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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 private foundations)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A	For th	ne 20	15 ca	lendar year, or tax year begi	nning 01-01-2015 , and ending 1	.2-31-201	5			
В	Check if	appli	cable	C Name of organization CENTRAL NEW MEXICO ELECTR	IC COOPERATIVE			D Emplo	yer i	dentification number
Γ,	Address	chan	ge	INC	85-0	0929	065			
Γ	lame cl	hange	;	Doing business as						
Г	nıtıal re	turn						E Teleph	one n	umber
	inal	o rmo in	atad	Number and street (or P O box PO BOX 157	r if mail is not delivered to street address)	Room/sui	te			
_	eturn/te							(505)	832	-4483
_	Amende Applicati			City or town, state or province, MOUNTAINAIR, NM 87036	country, and ZIP or foreign postal code			G Gross	receip	ts \$ 34,969,849
				F Name and address of	principal officer		H(a) I:	s this a group	retu	ırn for
				MATTHEW COLLINS PO BOX 157				ubordinates?		⊢Yes √ No
				MOUNTAINAIR, NM 87	036			re all subord icluded?	ınate	s [Yes [No
									n a lis	st (see instructions)
_			status		(Insert no) 4947(a)(1) or 4947(a)(1) or 1	527	H(c) (Group exemp	tıon r	number ►
J '	Websi	te: Þ	• ww	W CNMEC ORG						
ΚF	orm of	organ	ızatıon	Corporation Trust Assoc	ciation		L Year	of formation 19	945	M State of legal domicile
P	art I		Sum	mary						NM
				-	sion or most significant activities					
			•	-	RIC SERVICES TO ITS MEMBER	RSONA	COOPER	ATIVE BASI	S	
မှ										
₫										
Governance	2	Che	eck th	s box ► If the organization	n discontinued its operations or dis	sposed of	f more tha	n 25% of its	net	assets
<u>გ</u>				, ,	·	•				
	3	Nur	nber d	of voting members of the gov	erning body (Part VI, line 1a) .				3	8
Activities &	4	Nur	mberd	of independent voting membe	ers of the governing body (Part VI,	, lıne 1b)			4	8
Ĭ	- 1				ın calendar year 2015 (Part V, lır				5	77
ğ	- 1				ıf necessary)				6	0
	- 1				m Part VIII, column (C), line 12				7a	80,486
	Ь	Net	unreia	ted business taxable incom-	e from Form 990-T, line 34	• •		n.i	7b	,
	8	,	^ ontri	hutions and grants (Part VII	I, line 1h)			Prior Year	0	Current Year
9	9				I, line 2g)			34,967,		34,385,067
Revenue	10		_		umn (A), lines 3, 4, and 7d)			310,		334,958
ř	11				(A), lines 5, 6d, 8c, 9c, 10c, and 1			326,		188,468
	12		Γotal r 12)	revenue—add lines 8 through	n 11 (must equal Part VIII, columi	n (A), line	9	35,603,	395	34,908,493
_	13			and similar amounts paid (I	Part IX, column (A), lines 1-3)			20.	510	24,270
	14				art IX, column (A), line 4)			2,279,		1,808,384
	15				oloyee benefits (Part IX, column (A			5,090,		5,227,500
8			5-10)							3,227,300
Expenses	16								0	0
ठ				ndraising expenses (Part IX, colum						
	17				A), lines 11a-11d, 11f-24e) .			28,212,		27,848,339
	18 19			·	(must equal Part IX, column (A), li line 18 from line 12	-		35,603,	.395	34,908,493
<u></u> 항 영			(67611	de less expenses subtract		•	Reginni	ng of Current		End of Year
Not Assets or Earl Reference							Degiiiii			
80	20			assets (Part X, line 16) .				119,659,		116,067,451
5 E	21						•	87,309, 32,350,		81,860,312
	22 art I	_		ature Block	ract line 21 from line 20	• •		32,350,	024	34,207,139
my	knowl parer	edge	and bany kr	pelief, it is true, correct, and nowledge	e examined this return, including a complete Declaration of preparer					
He	-		<u>J</u> ERR	Y BRITTON PRESIDENT						
_				or print name and title						
				rınt/Type preparer's name /illiam M Miller	Preparer's signature William M Miller		ate 016-07-27	Check / If	PTIN POO	N 439459
Pa			<u> </u>	ırm's name ► BOLINGER SEGAR:				self-employed Firm's EIN F 7		
	e par		—	irm's name ► BOLINGER SEGAR: irm's address ► 8215 NASHVILLE A				Phone no (806		
Us	e O	nly	'	The state of the s				. Hone no (out	·, / +/	5500

