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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)

2012

OMB No 1545-0047

Open to Public

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

Open to Public Inspection

A Foi	the :	2012 ca	endar year, or tax year beginning	01-01-2012 , 2012, and ending 12	2-31-2012		
		pplicable	C Name of organization			D Employer	identification number
┌ Add		•	SOCORRO ELECTRIC COOPERATIVE II	NC		85-0084	968
┌ Nan	ne cha	nge	Doing Business As				
_ Inıtı	al retu	rn	Number and street (or P.O. box if ma	ıl ıs not delivered to street address) Room	/suite	E Talanhana r	uum har
┌ Terr	nınate	d	РО ВОХ Н	,		E Telephone r	
_ Ame	ended	return	City or town, state or country, and ZI	P + 4		(575)835	5-0560
— Арр	lication	pending	SOCORRO, NM 87801			<b>G</b> Gross receip	ots \$ 25,357,688
			<b>F</b> Name and address of princ	ipal officer	H(a) I	s this a group reti	urn for
			JOSEPH HERRERA PO BOX H			ffiliates?	┌ Yes ┌ No
			SOCORRO,NM 87801		H(b) A	re all affiliates in	cluded? TYes TNo
							st (see instructions)
		pt status		insert no ) 4947(a)(1) or 527	H(c)	Group exemption	number ►
J W	ebsite	:: <b>►</b> WV	VW SOCORROELECTRIC COM		''(c)		
<b>K</b> Form	of org	janızatıor	Corporation Trust Association	Other 🕨	<b>L</b> Year	of formation 1945	M State of legal domicile
Par	t I	Sum	ımary				NM
			escribe the organization's mission	or most significant activities			
				ELECTRIC SERVICE TO MEMBER	SOFTHE	COOPERATIVE	
စ္	-						
<u>≅</u>							
Governance	2 (	Check t	his box দ if the organization disc	continued its operations or dispose	d of more th	an 25% of its net	assets
	2 1	Numbor	of voting members of the governir	ng body (Part VI, line 1a)		1 -	<b>s</b>   9
Activities &				the governing body (Part VI, line 1			4 8
₩				alendar year 2012 (Part V, line 2a)			5 50
∯				cessary)			<b>5</b> 0
٩	7a -	Γotal un	related business revenue from Pa	rt VIII, column (C), line 12		7	<b>a</b> 0
	ы	Net unre	elated business taxable income fro	m Form 990-T, line 34		7	<b>b</b> 0
						Prior Year	Current Year
_	8	Contr	ibutions and grants (Part VIII, line	e 1 h)		0	0
Ravenue				e 2g)		24,634,962	
**************************************	10		tment income (Part VIII, column		57,531		
_	11		revenue (Part VIII, column (A), l	nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A),		38,976	39,464
	12		revenue—add illies o tillough 11 (	, , , , , , , , , , , , , , , , , , , ,	ille	24,731,469	25,098,828
	13			X, column (A), lines 1-3)		850	575
	14	Benef	its paid to or for members (Part IX	, column (A ), line 4)		2,492,155	1,770,743
တ္က	15	Saları 5–10		benefits (Part IX, column (A), line	s	2,380,591	2,469,590
Expenses	16a		•	olumn (A), line 11e)		0	2,103,330
<u>₹</u>	ь		undraising expenses (Part IX, column (D),				
<u> </u>	17			nes 11a-11d, 11f-24e)	· .	19,735,457	20,723,012
	18	Total	expenses Add lines 13-17 (mus	t equal Part IX, column (A), line 25	,	24,609,053	24,963,920
	19	Rever	nue less expenses Subtract line 1	8 from line 12		122,416	134,908
\$ &					Begii	nning of Current	End of Year
98 gg	20	Total	assets (Part X, line 16)		<u> </u>	<b>Year</b> 70,697,352	
Not Assets or Fund Balances	20 21		assets (Part X, line 16) liabilities (Part X, line 26)		· .	50,886,188	
25   25	22		ssets or fund balances Subtract li		. '	19,811,164	
Par			nature Block			· ·	
my kn	owled	ge and s any k	belief, it is true, correct, and comp nowledge **	mined this return, including accompolete Declaration of preparer (other			
Sign		Sign	ature of officer			Date	
Here		JOSE	PH HERRERA CEO				
		<u> </u>	e or print name and title	Propagade constura	I Data		N
Da:d	ı	;	Print/Type preparer's name WILLIAM M MILLER	Preparer's signature	Date 2013-11-13	Check  if PTI self-employed PO	N 9439459
Paid			Firm's name 🕨 BOLINGER SEGARS GILB	ERT AND MOSS LLP		Firm's EIN 🕨 75-08	82037
Pre <sub>l</sub> Use			Firm's address ► 8215 NASHVILLE AVENUE	:		Phone no (806) 74	7-3806
_ <del> </del>	<b>~</b> 111	· y				1	

