Saları 10) | es, other co | ompensation, employee l | | 1,993,138 | 2,176,094 | | |
| Expenses 1 | • | ssional fund | lraising fees (Part IX, co | lumn (A), line 11e) | | | | 0 |
| * | b (Total t | undraising ex | penses, Part IX, column (D), I | ine 25 ⁰ |) | | | |
| " ₁ | • | _ | (Part IX, column (A), line | | , | | 16,229,950 | 17,873,956 |
| 1 | 8 Total | expenses— | -add lines 13-17 (must | equal Part IX, line 25, co | lumn (A)) | | 18,223,088 | 20,050,050 |
| 1 | 9 Rever | iue less exp | penses Subtract line 18 | from line 12 | | | 1,640,240 | 845,461 |
| \$ 0 0 | | | | | | Beginn | ing of Year | End of Year |
| Net Assets or Fund Balances | 0 Total | assets (Pa | rt X, line 16) | | | | 48,098,619 | 53,964,317 |
| S 2 | 1 Total | liabilities (f | Part X, line 26) | | | | 33,547,935 | 39,126,632 |
| 조류 2 | 2 Netas | ssets or fur | nd balances Subtract lin | e 21 from line 20 | | | 14,550,684 | 14,837,685 |
| Part | III Sigr | nature Bl | ock | | | | , | · · · |
| | Under | enalties of pe | erjury, I declare that I have ex | camined this return, including a | | | | |
| Please | 1. | | correct, and complete Declara | ation of preparer (other than of | ricer) is based (| 1 | | arer nas any knowledge |
| Piease Sign | | *** nature of office | er | | | 2010 Date | -03-05 | |
| Here | [] | | E BOARD PRESIDENT | | | | | |
| | | e or print nam | | | | | | |
| | Prepare | r's h | | Date | Ch | eck ıf | Preparer's PTI | N (See Gen Inst) |
| Paid | signatur | | ler | polyed • | | | | |
| Prepare | e r's Firm's n | ame (or your | s L BOLINGER SEGARS GILBI | polycu r | | | | |
| Use On | lv If self-e | mployed), , and ZIP + 4 | P | | EIN ▶ | | | |
| | - audress | , anu ZIP + 4 | 8215 NASHVILLE AVENUE | | | | Phone no | (806) 747-3806 |
| | 1 | | LUBBOCK, TX 79423 | | | | | , , |

May the IRS discuss this return with the preparer shown above? (See instructions)

Part III Statement of Program Service Accomplishments (See the instructions.)

| 1 | | BILITY AND AIM IS TO PRO | VIDE EXCELLENT AND INNOVATIVE CUSTOME AND THE HIGHEST DEGREE OF INTEGRITY I | | JALITY ELECTRIC SERVICE |
|----|---|---|---|--|---------------------------|
| 2 | Did the organization unde the prior Form 990 or 99 If "Yes," describe these r | 0-EZ? | program services during the year wh | nich were not listed on | es ✓ No |
| 3 | | se conducting or make | e significant changes in how it condu | | 'es No |
| 4 | Describe the exempt pur Section 501(c)(3) and (4 | pose achievements fo) organizations and 4 | r each of the organization's three lar 947(a)(1) trusts are required to rep , for each program service reported | | |
| 4a | (Code PROVIDING ELECTRIC ENERG THE ALLOCATION OF PATRON | | including grants of \$.163 ACTIVE SERVICES AT YEAR END WERE |) (Revenue \$ PROVIDED ELECTRICITY ON A COOPE |) RATIVE BASIS THROUGH |
| | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| ~~ | | , (Expenses 4 | medding grafic of p |) (nevenue p | , |
| | | | | | |
| 4d | Other program services (Expenses \$ | | ng grants of\$ |) (Revenue \$ |) |
| 4e | Total program service e | xpenses \$ | Must equal Part IX, Lın | e 25, column (B). | |

| Part IV | Checklist of | Required | Schedules |
|---------|--------------|----------|-----------|
| | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A | 1 | | Νο |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Νo |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Νο |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . | 12 | | No |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Νο |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | No |
| 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 questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | 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) and 501(c)(4) 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 | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

| | | | res | NO |
|----------|---|-----|-----|----|
| 8 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νo |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II | 32 | | Νo |
| 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 4 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 5 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | Yes | |
| 6 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | Yes | |
| 7 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related | 37 | | No |

| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliano | e | | | | |
|----------|---|---------------|---------------------------|-----|------|-----|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal | | | | | |
| | of U.S. Information Returns. Enter -0- if not applicable | | | | | |
| | | 1a | 36 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments t | to ven | dors and reportable | | | |
| Ī | gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| 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 | 44 | | | |
| h | If at least one is reported in 2a, did the organization file all required federal employr | | l | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this | | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during | ng the | year covered by this | 3a | | N o |
| . | return? | · · | | 3b | | NO |
| | | | ľ | 30 | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)? | | | 4a | | No |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts. | eport o | f Foreign Bank and | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time duri | ng the | tax year? | 5a | | Νο |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited | tax sł | nelter transaction? | 5b | | Νo |
| С | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp | t Entit | ty Regarding Prohibited | | | |
| | Tax Shelter Transaction? | • | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | ł | 6a | | Νο |
| b | If "Yes," did the organization include with every solicitation an express statement the were not tax deductible? | hat su | ch contributions or gifts | 6b | | |
| 7 | Organizations that may receive deductible contributions under section $170(c)$. | | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo con more? | itribut | on of \$75 or | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$ | rovide | d? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal prope | • | · · | _ | | |
| | file Form 8282? | 1 | | 7c | | N o |
| a | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract? | y prem | niums on a personal | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a pers | onal b | enefit contract? | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form | 8899 | as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization f | file a F | orm 1098-C as | | | |
| | required? | | | 7h | | |
| 8 | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the | | | 8 | | |
| _ | year? | | | | | |
| 9 | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds. | | | _ | | |
| a | Did the organization make any taxable distributions under section 4966? | | ľ | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person | ۱٬ . | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 | 10a | I | | | |
| a h | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | 10b | | | | |
| | facilities | 100 | | | | |
| 11 | Section 501(c)(12) organizations Enter | | | | | |
| а | Gross income from members or shareholders | 11a | 21,412,042 | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | 171,192 | | | |
| | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in | n lieu d I | of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |

Section A. Governing Body and Management

No

Νo

Yes

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| = / 111/ // | | | , , , | | | |
|-------------------------|-------------------|-----------------|----------------------|---------------|--------------------|-----|
| For each "Vec" reconned | to lines 1- / hel | OW SOUTOR S "NO | n" rac nanca ta unac | & or Uh halow | accering the circu | met |

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions. | , desc | ribe the circui | mstances, | | | | |
|----|---|--------|-----------------|-----------|----|-----|--------|--|
| 1a | Enter the number of voting members of the governing body | 1a | | 11 | | | | |
| Ь | Enter the number of voting members that are independent | 1b | | 10 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | | | 2 | | Νo | |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con | | | | 3 | | Νo | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | | | | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization | nızat | ion's assets? | | 5 | | No | |
| 6 | Does the organization have members or stockholders? | | | | | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | | | | | | |
| ь | Are any decisions of the governing body subject to approval by members, stockholder | ers, o | r other perso | ns? | 7b | Yes | | |
| 8 | Did the organization contemporaneously document the meetings held or written action year by the following | ns ur | ndertaken dur | ing the | | | | |
| а | the governing body? | | | | 8a | Yes | | |
| ь | each committee with authority to act on behalf of the governing body? | | | | 8b | | Νo | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | | | 9a | | N N | |
| b | If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the or | | | | 9b | | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | | | | | | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A | , who | cannot be re | ached at | | | | |

Section B. Policies

| | | | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 $$. | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | No |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | | No |
| b | Other officers or key employees of the organization? | 15b | | Νo |
| | Describe the process in Schedule O | | | |
| 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 | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

LEOPOLDO PINEDA JR 215 E MANZANARES AVE SOCORRO,NM 87801 (575) 835-0560

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| | | Posit ti | (C ion (hat a | chec | | | | (D) | (E) | (F) |
|-------------------------------------|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | amount of other compensation from the organization and related organizations |
| PAUL BUSTAMANTE, PRESIDENT | 7 70 | Х | | Х | | | | 25,907 | 0 | 0 |
| LEO CORDOVA, VICE PRESIDENT | 6 90 | Х | | Х | | | | 10,628 | 0 | 0 |
| LEROY ANAYA, SECRETARY | 5 50 | Х | | Х | | | | 27,985 | 0 | 0 |
| MILTON ULIBARRI , TREASURER | 8 90 | Χ | | Х | | | | 29,343 | 0 | 0 |
| HAROLD BACA, DIRECTOR | 5 60 | Х | | | | | | 28,213 | 0 | 0 |
| CHARLES WAGNER , DIRECTOR | 17 20 | Х | | | | | | 26,218 | 0 | 0 |
| JACK BRUTON , DIRECTOR | 2 30 | Х | | | | | | 16,114 | 0 | 0 |
| JUAN GONZALES , DIRECTOR | 7 90 | Х | | | | | | 17,554 | 0 | 0 |
| MANUEL MARQUEZ , DIRECTOR | 5 80 | Х | | | | | | 32,400 | 0 | 0 |
| HERMAN ROMERO , DIRECTOR | 5 30 | Х | | | | | | 23,848 | 0 | 0 |
| DAVE WADE , DIRECTOR | 20 90 | Х | | | | | | 21,608 | 0 | 0 |
| LEOPOLDO PINEDA , GENERAL MANAGER | 40 00 | | | Х | | | | 102,151 | 0 | 35,990 |
| DAVID MONTOYA , LINE SUPERINTENDENT | 40 00 | | | | | Х | | 103,419 | 0 | 31,410 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VII Continued

| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | appl | у) | Highest compensated | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------|--|-----------------------------------|------|----|---------------------|--------|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1b Total | | | | | | • | 465,388 | 0 | 67,400 |

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization▶2

| | | | Yes | No |
|---|---|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | | |
| | on line 1a? If "Yes," complete Schedule J for such individual | 3 | | Νo |
| 4 | For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-------------------------------------|---------------------|
| CBR SERVICES PO Box 1450 eagar, AZ 85925 | utility plant construction | 1,046,848 |
| cooke electrical contracting 3100 sweetgum lane amarillo, TX 79124 | utility plant construction | 453,085 |
| sgs engineering llc 401 50th street lubbock, TX 79404 | ENGINEERING CONSULTATION | 230,126 |
| sanchez demolition inc po box 721 bosque, NM 87006 | substation site construction | 111,528 |
| Total number of independent contractors (including those in 1) who received n | nore than \$100,000 in compensation | 4 |