LUBBOCK, TX 79423

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

. ✓ Yes ☐ No

OHII	1990 (2015)				Page Z
Par		ent of Program Service A	-		
		Schedule O contains a response in the organization's mission	or note to any line in this Part III		<u> </u>
LEC	COOPERATIVE	IS ORGANIZED AS A NOT-FOR	-PROFIT CONSUMER-OWNED O		
2		tion undertake any significant pro 90 or 990-EZ?	ogram services during the year wh		Yes Vo
	If "Yes," describ	oe these new services on Schedu	le O		
3	_		ignificant changes in how it condi		⊤Yes ▼No
	If "Yes," describ	oe these changes on Schedule O			
4	expenses Secti		omplishments for each of its three nizations are required to report th program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		POWER TO MEMBERS - 17,760 METERS	S/SERVICES AT YEAR END ALL SERVICES COUGH THE ALLOCATION OF PATRONAGE		AR WERE PROVIDED
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		services (Describe in Schedule (·		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program	service expenses ►			

Form 990 (2015)		Page:
Part IV Checklist of Required Schedules		
	Yes	No

			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		No
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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 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 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	9		No
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, VII, 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
	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	
	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
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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
L4a	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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? <i>If "Yes," complete Schedule G, Part I</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		No
	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		1

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? <i>If "Yes," complete Schedule J</i>	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		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? <i>If "Yes," complete Schedule L, Part III</i>	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
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?	38	Yes	

	990 (2015)					Page \$
Pal	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v			
	<u> </u>				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	44			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o vend	dors and reportable	1c		
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	77			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year [,]	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ►	c and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	tax sh	elter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
_			0 1 1 1 1 1	5c		
	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont	rıbutı	ons?	6a		No
о 7	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		
_	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?		d partly for goods and	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services p		 ed?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal proper					
	file Form 8282?		 I	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the orequired?		zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	s, dıd ' •	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	sines	s holdings at any time			
02	Did the sponsoring organization make any taxable distributions under section 4966			8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9a 9b		
10	Section 501(c)(7) organizations. Enter	iccu p		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities					
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a	33,946,405			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11a	636,500			
4.2	•		·	12		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 If "Yes," enter the amount of tax-exempt interest received or accrued during the	ın lie 	u of Form 1041?	12a		
D	year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? ${f N}$ additional information the organization must report on Schedule O	ote. S	See the instructions for	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			134		
	in which the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax	•		14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	n Schedule O	14b		

Part VI	Governance	, Management,	and Disclosure

<u> </u>	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 8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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			
h	more members of the governing body?	7a 7b	Yes Yes	
	or persons other than the governing body?	70	165	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b		No
	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		Yes	
C	rise to conflicts?	12b	Yes Yes	
_				
	rise to conflicts?	12b	Yes	
13	rise to conflicts?	12b 12c	Y es Y es	
13 14	rise to conflicts?	12b 12c 13	Yes Yes Yes	
13 14 15	rise to conflicts?	12b 12c 13	Yes Yes Yes	
13 14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14	Yes Yes Yes	
13 14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	12b 12c 13 14	Yes Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14	Yes Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ALENA BRANDENBERGER (CFO) 301 N SUMMIT MOUNTAINAIR, NM 87036 (505)832-4483 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) Average hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	checl x, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) JERRY BRITTON PRESIDENT	3 75	x		x				11,407	0	0
(2) DUANE FROST VICE PRESIDENT	2 75	х		х				11,709	0	0
(3) WAYNE CONNELL TREASURER	3 50	х		х				11,414	0	0
(4) KENNETH SHAW SECRETARY	3 00	x		×				11,709	0	0
(5) PHILLIP WALLIN ASSISTANT SECRETARY	2 25	х		×				11,709	0	0
(6) LEANDRO ABEYTA TRUSTEE	8 50 1 00	x						13,813	0	0
(7) BILL KING TRUSTEE	4 25 1 00	х						11,615	0	0
(8) MIKE VALDEZ TRUSTEE	2 75	х						11,709	0	0
(9) MATTHEW COLLINS GENERAL MANAGER / CEO	40 00			х				141,547	0	50,521
(10) ALENA BRANDENBERGER CFO	40 00			х				90,612	0	44,181
(11) WELDON BRATCHER LINE FOREMAN	40 00					х		112,007	0	19,568
(12) TRAVIS BURNS LINE FOREMAN	40 00					х		116,490	0	42,093
(13) JEREMIAH KECK JOURNEYMAN	40 00					х		104,529	0	24,489
(14) ERNEST LUERAS LINE FOREMAN	40 00					х		116,827	0	40,894
										Form 990 (2015)

Part VII 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 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
(15) SHELDON ROBERTS LINE FOREMAN	40 00					х		104,879	0	41,111
1b Sub-Total					<u> </u> ▶I					
c Total from continuation sheets to Parl	· · · · · · · · · · · · · · · · · · ·			•	H					
d Total (add lines 1b and 1c)					<u> </u>			881,976	0	262,857
2 Total number of individuals (including b				ed al	oove	e) who	rec	eived more than		

			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 on line 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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
QSPEC	UTILITY CONSTRUCTION CONTRACTOR	3,543,899
9550 SAN MATEO BLVD NE STE G		
ALBUQUERQUE, NM 87113		
ABB	UTILITY CONSTRUCTION	383,446
	CONTRACTOR	
PO BOX 88868		
CHICAGO, IL 60695		
NISC	SOFTWARE	330,037
PO BOX 1147		
MANDAN, ND 58554		
RODEY DICKASON SLOAN AKIN & ROBB PA	LEGAL SERVICES	192,418
PO BOX 1888		
ALBUQUERQUE, NM 58554		
CARIBOU INC	UTILITY CONSTRUCTION	128,751
	CONTRACTOR	
124 BRIDON WAY		
JEROME, ID 83338		
2. Total number of independent contractors (including but not limited to the	use listed above) who recoved more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 7