LUBBOCK, TX 79423

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

✓ Yes ☐ No

4e Total program service expenses ▶

(Expenses \$

4d

Other program services (Describe in Schedule O )

including grants of \$

) (Revenue \$

## 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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 for escrow or custodial account liability, 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 $IV^{\square}$	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school 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 United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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, Parts II and IV	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, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

9.1	Statements Regarding Other 1RS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	. l No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   45			.40
	Enter the number of Forms 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?	1c		
	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			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	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		N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	•		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Described the second base and the second sec	5c		
	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
ı	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule 0	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		No
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	taxable entity during the year?	16a		No
Ь	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?			1
	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
- 18 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 made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
  - Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JOSEPH HERRERA CEO 215 E MANZANARES AVE SOCORRO, NM (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 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, 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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	checker Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) PAUL BUSTAMANTE	23 00	X gi	ustee	x		Ansated		11,090	0	0
PRESIDENT	1 00							11,000		
(2) DAVE WADE	12 30	×		x				8,850	0	0
VICE PRESIDENT	1 00							,		
(3) LUIS AGUILAR	4 00	x		х				2,904	0	0
SECRETARY (4) LEO CORDOVA	1 00									
	14 00	x		х				4,631	0	0
TREASURER (5) MILTON ULIBARRI	1 00									
		×						8,959	0	0
TRUSTEE (6) LEROY ANAYA	1 00 8 70									
TRUSTEE		х						7,754	0	0
(7) CHARLES WAGNER	1 00 32 00									
TRUSTEE	1 00	×						2,276	0	0
(8) JACK BRUTON	2 80									
TRUSTEE (1/1/2012 -4/25/12)	1 00	X						1,458	0	0
(9) DONALD WOLBERG	20 00								_	
TRUSTEE	1 00	Х						7,958	0	0
(10) PRESCILLA MAULDIN	3 80	,,						622	0	
TRUSTEE	1 00	X						632	0	0
(11) JOSEPH HERRERA	54 00			Х				141,354	0	36,332
CEO/GM	0 00							141,554	0	30,332
(12) ABRAN ROMERO	55 00			×				33,346	0	4,532
CF0	0 00							33,310		1,332
(13) DAVID MONTOYA	45 00					l x		110,721	0	35,838
LINE SUPERINTENDENT	0 00					ļ	_	115,.21		
						1	$\vdash$			
	<u>'</u>			_	_	•	_	•		Form 000 (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one both	box, ıan d	heck unless officer stee)	į	Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ted f other ation he
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
											+		
											+		
											+		
1b Sub-Total			•				Þ						
c Total from continuation she	•		Α.	•	•	•	-		244.022				76 702
<ul><li>d Total (add lines 1b and 1c)</li><li>2 Total number of individuals</li></ul>			to the	ose	liste	d abov	e) w	ho receive	341,933 d more th		0		76,702
\$100,000 of reportable com						u ubo.	٠,						
												Yes	No
3 Did the organization list any on line 1a? If "Yes," complete					, key -	emplo	yee,	, or highes	t compen	sated employee	_		N
4 For any individual listed on lorganization and related org	ine 1a, is the sum	of repo	rtabl	e co							4	Yes	No
5 Did any person listed on line services rendered to the org									janization	or individual for	5	165	No
Continu D. Indonesidant (													
Section B. Independent (  Complete this table for your compensation from the organical section).	five highest comp											tax year	
	(A) Name and business	address							Des	(B) cription of services		(C Comper	) Isation
CHAPEL MAPPING 315 2ND AVE SUITE 40	9 WARREN PA 16365								MAPPING		$\downarrow$	•	248,542
											$\downarrow$		
2 Total number of independent	contractors (ınclu	dına but	tnot	lımıt	ed to	o those	e list	ted above)	who rece	ived more than	- 1		