Statement of Revenue

| | | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|-----|---|--|-----------------|----------------------|--|--|--|
| | 1a | Federated cam | ipaigns 1a | | | | | |
| 뚩 | ь | Membership di | | | | | | |
| gra | С | Fundraising ev | 1b | | | | | |
| Hg. | | | 1c | | | | | |
| <u></u> | d | Related organi | | | | | | |
| ST. | е | Government grant | | | | ļ | | |
| 美 | f | similar amounts n | | | | | | |
| Contributions, gifts, grants and other similar amounts | g | Noncash contr | 1f ributions included in | | | | | |
| 9 10 10 10 10 10 10 10 10 10 10 10 10 10 | | lines 1a-1f \$ | | | | | | |
| <u> </u> | h | Total (Add line | es 1a-1f) | | | | | |
| | | | | Business Code | | | | |
| Program Serwce Revenue | 2a | ELECTRIC SALES | | 221,000 | 20,578,611 | 20,578,611 | | |
| ex. | ь | SERVICE FEES | | 221,000 | 108,202 | 108,202 | | |
| 90 H | С | patronage dividen | nds | 221,000 | 36,747 | 36,747 | | |
| ig M | d | | | | | | | |
| رن د | e | | | | | | | |
| _rai | f | All other progr | am service revenue | | | | | |
| <u>&</u> | g | Total. Add line ► \$ 20,723,560 | es 2a-2f | | | | | |
| | 3 | Investment ind | come (including divi | dends, interest | | | | |
| | | other similar a | mounts) | | 132,975 | | | 132,975 |
| | 4 | Income from inve | stment of tax-exempt be | ond proceeds | | | | |
| | 5 | Royalties . | | . . | | | | |
| | | · | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | | 38,976 | | | | |
| | b | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | | 38,976 | | | | |
| | d | | ome or (loss) | | 38,976 | | | 38,976 |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of | | . , | | | | |
| | | assets other | | | | | | |
| | b | than inventory Less cost or other basis and | | | | | | |
| | | sales expenses | | | | | | |
| | C | Gain or (loss) | > | | | | | |
| | d | Net gain or (los | | . ▶ | | | | |
| | 8a | events (not inc | from fundraising cluding | | | | | |
| Other Revenue | | \$of contribution: | s reported on line | | | | | |
| क > | | 1c) See Part I | V , line 18 e <i>G if total exceeds</i> | | | | | |
| æ | | | a | | | | | |
| her | ь | Less direct ex | pensesb | | | | | |
| ₹ | С | Net income or | (loss) from fundrais | ing events | | | | |
| | 9a | Gross income | | | | | | |
| | | activities See Complete Sched | part IV , line 19 Iule G if total | | | | | |
| | | exceeds \$15,00 | | | | | | |
| | | | a | | | | | |
| | b | | (loss) from gaming a | | | | | |
| | С | · · · | (1055) Holli gallillig a | t tivities ▶ | | | | |
| | 10a | Gross sales of returns and all | | | | | | |
| | ь | less cost of a | a poods sold b | | | | | |
| | c | _ | (loss) from sales of | | | | | |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | | | | | | | |
| | ь | | | | | | | |
| | с | | | | | | | |
| | d | All other reven | nue | | | | | |
| | e | | es 11a-11d | \$ | | | | |
| | 12 | | Add lines 1h, 2g, 3 | , 4, 5, 6d, 7d, | 20,895,511 | 20,723,560 | 0 | 171,951 |
| | | 8c, 9c, 10c, and 1 | 1e | . ▶ | | | | |

Part IX Statement of Functional Expenses

| | ll other organizations must complete column (A) but are not re | equired to comp | | | |
|------------|---|-----------------------|---|-------------------------------------|---------------------------------------|
| Do ı | not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$ | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 361,969 | | | |
| 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 | 1,158,299 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 185,734 | | | |
| 9 | Other employee benefits | 372,368 | | | |
| LO | Payroll taxes | 97,724 | | | |
| l 1 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| ь | Legal | | | | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| .2 | Advertising and promotion | | | | |
| .3 | Office expenses | | | | |
| .4 | Information technology | | | | |
| .5 | Royalties | | | | |
| .6 | Occupancy | | | | |
| .7 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| .9 | Conferences, conventions and meetings | | | | |
| 20 | Interest | 1,773,836 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,420,817 | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | PURCHASED POWER | 12,493,969 | | | |
| b | ADMIN & general exp | 791,743 | | | |
| c | CUSTOMER SERVICE | 650,746 | | | |
| d | DISTRIBUTION EXPENSE | 432,017 | | | |
| e | taxes & franchise fees | 212,110 | | | |
| f | A II other expenses | 98,718 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 20,050,050 | | | |
| 26 | Joint Costs. Check If following SOP 98-2 Complete this | | <u> </u> | | |
| | line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Part X | Balance | Sheet |
|--------|---------|-------|