Other Revenue
1

Form 990 (2015) Page 9										
Part V	/##1	Statement o	f Revenue ule O contains a respor	ase or note to any lu	ne in this Part VIII			৮		
		Check if Schedi	are o contains a respon	ise of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
s	1a	Federated cam	paigns 1a					312 311		
Grants mounts	ь	Membership du	es 1b							
Ü Ü	С	Fundraising eve	ents 1c							
iffis, ar A	d	Related organiz	zations 1d							
s, G imil	e	Government grants	s (contributions) 1e							
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above							
ള	g	Noncash contribute 1a-1f \$	ons included in lines							
Cor	h	Total. Add lines	s 1a-1f							
<u> </u>				Business Code						
nu e	2a	ELECTRIC SALES		221000	33,098,795	33,098,795				
Ę	Ь	PATRONAGE DIVID	ENDS	221000	1,021,013	1,021,013				
MCA	С	SERVICE FEES		221000	235,127	235,127				
Ş	d e	TRANSMISSION LEA	ASE	221000	30,132	30,132				
Program Service Revenue	f	All other progra	am service revenue							
<u>~</u>	g	Total. Add lines	s 2a – 2f	+	34,385,067					
	3		ome (ıncludıng dıvıden ar amounts)		343,289			343,289		
	4		stment of tax-exempt bond	ŀ						
	5	Royalties								
	6a	Gross rents	(ı) Real 48,000	(11) Personal 1,200						
			10.020	0						
	Ь	Less rental expenses	10,039							
	С	Rental income or (loss)	37,961	1,200	20.454	07.064				
	d	Net rental inco	me or (loss) (i) Securities	(II) O ther	39,161	37,961	1,200			
	7a	Gross amount from sales of assets other than inventory	(i) decumes	230						
	ь	Less cost or other basis and sales expenses		8,561						
	С	Gain or (loss)		-8,331						
une	d 8a	Gross income f events (not inc			-8,331			-8,331		
Other Revenue		\$ of contributions See Part IV, lin	reported on line 1c) se 18							
퓽	Ь		penses b							
	9a	Gross income f	(loss) from fundraising from gaming activities in 19	events 🛌						
	ь	Less direct ex	penses b							
	С	Net income or ((loss) from gamıng actı	vities . ⊨-						
	10a	Gross sales of returns and allo		36,950						
	ь	Less cost of g	oods sold b	42,756						
	С		(loss) from sales of inv		-5,806	-5,806				
	11-	Miscellaneous		Business Code 561499	79,286		79,286			
	11a b	DISPATCHING		221000	79,286		79,200	75,827		
	້	JOINT POLE A	TIACHMENT		, 3,327			. 3,027		
	С									
	d e	All other revenue Total. Add lines	ue s 11a-11d	▶						
					155,113					
	12	iotai revenue.	See Instructions .		34,908,493	34,417,222	80,486	410,785		

Part	Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in the	nis Part IX			
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	24,270			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,808,384			
5	Compensation of current officers, directors, trustees, and key employees	421,946			
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	3,094,156			
8	Pension plan accruals and contributions (include section 401(k)	430,400			
9	and 403(b) employer contributions)	1,011,432			
10	Payroll taxes	260,557			
11	Fees for services (non-employees)	200,337			
а	Management				_
b	Legal				
С	Accounting				
d	Lobbying				
e	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	3,582,813			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,264,469			
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	COST OF PURCHASED POWER	17,401,769			
b	DISTRIBUTION EXPENSE	1,466,971			
c	ADMIN & GENERAL	1,381,476			
d	UNRELATED BUSINESS INC	2,500			
e	All other expenses	748,341			
25	Total functional expenses. Add lines 1 through 24e	34,908,493			
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 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X ·____ (A) (B) Beginning of year End of year 2,637,439 4,339,230 1 Cash-non-interest-bearing 1 18.500.000 12.500.000 2 2 Savings and temporary cash investments . . . 3 Pledges and grants receivable, net 3 1.844.184 4 2.134.682 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 4ssets 6 7 7 Notes and loans receivable, net 1,372,759 8 1,301,837 8 q 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 114,670,568 10a Complete Part VI of Schedule D b 10b 35,846,238 79,153,007 10c 78,824,330 Less accumulated depreciation 11 11 12 Investments—other securities See Part IV, line 11 12 10.877.461 13 13 11,823,028 Investments—program-related See Part IV, line 11 . 14 14 15 5.274.598 15 5.144.344 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . 119.659.448 16 116,067,451 2,976,044 **17 17** 2,711,379 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . _iabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified 22 79,954,225 76,837,109 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 4,379,155 2,311,824 25 26 87,309,424 26 81,860,312 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete Balances lines 27 through 29, and lines 33 and 34. 27 27 28 28 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▼ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 0 30 0 Assets 0 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32,350,024 32 34,207,139 Retained earnings, endowment, accumulated income, or other funds