\$100,000 of compensation from the organization 🕦

Part V		Statement of Check of Sched	or <b>Revenue</b> Jule O contains a respoi	nse to any question	in this Part VIII .			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s ts	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership di	ues <b>1b</b>					
Gr.	С	Fundraising ev	ents <b>1c</b>					
fts, ir A	d	Related organi	zations 1d					
, Gi nila	e	Government grant						
ins, Sin	_							
utic ier	f	similar amounts n	ions, gifts, grants, and <b>1f</b> ot included above					
rib Oth	g	Noncash contribut 1a-1f \$	ions included in lines			į		j j
Cont and	h	·	s 1a-1f					
C								
ıne	2a	ELECTRIC SALES		Business Code 221000	23,947,020	23,947,020		
ечег	b	PATRONAGE DIVIE	DENDS	221000	773,835	773,835		
e Fig	c	SERVICE FEES	DENUS	221000	250,574	250,574		
ហេច	d	SERVICE TEES		221000	230,374	230,374		<del>                                     </del>
Program Serwoe Revenue	e							<del>                                     </del>
ran	f	All other progr	am service revenue					<del>                                     </del>
¥og								
	g 3		s 2a-2f		24,971,429			<del>  </del>
	3		come (including dividen lar amounts)		80,864			80,864
	4	Income from inve	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties .		▶				
			(ı) Real	(11) Personal 39,464				
	6a b	Gross rents Less rental		39,464				
		expenses		20.464				
	С	Rental income or (loss)		39,464				
	d	Net rental inco	ome or (loss)	· · · · · · · · · · · · · · · · · · ·	39,464			39,464
	7-	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other	265,931					
		than inventory						
	Ь	Less cost or other basis and	258,860					
	c	sales expenses Gaın or (loss)	7,071					
	d	Net gain or (lo	ss)		7,071			7,071
	8a		from fundraising					
ıne		events (not inc						
Other Revenue			s reported on line 1c)					
Re		See Part IV, III	ne 18 <b>a</b>					
ıer	ь	lass direct av	openses b					
ŧ o	c		(loss) from fundraising	events 🛌				
	9a	Gross income	from gaming activities					
		See Part IV, lii	ne 19					
	b	Loss direct ox	a cpenses b					
	c		(loss) from gaming acti	vities				
	10a	Gross sales of						
		returns and all	owances .					
	L	loop coates	a h					
			goods sold <b>b</b> (loss) from sales of inv	entory •				
		Miscellaneou		Business Code				
	11a							
	b							
	С		_					
	d	All other reven	nue					
	e	Total. Add line	s 11a-11d	🕨				
	12	Total revenue.	See Instructions .	🕨	35 000 030	24.074.420		127.200
				•	25,098,828	24,971,429	С	127,399 Form <b>990</b> (2012)

# Form 990 (2012) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A )	
	Check if Schedule O contains a response to any question in this Pa	rt IX		<u></u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	575			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,770,743			
5	Compensation of current officers, directors, trustees, and key employees	272,076			
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	1,295,926			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	234,616			
9	Other employee benefits	550,499			
10	Payroll taxes	116,473			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,171,550			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,196,358			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PURCHASED POWER	13,774,502			
b	DISTRIBUTION EXPENSE	1,231,072	· · · · · · · · · · · · · · · · · · ·		
c	ADMIN & GENERAL EXP	693,219			
d	CUSTOMER SERVICE	369,872			
e	All other expenses	286,439			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	24,963,920			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this	s Part	x			
		, 4			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4,134,554	1	3,199,994
	2	Savings and temporary cash investments			248,414	2	0
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,713,838	4	1,619,407
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II o	of		-	
ts	6	Loans and other receivables from other disqualified persons (a: $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and a and sponsoring organizations of section $501(c)(9)$ voluntary errorganizations (see instructions) Complete Part II of Schedule (	ontril nploy	outing employers		5	
Assets	_				200 552	6	20.052
AS	7	Notes and loans receivable, net			280,552	7	29,953
	8	Inventories for sale or use			529,946	8	625,029
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		77,969,816	4,286,972	9	4,121,993
	ь	Less accumulated depreciation	10a	24,537,507		10c	53,432,309
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			6,403,568	13	6,822,299
	14	Intangible assets		•		14	
	15	Other assets See Part IV, line 11			5,228	15	263,217
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			70,697,352	16	70,114,201
	17	Accounts payable and accrued expenses			1,709,248	17	1,365,142
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	_
G	21	Escrow or custodial account liability Complete Part IV of Sche			155,809	21	210,468
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualif	ors, tr				
ар		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		47,664,160	23	45,342,538
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule	4 250 074	-	4 542 705
		D			1,356,971 50,886,188	25	1,512,705 48,430,853
	26	Total liabilities. Add lines 17 through 25			50,666,166	26	46,430,633
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ►   lines 27 through 29, and lines 33 and 34.	and	complete			
<u>8</u>	27	Unrestricted net assets				27	
B	28	Temporarily restricted net assets				28	
ם	29	Permanently restricted net assets	•			29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🟲	✓ and			
8	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 f	unds		19,811,164	32	21,683,348
Net	33	Total net assets or fund balances			19,811,164	33	21,683,348
_	34	Total liabilities and net assets/fund balances			70,697,352	34	70,114,201

Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	• •	• •	• •	지
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25.0	98,828
2	Total expenses (must equal Part IX, column (A), line 25)				
		2		24,9	963,920
3	Revenue less expenses Subtract line 2 from line 1	3		1	134,908
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				34,500
-		4		19,8	311,164
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	3			
Ū	Dollated Services and use of lacinities	6			
7	Investment expenses				
	Duran named adoughn and	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9		1,7	737,276
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		21,6	583,348
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
_	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?	wadan	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
	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	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			_ <del></del>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

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

► Attach to Form 990. ► See separate instructions.

Open to Public
Inspection

CITIC	F Attacil to For	ili 330. F See Separate ilistructions.		Inspection
	me of the organization CORRO ELECTRIC COOPERATIVE INC		Emp	oloyer identification number
				0084968
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		<b>(b)</b> Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	ısed <b>┌ Yes ┌ N</b> o
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene			er purpose
	conferring impermissible private benefit?			☐ Yes ☐ No
Pa	rt II Conservation Easements. Complete if		o Forr	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	or education) Preservation of ar		rically important land area d historic structure
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the forr	n of a conservation
	,			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by th	ne organization during
	the tax year -	, , ,	,	J J
1	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and <b>Yes No</b>
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments	during the year
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year
3	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı) <b>Yes N</b>
•	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		
aı	tt IIII Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, 'es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			· -
а	Revenues included in Form 990, Part VIII, line 1	· -		<b>▶</b> \$

**b** Assets included in Form 990, Part X

	Organizations Maintaining Co											ntinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	rds, cr	neck :			_		_	use of	its	
а	Public exhibition		d	Г	Loan	orexc	hange progr	rams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ain hov	w the	y furthe	r the	organızatıon	ı's ex	cempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	г	Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organi	zatio			es" to For			,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•		•		or other ass	ets	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able							
										Amo	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?				_			<u> </u>	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	evnla	natio	n has l	neen r	rovided in P	art :	XIII			I
Pa	rt V Endowment Funds. Complete											
		(a)Current year		<b>)</b> Prior			wo years back				)Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships							+				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	rent year end balan	ce (lın	e 1g	, colum	n (a))	held as					
а	Board designated or quasi-endowment											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
3a	Are there endowment funds not in the posses		ation	that a	are held	land:	administere	d for	the			
<b>Ju</b>	organization by	solon of the organiz		ciiae (	110 11010	a unu v		u 101			Yes	No
	(i) unrelated organizations					•			[	3a(i)		
	(ii) related organizations								ļ	3a(ii)		
	If "Yes" to 3a(II), are the related organizatio							•	[	3b		
4	Describe in Part XIII the intended uses of th											
Par	TEVI Land, Buildings, and Equipment Description of property	ent. See Form 99	90, Pa	(a)	Cost or	other	(b)Cost or of		(c) Accumul		( <b>d</b> ) Boo	ok value
				Dasi	s (ınvest	ment)	basis (othe	:1)	depreciati	011		
1a	Land						86	,262				86,262
b	Buildings						963	,498	40	9,209		554,289
С	Leasehold improvements											
d	Equipment						76,574	,238	24,12	8,298	52	2,445,940
	0 +			-						-		
е	Other						345	,818				345,818

Part VIII Investments—Other Securities. See	<u> Form 990, Part X, line 12</u>	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Table (0)   10   10   10   10   10   10   10			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12		1.2	
Part VIII Investments—Program Related. See  (a) Description of investment type	(b) Book value		d of valuation
(a) Description of investment type	(b) Book value		-year market value
See Additional Data Table			,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	0,022,233		
Part IX Other Assets. See Form 990, Part X, lin			(h) Daale value
(a) Descrip	tion		(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.	)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	<b>(b)</b> Book value		
Federal Income taxes			
CONSUMER DEPOSITS	81,550		
ACCRUED COMPENSATED ABSENCES	197,547		
ACCUMULATED PROVISION FOR POST RETIREMENT			
HEALTH BENEFITS	401,378		
ACCRUED TAXES & FRANCHISE FEES	365,672		
OTHER CURRENT & ACCRUED LIABILITIES	124,978		
DEFERRED CREDITS - UNCLAIMED CAPITAL CREDIT			
RETIREMENTS	109,645		
DEFERRED CREDITS - OTHER	231,935		
	202,000		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,512,705		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	<u>er Re</u>	turn
1	Total revenue, gains, and other support per audited financial statements	1	25,145,801
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	46,973
3	Subtract line <b>2e</b> from line <b>1</b>	3	25,098,828
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	25,098,828
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	Return
1	Total expenses and losses per audited financial statements	1	23,240,150
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 )		
e	Add lines 2a through 2d	2e	46,973
3	Subtract line <b>2e</b> from line <b>1</b>	3	23,193,177
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 <b>4a</b> and <b>4b</b>	4c	1,770,743
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	24,963,920