| | | | | | (A) Beginning of year | | (E End o | |
|-------------|-------|--|-----------|------------|--------------------------|-----------|-------------|-----------|
| | 1 | Cash—non-interest-bearing | | | 459,538 | _ | | 515,476 |
| | 2 | Savings and temporary cash investments | | | 2,583,000 | 2 | | 2,683,000 |
| | 3 | Pledges and grants receivable, net | | | | 3 | | |
| | 4 | Accounts receivable, net | 1,870,866 | 4 | | 1,888,946 | | |
| | 5 | Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L | | | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of | | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | 37,441 | 7 | | 33,028 |
| | 8 | Inventories for sale or use | | | 791,817 | 8 | | 1,193,613 |
| 20 | 9 | Prepaid expenses and deferred charges | | | 3,888,987 | 9 | | 4,097,499 |
| Assets | 10a | Land, buildings, and equipment cost basis | 10a | 61,910,020 | | | | |
| • | ь | Less accumulated depreciation <i>Complete Part VI of</i> Schedule D | 10Ь | 19,895,776 | | 10c | 2 | 2,014,244 |
| | 11 | Investments—publicly traded securities | | | | 11 | | |
| | 12 | Investments—other securities See Part IV, line 11 Complete Pa Schedule D | rt VII d | of | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$ | art VIII | | 1,467,180 | 13 | | 1,512,938 |
| | 14 | Intangible assets | | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule D | | | 49,374 | 15 | | 25,573 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 48,098,619 | 16 | 5 | 3,964,317 |
| | 17 | Accounts payable and accrued expenses . | | | 1,254,692 | 17 | | 1,267,070 |
| | 18 | Grants payable | | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | |
| ē. | 21 | Escrow account liability Complete Part IV of Schedule D | | | | 21 | | |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | | |
| ä | | persons Complete Part II of Schedule L | | • | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 31,470,442 | 23 | 3 | 6,462,899 |
| | 24 | Unsecured notes and loans payable | | | | 24 | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 822,801 | 25 | | 1,396,663 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 33,547,935 | 26 | 3 | 9,126,632 |
| s es | | Organizations that follow SFAS 117, check here ► and comp through 29, and lines 33 and 34. | lete lin | es 27 | | | | |
| an | 27 | Unrestricted net assets | | | | 27 | | |
| Balance | 28 | Temporarily restricted net assets | | | | 28 | | |
| Z | 29 | Permanently restricted net assets | | | | 29 | | |
| Fund | | Organizations that do not follow SFAS 117, check here 🕨 🔽 an | d comp | lete | | | | |
| ō | | lines 30 through 34. | | | | _ - | | |
| | 30 | Capital stock or trust principal, or current funds | | | 0 | 30 | | 0 |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 0 | 31 | | 0 |
| | 32 | Retained earnings, endowment, accumulated income, or other fu | nds | | 14,550,684 | 32 | | 4,837,685 |
| Net | 33 | Total net assets or fund balances | | | 14,550,684 | | | 4,837,685 |
| | 34 | Total liabilities and net assets/fund balances | | | 48,098,619 | 34 | | 3,964,317 |
| Pa | rt XI | Financial Statements and Reporting | | | | | | |
| | | | | | | | Yes | No |

| Dart VI | Einancial | Statements | and D | oporting |
|--------------|-----------|------------|-------|-------------|
| 7. 1 4 2 . 1 | FINANCIAL | Statements | ann R | emmetiliki. |

| 1 | Accounting method used to prepare the Form 990 | | |
|----|---|----|----|
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Νo |
| С | If "Yes" to lines 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 | |
| 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 | No |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | |

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization SOCORRO ELECTRIC COOPERATIVE INC 85-0084968

| | organization answered "Yes" to Form 990 | (a) Donor advised funds | (b) Funds and other accounts |
|-------------|--|--|--|
| 1 To | otal number at end of year | (a) Donot advised fullus | (b) i unus and other accounts |
| | ggregate Contributions to (during year) | | |
| | ggregate Grants from (during year) | | |
| | ggregate value at end of year | | |
| | · . | and in writing that the access hold in dor | and a division of |
| fu | nd the organization inform all donors and donor advision in the country are the organization's property, subject to the country are the countr | organization's exclusive legal control? | Г Yes |
| u: | nd the organization inform all grantees, donors, and one of the beneal o | | |
| Part : | Conservation Easements. Complete i | f the organization answered "Yes" t | to Form 990, Part IV, line 7. |
| | urpose(s) of conservation easements held by the ordered Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space | on or pleasure) Preservation of ar Preservation of ce | n historically importantly land area ertified historic structure |
| | omplete lines 2a-2d if the organization held a qualif n the last day of the tax year | fied conservation contribution in the form | |
| | | | Held at the End of the Year |
| | Total number of conservation easements | | 2a |
| | Total acreage restricted by conservation easements | | 2b |
| | Number of conservation easements on a certified his | storic structure included in (a) | 2c |
| d [| Number of conservation easements included in (c) a | cquired after 8/17/06 | 2d |
| | umber of conservation easements modified, transferne taxable year ► | rred, released, extinguished, or terminate | ed by the organization during |
| 1 N | umber of states where property subject to conserva | tion easement is located ► | |
| | oes the organization have a written policy regarding nforcement of the conservation easements it holds? | the periodic monitoring, inspection, viol | ations, and Yes No |
| 5 S | taff or volunteer hours devoted to monitoring, inspec | ting and enforcing easements during the | e year 🕨 |
| 7 A | mount of expenses incurred in monitoring, inspectin | g, and enforcing easements during the y | ear ► \$ |
| | oes each conservation easement reported on line 2 $70(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$? | (d) above satisfy the requirements of sec | ction Yes No |
| b: th | n Part XIV, describe how the organization reports co alance sheet, and include, if applicable, the text of the ne organization's accounting for conservation easem | ne footnote to the organization's financia ents | l statements that describes |
| Part I | Organizations Maintaining Collection Complete if the organization answered " | | or Other Similar Assets. |
| aı | f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held t rovide, in Part XIV, the text of the footnote to its find | for public exhibition, education or resear | ch in furtherance of public service, |
| h | f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for p rovide the following amounts relating to these items | • | • |
| (i | i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| (i | ii) Assets included in Form 990, Part X | | ► \$ |
| 2 I f | f the organization received or held works of art, histo ollowing amounts required to be reported under SFAS | | ' |
| | evenues included in Form 990, Part VIII, line 1 | | ► \$ |
| | | | - т |