ž

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

34,207,139

116.067.451

32.350.024

119.659.448

33

34

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•	<u> </u>	F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34,9	908,493
2	Total expenses (must equal Part IX, column (A), line 25)	2		34,9	908,493
3	Revenue less expenses Subtract line 2 from line 1	3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			350,024
5	Net unrealized gains (losses) on investments	5			50,024
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,8	357,115
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		34,2	207,139
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ァ</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
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?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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Cat No 52283D Schedule D (Form 990) 2015

OMB No 1545-0047

2015

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990

rtment of the Treasury al Revenue Service Information about Schedule D	F Attach to Form 990. (Form 990) and its instructions is at <u>www.i.</u>	rs.gov/fo	orm990. Open to Public Inspection
ame of the organization NTRAL NEW MEXICO ELECTRIC COOPERATIVE		Emplo	oyer identification number
C		85-0	092965
	Advised Funds or Other Similar I ed "Yes" on Form 990, Part IV, line 6.	unds o	r Accounts.
Complete if the organization answere	(a) Donor advised funds	(b)F	unds and other accounts
Total number at end of year		(2).	
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor a funds are the organization's property, subject to the		nor advis	ed Yes No
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
t III Conservation Easements. Comple	ete if the organization answered "Yes"	on Form	990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recressive Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization assessment on the last day of the tax years.	ation or education) Preservation of a	certified	ally important land area historic structure of a conservation
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	Tield de che End of the Tear
Total acreage restricted by conservation easeme	ents	2b	
Number of conservation easements on a certified	historic structure included in (a)	2c	
Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
Number of conservation easements modified, training	nsferred, released, extinguished, or termina	ted by the	organization during the
tax year ►			
Number of states where property subject to cons	ervation easement is located 🗠		
Does the organization have a written policy regar violations, and enforcement of the conservation e		ndling of	┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfor	cing cons	ervation easements during the
Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conservat	tion easements during the year
▶ \$			
Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of se	ection 170	^{O(h)(4)}
In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		
t IIII Organizations Maintaining Collec	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	, or Oth	er Similar Assets.
If the organization elected, as permitted under Sf works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its revo	, or resea	rch in furtherance of public
If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education	e stateme	nt and balance sheet
Provenue included on Form 990, Part VIII, line :	L	► \$	
Assets included in Form 990, Part X		<u> </u>	
If the organization received or held works of art, it following amounts required to be reported under S	•		ial gain, provide the
Revenue included on Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