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional

Information		
Identifier	Return Reference	Explanation
	Part IV, Line 2b	PURSUANT TO THE COOPERATIVE'S BYLAWS ARTICLE VIII, SECTION 3-5, THE COOPERATIVE SHALL TRANSFER RETIREMENTS OF PATRONAGE CAPITAL, WHICH HAVE REMAINED UNCLAIMED FOR A PERIOD OF TWO YEARS, TO SOCORRO ELECTRIC FOUNDATION TO BE USED FOR SCHOLARSHIPS TO ENABLE STUDENTS FROM RURAL AREAS TO ATTEND COLLEGE, TECHNICAL SCHOOL OR OTHER POST SECONDARY EDUCATION INSTITUTION A PORTION OF THESE UNCLAIMED CAPITAL CREDITS PAYMENTS ARE MAINTAINED IN A DESIGNATED ACCOUNT HELD BY THE COOPERATIVE
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	THE COOPERATIVE ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE, AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES
Part XI, Line 2d - Other Adjustments		EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSIFIED TO EXPENSES 46,973
Part XII, Line 2d - Other Adjustments		EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSIFIED TO EXPENSES 46,973
Part XII, Line 4b - Other Adjustments		PATRONAGE CAPITAL ASSIGNABLE 1,770,743
Adjustments		Part IX THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE D, PART IX HAS BEEN LEFT BLANK Part XII, Line 4B FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE DIVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL STATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPECT OF HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BASIS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS PROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

#### **Additional Data**

Software ID: Software Version:

**EIN:** 85-0084968

Name: SOCORRO ELECTRIC COOPERATIVE INC

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) PATRONAGE CAPITAL - NATIONAL RURAL UTILITIES COOP FIN CORP	165,738	С
(2) PATRONAGE CAPITAL - FEDERATED INSURANCE	171,336	С
(3) PATRONAGE CAPITAL - SOUTHEASTERN DATA COOPERATIVE, INC	91,114	С
(4) PATRONAGE CAPITAL - TRI-STATE	5,645,922	С
(5) PATRONAGE CAPITAL - WESTERN UNITED ELECTRIC	75,546	С
(6) CAPITAL TERM CERTIFICATES - NATIONAL RURAL UTILITIES COOP FIN CORP	506,880	С
(7) MEMBERSHIPS - NATIONAL RURAL UTILITIES COOP FIN CORP	1,000	С
(8) NOTES RECEIVABLE - WEATHERIZATION LOANS	17,172	С
(9) INSURANCE AND EDUCATION FUND	145,200	С
(10) OTHER INVESTMENTS	2,391	C

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OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

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

Pai	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee ✓ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			
	section 53 4958-6(c)?	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation		(B)(ı)-(D)	reported as deferred in prior Form 990
	(i) (ii)	141,354 0	0	0 0	16,463 0	19,869 0	177,686 0	0

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any au	altional information	
Identifier	Return Reference	Explanation
Supplemental Information	Part III	Part II, Column C INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE, YEARS OF SERVICE AND THE CURRENT INTEREST RATE ENVIRONMENT IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTIONS TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS AND REPRESENT THE TRUE COST TO THE COOPERATIVE JOSEPH HERRERA ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$6,568 401(K) EMPLOYER MATCH 9,895 TOTAL COLUMN C 16,463 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (6,568) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 19,214 TOTAL COOPERATIVE CASH CONTRIBUTION \$29,109