| ar | Organizations Maintaining Collections of Art, Hi | stor | rica | l Treasu | res, or Othe | <u>r Similar Ass</u> | ets (co | ontinued) |
|------|---|----------------|-------|---------------------------|---|----------------------|-------------------|-----------|
| 3 | Using the organization's accession and other records, check any of items (check all that apply) | the fo | ollow | ıng that ar | e a sıgnıfıcant u | se of its collecti | on | |
| а | Public exhibition d | Г | L | oan or exc | hange programs | | | |
| b | Scholarly research e | Г | - 0 | ther | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's collections and explain he Part XIV | ow th | ey fi | urther the o | organization's ex | empt purpose ır | ı | |
| 5 | During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part | | | | | | Yes | ┌ No |
| Pa | Trust, Escrow and Custodial Arrangements. Cor Part IV, line 9, or reported an amount on Form 990, I | | | | ınızatıon answ | ered "Yes" to | Form 9 | 90, |
| 1a | Is the organization an agent, trustee, custodian or other intermedian included on Form 990, Part X? | y for | con | tributions (| or other assets r | | Yes | ┌ No |
| b | If "Yes," explain why in Part XIV and complete the following table | | | | | | | |
| | | | | | | A me | ount | |
| c | Beginning balance | | | | 1 c | | | |
| d | Additions during the year | | | | 1d | | | |
| e | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on Form 990, Part X, line 21 | ? | | | | Γ | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | | |
| Pa | rt V Endowment Funds. Complete if the organization ar | | | | | | | |
| _ | | b) Prio | r Yea | r (c) Tw | o Years Back (d) | Three Years Back | (e) Four Y | ears Back |
| la | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| с | Investment earnings or 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 year end balance held as | | | | | | | |
| а | Board designated or quasi-endowment | | | | | | | |
| ь | Permanent endowment ► | | | | | | | |
| c | Term endowment ► | | | | | | | |
| 3a | Are there endowment funds not in the possession of the organization | n that | t are | held and a | dministered for | the | | |
| | organization by | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | 3a(i | | |
| | (ii) related organizations | | | | | 3a(ii |) | <u> </u> |
| | If "Yes" to 3a(ii), are the related organizations listed as required on | | | | | Зь | | <u> </u> |
| 1 | Describe in Part XIV the intended uses of the organization's endown t VI Investments—Land, Buildings, and Equipment. | | | | art V line 10 | | | |
| - (1 | Threstments—Land, Buildings, and Equipment. | | | | • | | I | |
| | Description of investment | | | st or other nvestment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Bo | ok value |
| La | Land | | | | 86,262 | | | 86,262 |
| b | Buildings | | | | 954,805 | 448,812 | | 505,993 |
| c | Leasehold improvements | | | | | | | |
| d | Equipment | | | | 55,142,082 | 19,446,964 | 3 | 5,695,118 |
| е | Other | | | | 5,726,871 | | <u> </u> | 5,726,871 |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 12. | |
|---|-----------------------------|--|
| (a) Description of security or cateory (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
| inancial derivatives and other financial products | | Cool of and of your market value |
| losely-held equity interests | | |
| ther | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| otal. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨 | | |
| art VIII Investments—Program Related. Se | e Form 990, Part X, line 13 | 3. |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| | | Cost or end-of-year market value |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| otal. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨 | | |
| Part IX Other Assets. See Form 990, Part X, II | | 1 455 |
| (a) Descri | ption | (b) Book value |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| otal. (Column (b) should equal Form 990, Part X, col.(B) line | | |
| Part X Other Liabilities. See Form 990, Part | | |
| (a) Description of Liability | (b) A mount | |
| ederal Income Taxes | 74.000 | |
| CONSUMER DEPOSITS CCUMULATED PROVISION FOR POST RETIREMENT | 74,908 | |
| EALTH BENEFITS | 738,926 | |
| EFERRED CREDITS | 66,177 | |
| CCRUED TAXES & FRANCHISE FEES | 229,040 | |
| THER CURRENT & ACCRUED LIABILITIES | 287,612 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ | 1,396,663 | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 20,895,511 |
|--------|--|---------|------------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 20,050,050 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 845,461 |
| 4 | Net unrealized gains (losses) on investments | 4 | -12,774 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -545,686 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -558,460 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 287,001 |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er R | eturn |
| 1 | Total revenue, gains, and other support per audited financial | _ | 20,948,312 |
| _ | statements | 1 | |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c d | Recoveries of prior year grants | | |
| | Add lines 2a through 2d | 7- | 52,801 |
| e o | Subtract line 2e from line 1 | 2e 3 | 20,895,511 |
| 3 | | 3 | 20,695,511 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a b | Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 20,895,511 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 19,997,249 |
| 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 | Losses reported on Form 990, Part IX, line 25 2c | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 19,997,249 |
| 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 XIV) | 1 | |
| c | Add lines 4a and 4b | 4c | 52,801 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 20,050,050 |
| Pa | rt XIV Supplemental Information | | |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V. line 4. Part X. Part XI, line 8. Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Ident if ier | Return Reference | Explanat ion |
|---|------------------|--|
| Part XI, Line 8 - Other Adjustments | | RETIREMENTS OF PATRONAGE CAPITAL -33430 other comprehensive income-provision for pension and benEfits -512256 |
| Part XII, Line 2d - Other Adjustments | | EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 52801 |
| Part XIII, Line 4b - Other Adjustments | | EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSED TO EXPENSES 52801 |
| | | PARTS XI-XII ARE BEING PREPARED VOLUNTARILY BECAUSE THE COOPERATIVE'S AUDITED FINANCIAL STATEMENTS ARE ISSUED ON THE COOPERATIVE'S FISCAL YEAR END OF march 31st THE TAX RETURN HAS BEEN AND CONTINUES TO BE PREPARED BASED ON A CALENDAR YEAR END OF DECEMBER 31 FIN 48 WAS NOT APPLICABLE FOR PRIVATE COMPANIES, INCLUDING THE COOPERATIVE, FOR THE YEAR ENDED DECEMBER 31, 2008 |
| | | |
| | | |