a Public exhibition Per exhibition Description of the research Description of the research Description of the research Description of the research of the	Part	Organiza (continued)	ations Maintaining	Collections of Ar	t, His	stori	cal Tr	easures,	or Ot	her Similar As	sets
Preservation for future generations Provide a description of fluor organization's collections and explain how they further the organization's exempt purpose in Part XIII				ession, and other reco	rds, cl	heck a					ofits
c	а	Public exhibit	tion		d	Г	Loan	or exchange	progra	ms	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Dump the year, did the organization activate rise over donatons of art, instanced treasures on other similar issues to the sold to diese finds rather than to be maintained as part of the organization of collection? Ves No 271 V Escrow and Custodial Arrangements. Complete of the organization and asswered "Yes" on form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21. Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on 1970 Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance Complete of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Tyes No If "Yes," explain the arrangement in Part XIII. Chack have if the explanation has been provided in Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Collarem year balance Contributions Contributions Amount If "Yes," explain the arrangement in Part XIII. Chack have if the explanation has been provided in Part IV, line 10. Collarem year balance Contributions Contributions Contributions Amount Figure No. Contributions Cont	b	Scholarly res	earch		е	Γ	Other				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Dump the year, did the organization activate rise over donatons of art, instanced treasures on other similar issues to the sold to diese finds rather than to be maintained as part of the organization of collection? Ves No 271 V Escrow and Custodial Arrangements. Complete of the organization and asswered "Yes" on form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21. Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on 1970 Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance Complete of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Tyes No If "Yes," explain the arrangement in Part XIII. Chack have if the explanation has been provided in Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Collarem year balance Contributions Contributions Amount If "Yes," explain the arrangement in Part XIII. Chack have if the explanation has been provided in Part IV, line 10. Collarem year balance Contributions Contributions Contributions Amount Figure No. Contributions Cont	c	Preservation	for future generations								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part X, Inic 21. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21. Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance Distributions during the year Ending balance Distributions during the year Ending balance Distributions during the year Ending balance Distributions include an amount on Form 990, Part X, line 21, for escrow or custodral account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII			tion of the organization's	s collections and expl	aın ho	w they	furthe	r the organiz	atıon's	exempt purpose	n
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21. a Is the organization an agent, trustee, custodian or other intermediarly for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance D Distributions during the year Ending balance D Distributions during the year Ending balance D Distributions during the year Ending balance D Distributions include an amount on Form 990, Part X, line 21, for escrow or custodral account liability? "Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII											┌ No
b If "Yes," explain the arrangement in Part XIII and complate the following table Beginning belance d Additions during the year e Distributions during the year f Ending belance about the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ▼Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII.	Part	Complete	e if the organization a		Form	990,	Part I	V, line 9, o	r repo	orted an amount	on Form 990,
d Additions during the year d Additions during the year Ending balance Distributions during the year Distributions during the year distributions answered 'Yes' to Form 990, Part IV, Inne 10. The percentage of lines and programs Describe in Part XIII the intended uses of the organization that are held and administered for the organization by (1) unrelated organizations answered Yes' to Form 990, Part IV, Inne 11a. See Form 990, Part X, Inne 10. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's en				todian or other interm	iediary	/ for co	ontribu	tions or othe	rasse		┌ No
d Additions during the year Distributions during the year 1e 1e 1e 1e 1e 1e 1e 1	b	If "Yes," expla	in the arrangement in Pa	rt XIII and complete	the fo	llowing	g table			Amo	ount
Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	C	Beginning balai	nce						1c		
If Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	d	Additions durin	g the year						1d		
Individual palance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ▼Yes No If **Yes,** explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII .	e	Distributions d	uring the year						1e		
Did the organization include an amount on Form 990, Part X, Jine 21, for escrow or custodial account liability? Yes No If "yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	f								1f		
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions	2a	_		n Form 990 Part X Ju	ne 21	for es	crow o	r custodial a	ccount	· liability? F Ves	□ No
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions		Dia the organizati	on merade an amount of	11 01111 3 3 0 , 1 are x, 111	ic Li,	101 05	C10W 0	r custourar u	ccount	inability , 103	, 110
(a) Current year (b) Pror year b (c) Two years back (d) Three years back (e) Four years back (e)											Г
Beginning of year balance	Раг	endowin	ent runus. Comple								(e)Four years hack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships	a	Beginning of year	halance	(a)carrent year	(5).	nor yea	- -	(c) no years	back (dyffiice years back	(c) our years buck
C Net investment earnings, gains, and losses d Grants or scholarships			bulance I I I I								
d Grants or scholarships											
e Other expenditures for facilities and programs f Administrative expenses	C		earnings, gains, and								
and programs Administrative expenses	d	Grants or scholar	rships								
pe End of year balance	е		es for facilities								
pe End of year balance	f	Administrative ex	xpenses								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations 3a(i) 3a(ii) (ii) related organizations 3a(ii) 3a(ii) Describe in Part XIII the intended uses of the organization's endowment funds Part VIII the intended uses of the organization's endowment funds Part VIII the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Cost or other basis (other) Description of property (a) (b) (cost or other basis (other)) Buildings Cost or other basis (other) (cost or other basis (other)) Cost or other basis (other) (
Board designated or quasi-endowment ► b Permanent endowment ► c Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% Ba Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	_			current vear end balar	nce (lir	ne 1 a.	colum	n (a)) held as	;		
Temporarily restricted endowment ► Temporarily restricted endowment F The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) Description of property (b) Accumulated (c)depreciation (other) Accumulated (c)depreciation (other) Buildings Cost or other basis (other) 5,596,204 1,863,357 3,732,84 C Leasehold improvements Leasehold improvements Description of Property Accumulated (c)depreciation (other) Accumulated (other) Accumulated (other) Accumulated (other) Accumulated (other) Accumulated (other) Accumula			-			5/		(=// = =			
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Cost or other basis (investment) Description of property Cost or other basis (other) Buildings Cost or other basis (other) Specification Cost or other basis (other) Cost or other basis (other) Cost or other basis (other) Accumulated (c) depreciation (d) Book value Cost or other basis (other) Specification Cost or other basis (other) Cost or ot		_									
The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations											
v				should equal 100%							
(ii) related organizations		organızatıon by		_	zatıon	that a	re helo	d and adminis	stered		
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property					•						-
Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property Land Cost or other basis (investment) La Land Land Land Land Land Land Land Land											-
Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.			=								
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property Cost or other basis (investment) Cost or other basis (investment) Cost or other basis (other)											
Cost or other basis (investment) Cost or other basis (other)		Complete	ıf the organization a		orm 9	90, P	art IV	, line 11a.9	See Fo		
b Buildings 5,596,204 1,863,357 3,732,84 c Leasehold improvements 107,412,221 33,982,881 73,429,34 e Other 107,412,221 33,982,881 73,429,34		Desci	ription of property			st or ot	her bası	s Cost or oth			(d)Book value
c Leasehold improvements 5,596,204 1,863,357 3,732,84 d Equipment 107,412,221 33,982,881 73,429,34 e Other 0	la L	and							382,566		382,56
c Leasehold improvements	b B	uıldıngs									
d Equipment								5,	596,204	1,863,357	3,732,84
e Other	c L	easehold improve	ments		·						
	d E	quipment			·			107,	412,221	33,982,881	73,429,34
	e 0	ther							270		