Schedule J (Form 990) 2012

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DLN: 93493319072963

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

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Name of the org SOCORRO ELECTRIC		IVE INC							•		icación	number	•
Part I Exce	ss Benef	fit Tran	sactions (	section !	501(c)(3) a	and section 5	01(c)(4) or		-0084 ations				
						Part IV, line 25						10b	
<b>1</b> (a) Name	of disqual	ıfıed pers			between di		(c) Descrip	otion o	ftrans	action		d) Corre	ected?
				person ar	nd organizat	ion					<u></u> '	res	No
			<u> </u>										
<b>2</b> Enter the ar 4958	nount of ta		d by organiza				ns during the	yearı	ınders	section • •			
									•	<b>-</b> > .			
3 Enter the ar	nount of ta	x, ii aliy,	on line 2, ab	ove, reiiiii	bursed by tr	ie organization			•	- >			
Part III Loa	ns to ar	nd/or F	rom Inter	ested P	ersons.								
Com	nplete if the	e organıza	ation answer	ed "Yes" o	on Form 990	O-EZ, Part V, lı	ne 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	r ıf the	
			n amount on				ı						
(a) Name of	1		(c) Purpose	1 ' '		(e)Original	I		In	(h		(i)Wri	
interested person	with orga	anızatıon	of loan	or from		principal amount	due	аета	iult?	Approved by board or			
person				organızatı		amount				commi			
				То	From			Yes	No	Yes	No	Yes	No
												_	
												_	
												_	
												_	
												_	
otal	•			<b>▶</b> \$	•	•	•				•	7	
art IIII Gra	nts or As	ssistan	ce Benefit	ting Int	terested	Persons.							
Com	iplete if tl	he orgar	nization ans	swered "	Yes" on Fo	rm 990, Part	IV, line 27.	ı					
(a) Name of int	erested	<b>(b)</b> Rel	ationship be	tween (	c) A mount o	of assistance	(d) Type of	fassis	tance	(e)	Purpos	e of assi	ıstanc
person			ted person a	nd the									
		(	organization										
		ļ											

Part IV Business Transactions					
Complete if the organization	ion answered "Yes" on F	Form 990, Part IV, lin	ie 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	t zation's
				Yes	No
(1) TRI-STATE GENERATION AND TRANSMISSION ASSOCIATION INC	BOARD MEMBER LEROY ANAYA SERVES ON TRI- STATE G&T'S BOARD	' '	THE COOPERATIVE PURCHASES ITS POWER FROM TRI-STATE GENERATION AND TRANSMISSION ASSOCIATION, INC		No
					1

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

**Identifier Return Reference Explanation** 

Schedule L (Form 990 or 990-EZ) 2012

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SCHEDULE O

As Filed Data -

DLN: 93493319072963

2012

OMB No 1545-0047

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# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization SOCORRO ELECTRIC COOPERATIVE INC

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

85-0084968

Identifier	Return Reference	Explanation
	The state of the s	DURING 2012 THE MEMBERS ADOPTED A PLAN TO RE-DRAW THE 5 VOTING DISTRICTS SO THAT AN APPROXIMATE EQUAL NUMBER OF MEMBERS ARE REPRESENTED BY THE TRUSTEE OF EACH DISTRICT THE VOTING DISTRICTS PROVIDED FOR IN ARTICLE V, SECTION 8 OF THE BYLAWS WERE SUBSEQUENTLY AMENDED TO IMPLEMENT THE MEMBER APPROVED INITIATIVE

Identifier	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					

Identifier	tifier Return Explanation Reference	
	, ,	THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF TRUSTEES AND DO SO ON A VOTING DISTRICT BY VOTING DISTRICT BASIS EACH MEMBER WITHIN THE VOTING DISTRICT IS ENTITLED TO ONE VOTE DURING ELECTIONS REGARDLESS OF THE VALUE OR QUANTITY OF COOPERATIVE SERVICES USED

Identifier	Return Reference	Explanation	
	VI, Section A,	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	

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	THE FORM 990 WAS REVIEWED AND DISCUSSED BY THE BOARD AT THE FIRST BOARD MEETING OCCURING SUBSEQUENT TO THE DATE THE FORM 990 WAS FILED

Identifier	Return Reference	Explanation	
	Form 990, Part VI, Section B, line 12c	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 THE FULL BOARD OF TRUSTEES AS SOON AS POSSIBLE ADDITIONALLY, THE BY-LAWS DISQUALIFY A TRUSTEE FROM SERVING ON THE BOARD, INCLUDING BUT NOT LIMITED TO, IF HE/SHE (1) IS EMPLOYED BY OR INVESTS IN A COMPETING BUSINESS, (2) IS AN ELECTED PUBLIC OFFICIAL AND (3) HAS A FAMILY RELATIONSHIP WITH ANOTHER TRUSTEE/OFFICER OR EMPLOYEE OF THE COOPERATIVE	