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As Filed Data -

DLN: 93493075004520

OMB No 1545-0047

2000

ZUUO

___ Transactions with Interested Persons

Schedule L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
 To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

| Name of the organization SOCORRO ELECTRIC COOPERATIVE INC | | | | | | | Employer identification number | | | | | | |
|--|--------|------------------------------------|--------|------------------|--------|---------------|--------------------------------|------------------------|----------|------------|------------------|----------------|---------|
| D-1-1-1 | | / | (-)(2) | \ d b | F01 | (-) | | 5-008 | | | | | |
| Part I Excess Benefit Transact To be completed by organization | | | | | | | | | | | ', Par | t V , lıne | 40b |
| 1 (a) Name of disqualifie | | | | | | | | | | | (c) Corrected? | | |
| 1 (2) wante or anoquanite | | | (6) | Desc | JIIPL | on or transe | Saction | | | | Yes | No | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 2 Enter the amount of tax imposed on | the or | ganızatıon mar | nagers | or disqualified | pers | ons | during the y | earu | nder | | | | |
| section 4958 | | | | | • | • | | | | \$ — | | | |
| 3 Enter the amount of tax, if any, on lii | | | | the organization | on. | • | | | - | \$ | | | |
| Part II Loans to and/or From To be completed by organiza | | | | on Form 990 | Part 1 | TV I | ne 26 or Fo | orm 9 | 90-F | 7 Part | V lu | ne 38a | |
| To be completed by organize | | | 163 | 0111 01111 330, | | , 1 | nie 20, 01 i c | Jiiii <u>J</u> | <u> </u> | (1 | | 16 304 | |
| (a) Name of interested person and | | Loan to or rom the | (c) | Original princi | ıpal | | | (e) | | 1 | oved | 1 | /ritten |
| purpose | orga | organization? | | amount | | (a)B | (d) Balance due | | default? | | by board o | | ment? |
| | Тс | From | | | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Total | | | | <u> ►</u> | \$ | | | | | | | | |
| Part III Grants or Assistance E To be completed by organ | | | | | -m 90 | ٩n | Dart IV lin | 27 ما | | | | | |
| <u> </u> | | | | ween intereste | | | | | | | | | |
| (a) Name of interested person | | | | organızatıon | | | (c)A m | ount d | of gra | nt or ty | pe of | assista | nce |
| | | | | | | | | | | | | | |
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| Part IV Business Transactions To be completed by organ | | | | | m 99 | 90. | Part IV. lın | ie 28 | a. 28 | Bb. or | 28c. | | |
| | | (b) Relations | | | | | , , | | | , | | (e) Sha | ring of |
| (a) Name of interested person | | between interes person and th | | (c) A mou | | (d) Descr | | ription of transaction | | ion | organız reven | | |
| | | organizatior | | transact | LION | | | | | | | Yes | No |
| FRI-STATE GENERATION AND | a b | oard member o | fthe | 12,4 | 493,9 | | THE COOP | | | | | | No |
| FRANSMISSION ASSOCIATION INC | | operative serve -state G&T's be | | | | | PURCHASE TRI-STATE | | | | | | |
| | | State GRI S Di | Julu | | | | TRANSMIS | SION | | I I O IN P | .,,, | | |
| | | | | | | | ASSOCIAT | ION, | INC | | | | |
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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493075004520

Open to Public Inspection

Name of the organization SOCORRO ELECTRIC COOPERATIVE INC Employer identification number

85-0084968

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section A, line 6 | | THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS |

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| Form 990, Part VI, Section A, line 7a | | THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS BY VOTING DISTRICT |

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part VI, Section A, line 7b | | THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION 3 THE DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS 4 AMENDMENTS TO THE BY-LAWS AND ARTICLES OF INCORPORATION |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section A, line 8b | | WRITTEN MINUTES FOR MEETINGS OF THE BOARD OF DIRECTORS WERE KEPT, HOWEVER, WRITTEN MINUTES FOR EXECUTIVE SESSIONS HELD FROM TIME TO TIME DURING SUCH MEETINGS WERE NOT KEPT FOR THE TAX YEAR 2008 |

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| Form 990, Part VI, Section A, line 10 | | MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO the BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING |

| ldentifie | Return Reference | Explanation |
|--|---------------------|--|
| Form 990, Part VI, Section B, I 12c | ne | OFFICERS ARE REQUIRED TO REVIEW AND BE FAMILIAR WITH THE POLICIES OUTLINED IN THE COOPERATIVE'S CONFLICT OF INTEREST POLICY OFFICERS ARE REQUIRED TO DISCLOSE ANY ACTION OR SITUATION THAT MIGHT VIOLATE THE POLICY TO THE FULL BOARD OF DIRECTORS AS SOON AS POSSIBLE ADDITIONALLY, THE BYLAWS DISQUALIFY A DIRECTOR FROM SERVING ON THE BOARD, INCLUDING BUT NOT LIMITED TO, IF HE/SHE (1) IS EMPLOYED BY OR INVESTS IN A BUSINESS, (2) IS AN ELECTED PUBLIC OFFICIAL AND (3) HAS A FAMILY RELATIONSHIP WITH ANOTHER DIRECTOR/OFFICER OR EMPLOYEE OF THE COOPERATIVE |