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

78,824,330

See Form 990, Part X, line 12.	nete if the organiza		
(a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	Þ		
Part VIII Investments—Program Related. Complete if the organization answered 'Y	'es' on Form 990, P	art IV, line 11c.se	se Form 990 Part X line 13
(a) Description of investment		(b) Book value	(c) Method of valuation
See Additional Data Table			Cost or end-of-year market value
		11 022 020	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization a	answered 'Yes' on Form	11,823,028 m 990, Part IV, line	
(a) Descript	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15., Part X Other Liabilities. Complete if the organ			
See Form 990, Part X, line 25.		1	. d.c.r, mic fic of fil.
1. (a) Description of liability	(b) Book value	4	
Federal income taxes		_	
CONSUMER DEPOSITS	414,431	L	
DEFERRED CREDITS	1,390,427		
ACCUMULATED PROVISION FOR POST-RETIREMENT			
BENEFITS	147,629)	
ACCRUED PROPERTY AND OTHER TAXES	319,767	7	
OVERBILLED DEBT COST ADJUSTMENT	39,570		
		1	
		1	
		4	
		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,311,824	1	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	34,839,782
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)..............2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	34,839,782
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	68,711
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	34,908,493
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	33,031,398
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)............ 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	33,031,398
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	1,877,095
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	34,908,493

Part XIII Supplemental Information

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

Illiotillation	·
Return Reference	Explanation
Part X, Line 2	THE COOPERATIVE HAS 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 THEIR TAX POSITIONS 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 4b - Other Adjustments	NONOPERATING EXPENSE RECLASSIFIED TO FORM 990 PART IX 68,711
Part XII, Line 4b - Other Adjustments	NONOPERATING EXPENSE RECLASSIFIED TO FORM 990 PART IX 68,711 PATRONAGE CAPITAL ASSIGNABLE 1,808,384
SCHEDULE D, PART XII, LINE 4B	PATRONAGE CAPITAL ASSIGNABLE - 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
	

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 85-0092965

Name: CENTRAL NEW MEXICO ELECTRIC COOPERATIVE

INC

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)CAPITAL TERM CERTIFICATES	160,572	С
(2)MEMBERSHIPS FEES	2,114	С
(3)PATRONAGE CAPITAL - TSG&T	10,899,882	С
(4)PATRONAGE CAPITAL - CFC	341,401	С
PATRONAGE CAPITAL - FEDERATED (5)INSURANCE	184,928	С
(6)PATRONAGE CAPITAL - ENMR	81,418	С
(7)PATRONAGE CAPITAL - NISC	90,140	С
(8)PATRONAGE CAPITAL - WUESC	48,376	С
(9) PATRONAGE CAPITAL - TOUCHSTONE ENERGY	195	С
OTHER INVESTMENTS IN ASSOCIATED (10)ORGANIZATIONS	14,002	С

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Schedule I

(Form 990)

Department of the

Treasury

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.
 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493213003036OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service							
Name of the organization	TRIC COORERATIV	, E				Employer identifi	cation number
CENTRAL NEW MEXICO ELECTINC	TRIC COOPERATIV	Е				85-0092965	
	nation on Grants	s and Assistance				•	
 Does the organization main the selection criteria used Describe in Part IV the orm Part II Grants and Other A 	d to award the grants ganızatıon's procedu	or assistance? ures for monitoring the i	use of grant funds in the	e United States		assistance, and on Form 990, Part IV, line	Yes V
			dditional space is need				
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
(1) TORRANCE COUNTY FAIR PO BOX 48/205 NINTH STREET ESTANCIA,NM 87016	85-6000257	GOVERNMENT	5,844		FMV		LIVESTOCK SHOW AWARDS CONTRIBUTION
2 Enter total number of sect	tion 501 (c)(3) and d	overnment organization	s listed in the line 1 tal	hle		<u> </u>	
3 Enter total number of othe		-					
2 Enter total number of other	- organizations lister	— a m che inic i tubie i	<u> </u>		<u> </u>		

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed	

(a)Type of grant or assistanc	e	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
Part IV Supplemental In	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					addıtıonal ınformatıon.	
Return Reference	Explanation						
	ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE						

Schedule I (Form 990) 2015

DLN: 93493213003036

Schedule J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization CENTRAL NEW MEXICO ELECTRIC COOPERATIVE 85-0092965