Identifier	Return Reference	Explanation
	,	THE COOPERATIVE POSTS THE COOPERATIVE'S BY-LAWS, MOST RECENTLY FILED 990 AND SUMMARIZED COPIES OF THE MOST RECENTLY COMPLETED AUDITED FINANCIAL STATEMENTS ON THE COOPERATIVE'S WEBSITE PURSUANT TO THE AMENDMENT TO ARTICLE VI, SECTION 5 AS ADOPTED BY THE MEMBERS IN APRIL 2010, THE COOPERATIVE VOLUNTARILY AGREES TO ABIDE BY THE REQUIREMENTS OF THE OPEN MEETING ACT AND THE INSPECTION OF PUBLIC RECORDS ACT

ldentifier	Return Reference	Explanation
INDEPENDENT TRUSTEE	Form 990, Part VI, Line 1b	THE COOPERATIVE IS A MEMBER OF AND PURCHASES ELECTRIC ENERGY FROM TRI-STATE GENERATION AND TRANSMISSION ASSOCIATION, INC (TRI-STATE), A TAXABLE COOPERATIVE AS A MEMBER OF TRI-STATE, THE COOPERATIVE APPOINTED DIRECTOR LEROY ANAYA TO REPRESENT ITS INTERESTS ON THE BOARD OF TRI-STATE DURING 2012 BECAUSE DIRECTOR ANAYA SERVED ON THE BOARD OF TRI-STATE, HE IS CONSIDERED TO BE "NOT INDEPENDENT" PER IRS FORM 990 INSTRUCTIONS HOWEVER, DIRECTOR ANAYA HAD NO OWNERSHIP INTEREST IN TRI-STATE AND RECEIVED NO DIRECT OR INDIRECT BENEFIT FOR THE COOPERATIVE DOING BUSINESS WITH TRI-STATE

Identifier	Return Reference	Explanation
VOTING MEMBERS	Form 990, Part VI, Section A, Line 1	THE COOPERATIVE HAS 9 TRUSTEES, ALL 9 ARE ALLOWED TO VOTE HOWEVER, THE BOARD PRESIDENT VOTES ONLY IN THE CASE OF A TIE

ldentifier	Return Reference	Explanation
TO PROVIDE DETAIL REGARDING OFFICER'S OTHER COMPENSATION	Form 990, Part VII, Column F	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 7% OF A PARTICIPATING EMPLOYEES SALARY ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN FOR THE OFFICER, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THE BENEFIT OF THE OFFICER IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE PER PERSON VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED

ldentifier	Return Reference	Explanation
PATRONAGE DIVIDENDS	Form 990, Part VIII, Line 2	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 THE COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS

ldentifier	Return Reference	Explanation
ACCOUNTING SYSTEM	Form 990, Part IX	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
RECONCILIATION OF WAGES PER RETURN TO FORM W-3	Form 990, Part IX, Lines 5-7	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 \$1,568,002 LESS DIRECTORS FEES REPORTED ON 1099-MISC (56,512) LESS OFFICERS BENEFITS REPORTED ON LINE 5 (40,864) PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 625,053 RECONCILIATION TO W-3 \$2,095,679

ldentifier	Return Reference	Explanation
BREAKDOWN OF EXPENSES INCLUDED IN ADMINISTRATIVE AND GENERAL	Part IX, Line	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS ADMINISTRATIVE AND GENERAL EXPENSE ON FORM 990, PART IX, LINE 24 MISCELLANEOUS GENERAL EXPENSE \$ 63,868 OFFICE SUPPLIES AND EXPENSE 83,535 OUTSIDE SERVICES EMPLOYED 291,237 ASSOCIATION DUES 113,024 DIRECTOR EXPENSES 32,918 MAINTENANCE OF GENERAL PLANT 108,637 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$693,219

ldentifier	Return Reference	Explanation
TO PROVIDE DETAIL REGARDING OTHER EXPENSES	Form 990, Part IX, Line 24e	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS OTHER EXPENSES ON FORM 990, PART IX, LINE 24E. TAXES EXPENSE \$181,821 SALES EXPENSE 17,317 OTHER DEDUCTIONS 87,301 TOTAL OTHER EXPENSES PER FORM 990 LINE 24E \$286,439