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section C, line 19 | | THE COOPERATIVE posts the cooperative's by-laws and summarized copies of current and prior years' audited financial statements on the cooperative's website. THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, OR GOVERNING DOCUMENTS TO ANY MEMBER WHO REQUESTS A COPY |

| ldentifier | Return Reference | Explanation |
|----------------------------------|----------------------|--|
| FORM 990, PART XI, LINE 2B | INDEPENDENT AUDIT | AUDITED FINANCIAL STATEMENTS WERE PREPARED BY AN INDEPENDENT ACCOUNTANT FOR THE COOPERATIVE'S FISCAL YEAR END OF march 31st THE TAX RETURN HAS BEEN AND CONTINUES TO BE PREPARED BASED ON A CALENDAR YEAR END OF DECEMBER 31 |

| ldentifier | Return Reference | Explanation |
|-------------------------------|---------------------|--|
| FORM 990, PART XI, LINE 2C | AUDIT COMMITTEE | THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR |

| ldentifier | Return Reference | Explanation |
|----------------------------------|-------------------------------------|---|
| FORM 990, PART VII, SECTION A | GENERAL MANAGER RESPONSIBILITIES | THE BOARD OF DIRECTORS CONSIDERS THE GENERAL MANAGER TO BE BOTH THE TOP MANAGEMENT OFFICIAL AND THE TOP FINANCIAL OFFICIAL THEREFORE, ONLY THE GENERAL MANAGER IS LISTED AS AN EMPLOYEE OFFICER |

| ldentifier | Return Reference | Explanation |
|----------------------------------|--------------------------|---|
| FORM 990, PART VI, LINE 1B | INDEPENDENT DIRECTORS | JUAN GONZALES PER IRS FORM 990 INSTRUCTIONS IS NOT AN INDEPENDENT DIRECTOR BECAUSE HE IS ON THE BOARD OF TRI-STATE G&T ASSOCIATION, INC, a taxable cooperative THE COOPERATIVE PURCHASES ITS ELECTRIC ENERGY FROM TRI-STATE and THE COOPERATIVE IS A MEMBER OF TRI-STATE AS SUCH, MR GONZALES IS THE COOPERATIVE'S REPRESENTATIVE ON TRI-STATE'S BOARD MR GONZALES HAS NO OWNERSHIP INTEREST IN TRI-STATE AND RECEIVES NO DIRECT OR INDIRECT BENEFIT FROM THE COOPERATIVE DOING BUSINESS WITH TRI-STATE |

| ldentifier | Return Reference | Explanation |
|------------------------------------|--|---|
| FORM 990, PART VII, COLUMN F | TO PROVIDE DETAIL REGARDING OFFICER'S OTHER COMPENSATION | IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO 18% OF A PARTICIPATING EMPLOYEE'S SALARY THESE EMPLOYER CONTRIBUTIONS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER OR KEY EMPLOYEE IS THE TOTAL AMOUNT CONTRIBUTED BY THE COOPERATIVE TO THE PENSION PLAN AND INSURANCE PAID ON BEHALF OF AND FOR BENEFIT OF THE OFFICER OR KEY EMPLOYEE IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|--------------------------|---|
| FORM 990, PART VIII, LINE 2 | PATRONA GE DIV IDENDS | PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION & TRANSMISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE ORGANIZATION TO ITS MEMBERS |

| Identifier | Return Reference | Explanation |
|----------------------|----------------------|--|
| FORM 990, PART IX | ACCOUNTING SYSTEM | THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE UNIFORM SYSTEM OF ACCOUNTS AS PRESCRIBED BY THE FEDERAL ENERGY REGULATORY COMMISSION FOR CLASS A AND B ELECTRIC UTILITIES MODIFIED FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICE(RUS) THE UNIFORM SYSTEM OF ACCOUNTING DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE WILL BREAK OUT SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 WILL BE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS |

| ldentifier | Return Reference | Explanation |
|------------------------------------|--|--|
| FORM 990, PART IX, LINES 5-7 | RECONCILIATION OF WAGES PER RETURN TO FORM W-3 | SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE IN AN EFFORT TO EXPLAIN WHY THE AMOUNTS REPORTED ON LINES 5-7 DO NOT AGREE TO THE W-3 THE FOLLOWING RECONCILIATION IS PROVIDED TOTAL PER LINES 5-7 \$1,520,268 LESS DIRECTORS FEES REPORTED ON 1099-MISC (259,818) less net increase in accrued payroll (12,136) PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 604,958 RECONCILIATION TO W-3 \$1,853,272 |

| ldentifier | Return Reference | Explanation |
|----------------------------------|---|---|
| FORM 990, PART IX, LINE 24 | BREAKDOWN OF EXPENSES INCLUDED IN ADMINISTRATIVE AND GENERAL | THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS ADMINISTRATIVE AND GENERAL EXPENSE ON FORM 990, PART IX, LINE 24 MISCELLANEOUS GENERAL EXPENSE \$325,210 OFFICE SUPPLIES AND EXPENSE 82,741 OUTSIDE SERVICES EMPLOYED 91,963 ASSOCIATION DUES 99,710 MAINTENANCE OF GENERAL PLANT 192,119 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$791,743 |