Par	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to provided to the complete Part III to the compl					
	First-class or charter travel	\Box	Housing allowance or residence for personal use			
	Travel for companions	\Box	Payments for business use of personal residence			
	Γ Tax idemnification and gross-up payments Γ	Г	Health or social club dues or initiation fees			
	ightharpoonup Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organiz reimbursement or provision of all of the expenses describ			1b	Yes	
2	Did the organization require substantiation prior to reimb directors, trustees, officers, including the CEO/Executive		· · · · · · · · · · · · · · · · · ·	2	Yes	
	Indicate which, if any, of the following the filing organizationganization's CEO/Executive Director Check all that agused by a related organization to establish compensation	ppl	y Do not check any boxes for methods			
	Compensation committee	\Box	Written employment contract			
	☐ Independent compensation consultant	7	Compensation survey or study			
	Form 990 of other organizations	✓	Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part or a related organization	VI	II, Section A, line $1 extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control paym	ner	nt?	4a		No
b	Participate in, or receive payment from, a supplemental n	non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	со	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	m	ust complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of					
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a	a, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descr			7		
8	Were any amounts reported on Form 990, Part VII, paid					
	subject to the initial contract exception described in Reg in Part III $$	jula	ations section 53 4958-4(a)(3)? If "Yes," describe	8		
	If "Yes" on line 8, did the organization also follow the reb section 53 4958-6(c)?	utt	table presumption procedure described in Regulations	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 on 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	1 ` ′	(E) Total of columns	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 MATTHEW COLLINS GENERAL MANAGER / CEO	(i)	109,738	29,033	2,776	32,829	17,692	192,068	0
	(ii)	0	0	0	0	0	0	0
2 TRAVIS BURNS LINE FOREMAN	(i)	116,490	0	0	25,198	16,895	158,583	0
	(ii)	0	0	0	0	0	0	0
3 ERNEST LUERAS LINE FOREMAN	(i)	116,827	0	0	24,991	15,903	157,721	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

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				
Return Reference	Explanation			
•	THE BOARD APPROVED BUDGET INCLUDES A \$2,000 DISCRETIONARY SPENDING ACCOUNT TO BE USED AND/OR DONATED BY THE CEO SUCH EXPENDITURES OR DONATIONS ARE SOLELY AT THE CEO'S DISCRETION			

Schedule J (Form 990) 2015

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DLN: 93493213003036

OMB No 1545-0047

2015

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization CENTRAL NEW MEXICO ELECTRIC COOPERATIVE INC Employer identification number

85-0092965

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF TRUSTEES ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS

Return Reference	Explanation
	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 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS, 4 AMENDMENT TO THE ARTICLES OF INCORPORATION, AND 5 AMENDMENT TO THE BY-LAWS

Return Reference	Explanation
Form 990, Part VI, Section A, line 8b	FROM TIME TO TIME THE ENTIRE BOARD WILL GO INTO EXECUTIVE SESSION FOR DISCUSSING ITEMS OF A SENSITIVE AND CONFIDENTIAL NATURE. WHEN THIS OCCURS MANAGEMENT AND OTHERS IN ATTENDANCE ARE REMOVED FROM THE MEETING ROOM ITEMS DISCUSSED IN EXECUTIVE SESSION ARE NOT DOCUMENTED. HOWEVER, ACTIONS TAKEN BY THE BOARD AFTER EXECUTIVE SESSIONS ARE ADJOURNED ARE FULLY DOCUMENTED IN THE WRITTEN MINUTES.

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE THE FILING OF THE FORM 990

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE COOPERATIVE REQUIRES EACH BOARD MEMBER TO REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY AND SIGN OFF THAT THEY HAVE REVIEWED AND UNDERSTAND THE RESPECTIVE POLICY

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE BOARD OF TRUSTEES AND A COMPENSATION COMMITTEE USE A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE GENERAL MANAGER/CEO THE SURVEY SHOWS COMPARATIVE SALARIES FOR GENERAL MANAGERS FROM SIMILARLY SITUATED COOPERATIVES LOCATED IN NEW MEXICO AND THE NATION THE GENERAL MANAGER/CEO USES A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT NEW MEXICO AND THE NATION

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS TO ANY MEMBER WHO REQUESTS A COPY OF ANY SUCH DOCUMENT THE COOPERATIVE PROVIDES ANNUALLY A COPY OF THE AUDITED BALANCE SHEET AND INCOME STATEMENT TO THE MEMBERS OF THE COOPERATIVE AT THE ANNUAL MEETING BYLAWS ARE AVAILABLE ON THE COOPERATIVES WEBSITE

Return Reference	Explanation
Form 990, Part VII, Column F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE ORGANIZATION HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. AS PART OF THE PLAN DOCUMENT, THE ORGANIZATION PROVIDES A MATCHING CONTRIBUTION OF \$ 25 PER DOLLAR UP TO 5% OF A PARTICIPATING EMPLOYEE'S SALARY THE COOPERATIVE ALSO MAKES CONTRIBUTIONS TO THE 401(K) PLAN BASED ON THE EMPLOYEES YEARS OF SERVICE 2-9 YEARS OF SERVICE THE COOPERATIVE CONTRIBUTES 5% OF WAGES, 10-14 YEARS THE COOPERATIVE CONTRIBUTES 10% OF WAGES, 15-19 YEARS THE COOPERATIVE CONTRIBUTES 20% OF WAGES, AND 20 YEARS OR MORE THE COOPERATIVE CONTRIBUTES 25% OF WAGES THESE EMPLOYER CONTRIBUTIONS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE ORGANIZATION ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES,
	INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICERS AND HIGHLY COMPENSATED EMPLOYEES IS THE TOTAL AMOUNT CONTRIBUTED BY THE ORGANIZATION TO THE PENSION PLAN AND INSURANCE PAID ON BEHALF OF AND FOR THEIR BENEFIT THE ORGANIZATION ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE PER PERSON VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED

Return Reference	Explanation
·	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

Return Reference	Explanation
Form 990, Part IX	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE RUS UNIFORM SYSTEM OF ACCOUNTS (USOA) AS PRESCRIBED FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICES (RUS) THE USOA DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THE ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE USOA

Return Reference	Explanation
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. THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$3,516,102 LESS DIRECTORS FEES REPORTED ON 1099-MISC (95,085) LESS EMPLOYEE OFFICER BENEFITS REPORTED ON LINE 5 (94,702) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGINS 37,171 PLUS SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 652,273 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING OR OTHER ACCOUNTS 735,332 TOTAL WAGES ACCRUED AND/OR PAID \$4,751,091

Return Reference	Explanation
Form 990, Part IX, Line 24	ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING OFFICE AND SUPPLIES \$ 475,631 OUTSIDE SERVICES 238,632 INJURIES AND DAMAGES 148,534 EMPLOYEE AWARDS 3,467 REGULATORY COMMISSION 153,563 TRUSTEE EXPENSE 80,151 ADVERTISING 15,862 ANNUAL DUES 135,079 ANNUAL MEETING 17,746 MAINTENANCE OF GENERAL PLANT 112,811 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$ 1,381,476

Return Reference	Explanation
Form 990, Part IX, Line 24E	OTHER EXPENSES ARE COMPRISED OF THE FOLLOWING CUSTOMER SERVICE EXPENSE \$ 496,561 TRANSMISSION EXPENSE 44,921 AMORTIZATION 140,648 DISPATCH CENTER EXPENSES 66,211 TOTAL OTHER EXPENSES PER FORM 990, LINE 24E \$ 748,341

Return Reference	Explanation
FORM 990, PART IX, LINE 4	PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS THE COOPERATIVE BASIS TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS PATRONS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATING ON A COOPERATIVE DEFRATES AS SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE BASIS OF PATRONAGE (IE PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PENDO AFTER THE CLOSE OF THE COOPERATIVES YEAR-END OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVES BYLAWS THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2015 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATIVE FOR THE 2015 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHING ITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE NOT AN EXPENSE F

Return Reference	Explanation
FORM 990, PART X, LINES 17 AND 25	THE COOPERATIVE PREVIOUSLY INCLUDED ACCRUED EXPENSES (COMPRISED OF (1) ACCRUED PAYROLL AND COMPENSATED ABSENCES, (2) ACCRUED PAYROLL TAXES AND (3) ACCRUED INTEREST) AS COMPONENTS OF OTHER LIABILITIES ON LINE 25 OF PART X HOWEVER, FOR THE 2015 CALENDAR YEAR, THE COOPERATIVE BEGAN REPORTING THESE AMOUNTS ON LINE 17 TO INCREASE CONSISTENCY, ACCRUED EXPENSES IN THE AMOUNT OF \$680,307 FOR THE 2014 CALENDAR YEAR HAVE BEEN RECLASSIFIED FROM LINE 25 TO LINE 17

Return Reference	Explanation
Form 990, Part XI, line 9	OTHER COMPREHENSIVE INCOME - PROVISION FOR PENSIONS AND BENEFITS 48,731 PATRONAGE CAPITAL ASSIGNABLE 1,808,384

Return Reference	Explanation
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 PROCEDURAL CHANGES DID NOT OCCUR DURING THE YEAR

DLN: 93493213003036

Employer identification number

2015

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL NEW MEXICO ELECTRIC COOPERATIVE INC				85-00929	65		
Part I Identification of Disregarded Entities Comple	te if the organization a	answered "Yes" or	n Form 990, Par	•			
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	a tions Complete if th ie tax year.	ne organization an	swered "Yes" oi	n Form 990, Pa	rt IV, line 34 because it l	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	n Public charity sta (if section 501(c)	atus Direct controlling entity	Section (13) co	
PO BOX 157	TO PROVIDE COLLEGE SCHOLARSHIPS TO MEMBERS	NM	501(C)(3)	PF	CENTRAL NEW MEXICO ELECTRIC COOPERATIVE	Yes Yes	No
MOUNTAINAIR, NM 87036 85-0366030	OF THE COOPERATIVE				INC	_	<u> </u>
							_
							-
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	357		Schedule R (Forn	~ 000) 7	2015

Schedule R (Form 990) 2015												Page 2
Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate					ation answ	ered "Yes	s" on l	Form	990, Part I'	V, lın	ie 34	ŀ
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man		(k) Percentag ownershij
				314)			Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
-									<u> </u>

Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?				
a 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)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1 f		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
				4.1		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
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		No
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
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 complete	e this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ır	nvolved	
L)CENTRAL NEW MEXICO ELECTRIC EDUCATION FOUNDATION - NA - LESS THAN 50000	0					

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations'	ı	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	Ī

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V, LINE 1(N)	THE COOPERATIVE KEEPS THE BOOKS FOR CENTRAL NEW MEXICO ELECTRIC EDUCATION FOUNDATION AT NO COST TO THE FOUNDATION

Schedule R (Form 990) 2015