ldentifier	Return Reference	Explanation
BENEFITS PAID TO MEMBERS	Form 990, Part IX, Line 4	THE FORM 990 INSTRUCTIONS SPECIFICALLY STATE THAT THE AMOUNT OF PATRONAGE DWIDENDS PAID TO THE MEMBERS SHOULD BE REPORTED ON PART IX, LINE4 THE PHRASE "PATRONAGE DWIDENDS PAID" REPERS TO THE PROCESS, SUBSEQUENT TO YEAR-BID, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CARTAL TO AND, THEREFORE, OPERATES AT COST WITH ITS MEMBERS THE COOPERATIVES TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS MEMBERS AND TO DO SO ON A COOPERATIVE STAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS MEMBERS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEPINES "OPERATIONS ON A COOPERATIVE OPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DWIDENDS (ALSO REPERRED TO AS ALLOCATIONS OF PATRONAGE CARTAL) TO ITS MEMBERS PATRONAGE DWIDENDS (ALSO REPERRED TO AS ALLOCATIONS OF PATRONAGE CARTAL). TO ITS MEMBERS PATRONAGE DWIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MODE (IT) PLRSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR MEMBERS, AND (3) NA FARR AND EQUITABLE BASIS ON THE BASIS OF PATRONAGE (IE PURCHASSES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DWIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PROD AFTER THE CLOSE OF THE COOPERATIVES YEAR-BID OF DECEMBER 31. EACH ONCE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVES YEAR-BID OF DECEMBER 31. EACH ONCE OF THE COOPERATIVES SHOULD FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVES BY LAWS AND IS SUMMARIZED AS FOLLOWS (A) IN ORDER TO INDUCE PATRONAGE AND TO A ASSURE THAT THE COOPERATIVE WITH A COOPERATIVE WE WILL OPERATE ON A NON-PROFIT BASIS, THE COOPERATIVE IS OBLIGATED TO ACCOUNT ON A PATRONAGE BASIS TO ALL ITS MEMBERS FOR ALL AMOUNTS RECEIVED AND RECEIVABLE FROM THE PURNISHING OF ELECTRIC DIPERCY IN EXCESS OF OPERATING COSTS AND EXPRISES PROPERLY CHARGEABLE AGAINST SUCH SERVICES (IE MARGINS FROM THE PROVISION OF ELECTRIC DIPERCY OF A CAPITAL ACCOUNT OF A PATRONAGE DAY MEMBERS FOR ALL AND THE PROVISION OF ELECTRIC DIPERCY O

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	OTHER COMPREHENSIVE INCOME - PROVISION FOR PENSION & BENEFITS -11,300 RETIREMENTS OF PATRONAGE CAPITAL -23,560 OTHER COMPREHENSIVE INCOME - NET UNREALIZED GAINS ON INVESTMENTS 1,393 PATRONAGE CAPITAL ASSIGNABLE 1,770,743

ldentifier	Return Reference	Explanation
AUDIT COMMITTEE	Form 990, Part XII, Line 2c	THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR

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DLN: 93493319072963

OMB No 1545-0047

2012

**Employer identification number** 

## **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization SOCORRO ELECTRIC COOPERATIVE INC **Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

> Open to Public Inspection

				85-00849	68		
Part I Identification of Disregarded Entities (Co	mplete if the organization	answered "Yes" t	o Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations during	anizations (Complete if ing the tax year.)	the organization a	answered "Yes"	to Form 990, P	art IV, line 34 because i	had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity st (if section 501(c)	atus Direct controlling entity	Section (13) co	ntrolle ity?
1) SOCORRO ELECTRIC FOUNDATION PO BOX H SOCORRO, NM 878010278	TO PROVIDE SCHOLARSHIPS TO STUDENTS IN THE COOP'S SERVICE AREA	NM	501(c)(3)	PF	SOCORRO ELECTRIC COOPERATIVE INC	Yes Yes	No
3-7044964							
or Paperwork Reduction Act Notice, see the Instructions for Form	 990.	Cat No 501	1 35Y		Schedule R (For	n 990) 2	012

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> D	iring the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
C	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1р		No
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complet			Г			
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amo	ount i	nvolved	
<b>1)</b> S	CORRO ELECTRIC FOUNDATION - NA LESS THAN 50000	N		CASH			
<b>2)</b> S	CORRO ELECTRIC FOUNDATION - NA LESS THAN 50000	Q		CASH			
<b>3)</b> S	CORRO ELECTRIC FOUNDATION - NA LESS THAN 50000	L		CASH			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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 re	garding exclu	sion for ce		nent	partnerships				`	,		-	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

**Software Version: EIN:** 85-0084968

Name: SOCORRO ELECTRIC COOPERATIVE INC

Schedule R (Form 990) 2012

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

	complete this part to provide additional morniation for responses to questions on senedule ix (see instructions)								
Identifier Return Reference Explanation		Return Reference	Explanation						