| l | ldentifier | Return Reference | Explanation |
|---|-----------------------------------|------------------|--|
| | FORM 990, PART IX, LINE 24F | | THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS OTHER EXPENSES ON FORM 990, PART IX, LINE 24F SALES EXPENSE \$52,892 OTHER DEDUCTIONS 44,629 TRANSMISSION EXPENSE 1,197 TOTAL OTHER EXPENSES PER FORM 990 LINE 24F \$98,718 |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|---------------------|---|
| FORM 990, ENTITY SECTION, BOX B | AMENDED RETURN | FORM 990 WAS AMENDED TO REMOVE THE AFFIRMATIVE ANSWER ON PART VI, SECTION A, LINE 8B WRITTEN MINUTES FOR MEETINGS OF THE BOARD OF DIRECTORS WERE KEPT, HOWEVER, WRITTEN MINUTES FOR EXECUTIVE SESSIONS HELD FROM TIME TO TIME DURING SUCH MEETINGS WERE NOT KEPT FOR THE TAX YEAR YEAR 2008 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493075004520

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

See separate instructions.

Name of the organization **Employer identification number** SOCORRO ELECTRIC COOPERATIVE INC 85-0084968 Part I **Identification of Disregarded Entities** (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Primary activity Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity SOCORRO ELECTRIC FOUNDATION to provide scholarships to po box h valedictorians of schools in NM 501(c)(3) N/A socorro, NM878010278 coop's service area 23-7044964

| (A) Name, address, and EIN of related organization | Prim | (B) nary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | incom | (E) lominant le(related, lestment, related) | Share | (F) e of total income | (G) Share of end-of- year assets | (H Disprop allocat | l) ortionate tions? | (I) Code V—UBI amount on Box 20 of K-1 | Gene mana part | agıng |
|---|---------|-----------------------------|---|---|---------|---|--------|--|---|--------------------------|--|---|----------------------|-------|
| | | | | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | | | | |
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| Part IV Identification of R | Related | l Organizations | Taxable as | a Corporation | ı or Tr | ust | | | | | | | | |
| (A) Name, address, and EIN of related organ | | (B) Primary activity | | (C) Legal domicile (state or foreign country) | | (D) Direct contro | olling | (E) Type of entity (C corp, S corp or trust) | (F) Share of total income | end | (G) hare of l-of-yea assets | (H) Percentage r ownership | | |
| | | | | | | | | | | | | | | |
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(6)

| Part V | Transactions with Related Organizations |
|--------|---|
| | Transactions with Related organizations |

| | Note. Complete line 1 if any entity is listed in Parts II, III or IV | | | | Yes | No | | | |
|--|--|---|---------------------------------|----|-----|----|--|--|--|
| 1 D | uring the tax year, did the orgranization engage in any of the following transactions with one o | or more related organizations listed in Parts II- | IV? | | | | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1a | | No | | | |
| Ь | Gift, grant, or capital contribution to other organization(s) | | | 1b | | No | | | |
| c | Gift, grant, or capital contribution from other organization(s) | | | 1c | | No | | | |
| d | Loans or loan guarantees to or for other organization(s) | | | 1d | | No | | | |
| e | Loans or loan guarantees by other organization(s) | | | 1e | | No | | | |
| | | | | | | | | | |
| f | Sale of assets to other organization(s) | | | 1f | | No | | | |
| g | Purchase of assets from other organization(s) | | | 1g | | No | | | |
| h | Exchange of assets | | | 1h | | No | | | |
| i | Lease of facilities, equipment, or other assets to other organization(s) | | | 1i | | No | | | |
| | | | | | | | | | |
| j | j Lease of facilities, equipment, or other assets from other organization(s) | | | | | | | | |
| k | Performance of services or membership or fundraising solicitations for other organization(s) |) | | 1k | | No | | | |
| ı | $Performance\ of\ services\ or\ membership\ or\ fundraising\ solicitations\ by\ other\ organization (s)$ | | | 11 | | No | | | |
| m Sharing of facilities, equipment, mailing lists, or other assets | | | | | | | | | |
| n | Sharing of paid employees | | | 1n | | No | | | |
| | | | | | | | | | |
| 0 | Reimbursement paid to other organization for expenses | | | 10 | | No | | | |
| р | Reimbursement paid by other organization for expenses | | | 1р | Yes | | | | |
| | | | | | | | | | |
| q | O ther transfer of cash or property to other organization(s) | | | 1q | | No | | | |
| r | O ther transfer of cash or property from other organization(s) | | | 1r | | No | | | |
| | | | | | | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must | complete this line, including covered relationsh | nips and transaction thresholds | | | | | | |
| | (A) | (B) | (c) | | | | | | |
| | Name of other organization(s) | Transaction type(a-r) | Amount Involved | | | | | | |
| (1) | na for reporting purposes less than 50000 | М | | | | | | | |
| (2) | na for reporting purposes less than 50000 | P | | | | | | | |
| (3) | | | | | | | | | |
| | | | | | | | | | |
| (4) | | | | | | | | | |
| | | | | | | | | | |
| (5) | | | | | | | | | |
| | | | ĺ | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| | | | | | | | | | _ | | | |
|--|--------------------------------|---|---|----|--|-----|---|---------|----------|---|--|--------|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | | | (G) Code V—UBI amount on Box 20 of K-1 | | r J |
| | | | Yes | No | | Yes | No | | Yes | No | | |
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